Inspecting for better lives

**Key inspection report**

Care homes for older people

<table>
<thead>
<tr>
<th>Name:</th>
<th>Evedale Care Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Occupation Road</td>
</tr>
<tr>
<td></td>
<td>Stoke</td>
</tr>
<tr>
<td></td>
<td>Coventry</td>
</tr>
<tr>
<td></td>
<td>West Midlands</td>
</tr>
<tr>
<td></td>
<td>CV2 4AB</td>
</tr>
</tbody>
</table>

The quality rating for this care home is: zero star poor service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

<table>
<thead>
<tr>
<th>Lead inspector:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sandra Wade</td>
<td>1 0 0 3 2 0 0 9</td>
</tr>
</tbody>
</table>
This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. 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.

<table>
<thead>
<tr>
<th>Outcome area (for example Choice of home)</th>
</tr>
</thead>
<tbody>
<tr>
<td>These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:</td>
</tr>
<tr>
<td>This box tells you the outcomes that we will always inspect against when we do a key inspection.</td>
</tr>
<tr>
<td>This box tells you any additional outcomes that we may inspect against when we do a key inspection.</td>
</tr>
<tr>
<td>This is what people staying in this care home experience:</td>
</tr>
<tr>
<td>Judgement:</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Evidence:</td>
</tr>
<tr>
<td>This box describes the information we used to come to our judgement.</td>
</tr>
</tbody>
</table>

Copies of the National Minimum Standards – Care Homes for Older People 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 Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.
<table>
<thead>
<tr>
<th>Reader Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Purpose</td>
</tr>
<tr>
<td>Author</td>
</tr>
<tr>
<td>Audience</td>
</tr>
<tr>
<td>Further copies from</td>
</tr>
<tr>
<td>Copyright</td>
</tr>
<tr>
<td>Internet address</td>
</tr>
</tbody>
</table>
Information about the care home

<table>
<thead>
<tr>
<th>Name of care home:</th>
<th>Evedale Care Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Occupation Road</td>
</tr>
<tr>
<td></td>
<td>Stoke</td>
</tr>
<tr>
<td></td>
<td>Coventry</td>
</tr>
<tr>
<td></td>
<td>West Midlands</td>
</tr>
<tr>
<td></td>
<td>CV2 4AB</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>02476448292</td>
</tr>
<tr>
<td>Fax number:</td>
<td>02476635776</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:evedale@fshc.co.uk">evedale@fshc.co.uk</a></td>
</tr>
<tr>
<td>Provider web address:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of registered provider(s):</th>
<th>Four Seasons (Evedale) Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of registration:</td>
<td>care home</td>
</tr>
<tr>
<td>Number of places registered:</td>
<td>64</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Conditions of registration:</th>
<th>Number of places (if applicable):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category(ies) :</td>
<td>Under 65</td>
</tr>
<tr>
<td>dementia</td>
<td>32</td>
</tr>
<tr>
<td>mental disorder, excluding learning disability or dementia</td>
<td>32</td>
</tr>
<tr>
<td>old age, not falling within any other category</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional conditions:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>32 people with Dementia, aged 55+</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of last inspection</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Brief description of the care home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evedale Care Home is purpose built to provide accommodation and care for up to sixty-four older people. The home may admit up to 32 residents requiring care due to mental illness and up to 32 residents for nursing care, six of these 64 beds can be used for residents requiring nursing or personal care. Accommodation for residents is provided on two floors in the home, ground floor and first floor. Residents who require nursing care and are frail and elderly are accommodated on the ground floor. Those residents assessed to have varying degrees of mental illness are cared for on the first floor. Access for wheelchair users to the front entrance of the building is available; there are no steps to the front door. A passenger lift is situated in a central area.</td>
</tr>
</tbody>
</table>
Brief description of the care home

is ample parking in the car park to the front of the home. The current scale charges were not published in the Service User Guide provided. Additional charges are made for chiropody, hairdressing and newspapers.
Summary
This is an overview of what we found during the inspection.

The quality rating for this care home is: zero star poor service

Our judgement for each outcome:

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choice of home</td>
<td>Poor</td>
</tr>
<tr>
<td>Health and personal care</td>
<td>Adequate</td>
</tr>
<tr>
<td>Daily life and social activities</td>
<td>Excellent</td>
</tr>
<tr>
<td>Complaints and protection</td>
<td>Good</td>
</tr>
<tr>
<td>Environment</td>
<td>Good</td>
</tr>
<tr>
<td>Staffing</td>
<td>Good</td>
</tr>
<tr>
<td>Management and administration</td>
<td>Adequate</td>
</tr>
</tbody>
</table>

How we did our inspection:

The focus of inspections undertaken by us is upon outcomes for people who live in the home and their views of the service provided. This process considers the homes capacity to meet regulatory requirements, minimum standards of practice and focuses on aspects of service provisions that need further development. The last key inspection took place on 26 November 2007. This inspection took place between 7.55am and 8pm.

Three people who were staying at the home were case tracked but specific care issues relating to other residents were also reviewed. The case tracking process involves establishing an individuals experience of staying at the home, meeting or observing them, discussing their care with staff and relatives where possible, looking at their care
files and focusing on outcomes. Tracking peoples care helps us understand the experiences of people who use the service.

A completed Annual Quality Assurance Assessment was received from the service prior to the inspection detailing information about the care and services provided. Information contained within the AQAA has been included within this report as appropriate.

Records examined during this inspection, in addition to care records, included staff training records, staff duty rotas, kitchen records, accident records, financial records, complaint records, quality monitoring records and medication records. Residents were observed in the lounge/dining areas to ascertain what daily life in the home is like. A tour of the home was undertaken to view specific areas and establish the layout and decor of the home.
What the care home does well:

All prospective residents are assessed prior to their admission to ensure their needs are identified and can be met. Trial visits are also offered to help residents make a decision on whether they want to stay.

Detailed plans of care are in place to ensure staff can meet the needs of residents effectively. There is a dedicated chef who provides home cooked food for the residents and who also provides specialist diets in accordance with their needs.

Staff are friendly, supportive and approachable and residents were seen to feel at ease in approaching them to make requests. One resident said staff were "pretty good" at responding to requests and "friendly". They said if they used the call bell at night staff "always respond promptly".

There are good procedures in place for maintaining the cleanliness of the home with cleaning staff being available seven days a week.

There are good systems in place to monitor the quality of care and obtain the views of residents and their representatives so that the home can provide effective care and services to the satisfaction of the residents.

Complaints and concerns are responded to in a timely fashion demonstrating these are taken seriously and are acted upon.

What has improved since the last inspection?

Corridor carpets have been replaced on the Dementia Care Unit to help improve this area.

The main meal of the day has been moved from lunchtime to tea time at the request of a number of residents.

There is a new home manager in post since July 2008 which has helped to create a more stable workforce and a greater continuity of care for the residents.

More laundry staff have been recruited to improve the standards in the laundry.

A dedicated full time Activities Organiser is now in post and Care assistants have been encouraged to take a more active role in the provision of activities to improve the lifestyle of the residents.

Training has been provided for qualified staff in Care Planning, to help make these more person centred resulting in improved care for the residents.

What they could do better:

The Service User Guide needs to contain all of the required information consistently so that prospective residents have all the information they need to make a decision to stay.
Medication management needs to be improved in some areas to ensure this is managed safely and effectively consistently for residents.

Some issues relating to the privacy and dignity of residents need to be promptly acted upon including suitable screening in ensuites where doors are removed and curtains in the lounges.

Further improvements are needed in regards to the social stimulation of the residents to ensure all people who use the service are socially stimulated.

Residents should have access to menus so that they know what choices are available to them in regards to drinks, snacks and meals each day.

Record keeping in regards to complaints, duty rotas, training and quality monitoring outcomes need to be improved to ensure the home can demonstrate they do what they say they do.

The planned refurbishments to the home need to be carried out and in particular the replacement carpets to ensure the environment in pleasant and clean for the residents.

Staff supervision needs to be carried out consistently to ensure all staff receive the support and training required to carry out their role safely and effectively.

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

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

Contents

Choice of home (standards 1 - 6)
Health and personal care (standards 7 - 11)
Daily life and social activities (standards 12 - 15)
Complaints and protection (standards 16 - 18)
Environment (standards 19 - 26)
Staffing (standards 27 - 30)
Management and administration (standards 31 - 38)
Outstanding statutory requirements
Requirements and recommendations from this inspection
Choice of home

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

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. 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 them 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.

Prospective residents have access to some information about the home to help them make a decision to stay and receive an assessment of their needs prior to their admission to ensure these can be met.

Evidence:

A Service User Guide is in place which gives information about the care and services provided. A copy of this was requested stating to include everything that would be given to a prospective service user who may visit. This consisted of loose leaf information sheets. There was a blank sheet stating that the Statement of Terms and Conditions should be entered and a sheet stating that the last inspection report for the home is "available on request".

The Service User Guide should include a copy of the last summary inspection report and a "Statement of Terms and Conditions" to ensure prospective residents have all
Evidence:

the information they need to help them make a decision on whether to stay. The manager gave assurances that in normal circumstances the Terms and Conditions would be included.

The Annual Quality Assurance Assessment (AQAA) completed by the manager confirms that all prospective residents receive an assessment of their needs prior to their admission. This also states that prospective residents can spend a day in the home as a trial period prior to making a decision to stay.

Four files of residents were viewed to confirm the assessment process followed. Two of the residents who had recently been admitted had completed assessment records on file detailing their needs and support required. The other two did not because they had been in the home for some time and their assessment records had been put in an archive file. These people did however have care plans in place detailing their needs.
Health and personal care

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 health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they 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. People’s right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

- If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

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

Care plans are in place for each resident to enable their care needs to be identified and met. Medication management is in need of improvement to ensure the health of the residents is maintained effectively.

Evidence:

Staff were observed to be friendly, caring and supportive towards residents throughout the inspection.

The care of three people was reviewed to establish how their care is being managed. Care records were noted to be detailed and gave clear information to staff on how the residents needed to be cared for and the care being given. There were some areas where it was not clear information had been followed.

One resident who had a detailed care plan was diagnosed with dementia and was at high risk of developing pressure areas. The resident was being cared for in bed and although they looked thin and frail, they had been made comfortable by the nurses...
Evidence:

with pillows supporting them.

There were clear care plans in place on how the resident needed to be supported which included the resident needing assistance with eating and drinking. It was acknowledged in the records that the person was of a low weight and needed to be monitored. A nutritional risk assessment had been completed which indicated food supplements were to be given. Food and fluid intake charts had been completed to show these were being given and it was evident the resident had recently gained weight.

Care plans were also in place stating that the residents skin should be checked on a daily basis. The care plan for pressure area care indicated that the resident had a pressure sore. Records stated that a specialist mattress was in use and that staff were to turn the resident three hourly. Records were in place to show the three hourly turns were being done. Appropriate risk assessments and wound charts had been completed in relation to this. The Tissue Viability nurse had been contacted and had visited the resident to view the wound and give advice to staff on the management of this.

One of the records on file that was less detailed was a body map which indicated bruising to the residents wrists. The space on the form to give details of this was blank so it was not clear if this has been investigated. This was dated in November 2008.

It was evident that there was a clear care plan in place regarding the moving and handling of the resident which showed that a hoist, slings and slide sheets should be used. A risk assessment for moving and handling had also been done and this was being reviewed on a monthly basis to ensure it remained appropriate.

Care plans around capacity and dementia had been completed with an instruction to consult the family on the residents likes and dislikes. These care plans had been written in June and November 08 but it was not evident they had been updated to show what these likes and dislikes are.

Weekly bed rail checks were being undertaken for those residents using bed rails and appropriate risk assessments and consent forms had been completed in relation to these.

The care records for a second resident were reviewed. These had been recently audited by the Regional Manager who had detailed areas needing improvement. This file contained detailed care plans most of which had been completed appropriately indicating staff support required and given.
Evidence:

This file contained a "Do Not Attempt to Resuscitate" form which a relative had indicated permission to take place. Although this had been recently dated there was no indication this decision had been made along with other professionals. There were also no planned review dates of this decision. The Regional Manager said that the way this form had been completed did not follow company policy and this would therefore need to be reviewed.

The 'Moving and Handling' profile had not been dated to show when this support was required from although it did give clear instructions to staff in regards to hoisting and supporting the resident during transferring.

The resident had been in hospital and since returning to the home had a poor appetite. A nutritional assessment had been completed but had not been appropriately scored to show the level of risk. The resident had been regularly weighed and had lost weight on both occasions when weighed in March 09. Fortified high calorie drinks had been prescribed but it is indicated that the resident has been refusing them. It was not clear if the dietician had been consulted about this. This resident was observed to be assisted to eat by a nurse. Despite best efforts the resident did not eat much of their main meal but they did eat their pudding and have their drink. The nurse acknowledged the difficulty in getting the resident to eat. It was evident that all food and fluid intake was being monitored.

It was noted that the resident had been prescribed vitamin injections due to having anaemia and these were to be given three monthly. It was not clear from the care plan or the medication administration records when the resident had last received this so that it was clear to staff when the next one was due.

A care plan had been developed for a recent fracture stating that the resident could not weightbare. It was not clear on what date the fracture had actually occurred. This had also been identified as part of the audit with actions detailed to address this. A third resident had similar needs to the other two residents case tracked and appropriate care plans, risk assessments and monitoring systems were in place. Appropriate systems were in place to manage their catheter and staff were observed to move the resident with equipment as stated in their moving and handling care plan. Appropriate actions had been documented for staff to follow to reduce risk of the resident falling following a recent fall. No falls had been reported during February and March showing this risk was being managed.

A pain assessment had been carried out and medication had been prescribed to manage this. The resident was observed to sit on a propad cushion to prevent the development of pressure areas.
Evidence:

It was evident that specialist support had been accessed in regards to this person's care including the dietician, GP and optician.

A review of medication was undertaken for residents based on each floor. It was evident that medication was being managed more effectively on one floor than the other. The home has two medication trolleys on each floor and a medication room on the first floor. Medications are kept at their appropriate temperature by an air conditioning unit.

Staff were knowledgeable about the medications in use and were able to answer questions about what they were being used for.

One Medication Administration Record (MAR) showed that the code 'M' had been used against 'Fortisips' meaning to "Make Available". It was established from speaking to the nurse that this had run out resulting in delays in the resident receiving this. There were also mistaken entries on the chart for medications that were no longer in use.

It was found that the signatures indicating the administration of 'Paracetamol' were not clear making it difficult to be sure it had been given as prescribed. On counting the amount received, given and remaining there were more left than there should have been suggesting this had not been given as recorded.

Another person who had been prescribed paracetamol did not have any for staff to administer. The nurse could not explain why this was.

Codes on the medication record were not always being used appropriately making it difficult to be sure it was being given as prescribed.

For one person prescribed Aspirin there were 12 missing from blister pack but only 11 signed for out of a box of 28. There were instructions for it to be taken for six weeks and then to stop. This information had not been recorded on MAR chart and it was not clear from the chart when it had been started. Instructions on packets, boxes and bottles should be clearly transferred onto MAR charts to prevent staff error.

'Flucoxacin' capsules had been prescribed to be taken four times daily. The nurse was able to confirm that this was to prevent any infection following recent surgery. Records showed that this was not being given as prescribed.

Another medication that had been prescribed but stopped by the GP in January 09 had been given to the resident on three occasions in March 09. Other entries on the MAR...
Evidence:

indicated it is not clear how this medication should have been managed as there are further instructions by the GP for it to be stopped when according to records it already should have been stopped.

Another medication had been prescribed "take one daily" but was being given two times a day. There was a line across the MAR on some days with no explanation why.

A fruit Liquid supplement that had been prescribed three times a day had been signed on some days but not on others meaning there were unexplained gaps. The nurse said that the pharmacist had suggested this information is recorded on a fluid chart as opposed to the MAR chart. This is acceptable but there needs to be clear records in place indicating that this is how it is to be managed.

There were several creams and gels that had been prescribed but the MAR charts were blank so it was not clear they had been applied. The nurse said that two of these were not being used. It was not clear this had been agreed by the GP or that they were no longer required.

Controlled drug management was reviewed and this was found to be managed appropriately. There was a controlled drug register in place and an appropriate storage facility to ensure this is kept securely. The nurse stated that they are required to countersign a sheet each day to confirm the controlled drugs are correct. This was seen and had been completed accordingly.

Due to concerns regarding the management of medication, this was discussed with the Manager of the home as well as the Regional Manager. It was agreed that the manager would take immediate action to investigate the discrepancies and forward a report to us confirming actions taken. The report was not promptly provided to us as requested, it was however confirmed by telephone that the manager had contacted the GP the day following the inspection to review one residents medication and this was now being correctly administered.

Care records indicated areas when privacy and dignity should be maintained such as keeping doors closed when delivering personal care. Generally there were no concerns observed in regards to the privacy and dignity of the residents. There was one exception.

It was noted that the door to the ensuite in a bedroom was missing. The manager advised that this had been removed because the resident kept walking into it and this was done at the request of the family. This matter needs to be reviewed and alternative options considered to ensure the privacy and dignity of the resident can still be
Evidence:

maintained whist also promoting their safety.
Daily life and social activities

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 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. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

Residents find that the lifestyle in the home meets some of their expectations in regards to their recreational needs and interests.

Evidence:

The home employs a dedicated Social Activities Co-ordinator to organise social stimulation and activities for the residents. Activity schedules seen showed that activities included music, balloon games, nails, agility games, arts and crafts, bean bag games and drawing. These activities were split between the two units with each unit having one activity each day either in the morning or afternoon from Monday to Friday. The manager said that since the last inspection outside trips had included a visit to see the Christmas lights and shopping. The Regional Manager said that the Activities Co-ordinator wanted to speak to residents about what they want to do before she starts to book anything.

On the day of inspection the Regional Manager reported that residents were involved in making Easter cards and completing jigsaw puzzles. These were not observed by the inspector due to being in a different part of the home when these took place.
Evidence:

Although social activities take place it is acknowledged that more can be done to build on what is currently provided. It was confirmed that they are looking into the provision of doll therapy and the use of tactile aids. Some work has also been done on 'Dementia Care Mapping' which involves observing residents for a period of time and recording their experience of care received. This information can then be used to introduce improvements where appropriate in regard to the persons lifestyle.

Surveys carried out by the home to assess the residents and relative views on social activities provided were more negative than positive suggesting that this is an area where further improvements could be made.

Any social activities that take place should be recorded within care files but records of these were not seen during the review of these files to demonstrate resident participation. The inspector was informed that the Activity Organiser had taken them out and was working with them.

During the morning in the ground floor lounge some residents watched television which was on loud enough so they could hear it. After the morning drinks trolley had been round staff asked if they would like to listen to music but they chose to carry on watching the television. Staff came into the lounge at various intervals to give out medication, drinks or assist residents as required.

Residents on the first floor were observed over periods of the day. Some sat in the lounges, some in their rooms and some wandered around the corridors. Staff were seen to assist residents with eating and drinking in a sensitive and supportive manner. One resident who had been identified to have challenging behaviour had been allocated a specific carer to provide one-to-one support.

One resident spoken to said there is sometimes a "sing song" in the home but they usually preferred to sit in their room and watch the television. This resident said they did not go into the lounge because the residents would "argue" and they didn't like it.

At lunch time residents were assisted to the dining areas by staff. The chef explained that the main meal is now served in the evenings as the residents had stated they preferred this. A snack meal or sandwiches is therefore provided at lunch time. The chef explained that special diets are catered for as required. It was observed that he was preparing a vegetarian curry for one resident and 'Celiac' bread for another. The chef said he would prepare something vegetarian each day based around whatever the main meal was going to be. Soft diets were also being catered for and it was evident that each item had been liquidised separately on the plate to make this more appetising. Meals seen were of generous portions and looked appetising.
Evidence:

A resident spoken to said "the food varies" and sometimes they "get fed up with the choices". The resident also said they "would like to know in advance what is on the menu".

Menus were not on display and it was established that these are not made available to residents. The chef confirmed that the staff ask residents the day before what they would like for the next day out of the choices available. One resident said "you get a choice sometimes but not at other times". Residents should have access to menus which show all meals, snacks and drinks provided so that they know what choices are available to them each day. The manager agreed to review this and said they were looking at possibly introducing picture menus.

The kitchen was well organised and clean. The food store was not well stocked in regards to dried and tinned foods or fresh produce. The Chef explained he was expecting deliveries on the day of inspection plus the following day. Deliveries of some items were made during the afternoon.
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. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People’s legal rights are protected, including being able to vote in elections.

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.

Systems are in place to ensure any concerns are investigated and acted upon but some attention to these processes is needed to ensure systems are sufficiently robust to maintain the protection of residents.

Evidence:

A complaints procedure is in place which states the process for making a complaint. It was evident that can be made available in other languages as required. The Service User Guide issued upon admission was found to contain details of the homes policy and procedure for making a complaint although this did not have named contacts and addresses or telephone numbers so that complainants were clear on who to make contact with. The procedure also did not contain our address or telephone number as required.

It was evident that other pages in the pack contained the home address and name of the manager and telephone number, however this information should be included in the procedure.

The complaints file for the home was viewed and it was evident that two complaints had been received since the last inspection. One of these related to being dissatisfied with bedroom furniture. Actions had been recorded following this complaint confirming the furniture had been replaced. Another complaint was in regard to the care of a
Evidence:

resident which was still being investigated at the time of this inspection.

There was no set system for keeping a central record of any allegations of abuse. The inspector was informed that this information would be kept on the file of the member of staff concerned. This system relies on the manager of the home being aware which file this information is kept and would be difficult to monitor by other management staff if required. This should be reviewed.

The manager advised there had been two allegations that had been referred to safeguarding. Both allegations related to staff behaviour towards residents and both staff had been initially suspended while investigations took place. One of the allegations was still under investigation. The other could not be substantiated so the member of staff had been reinstated. It was not evident that this member of staff had been subject to regular supervisions following their return to work to identify if any actions were required by the home such as training following this allegation.

One residents care file contained a body map identifying bruising to their wrists, records did not make it clear that actions had been taken to investigate this.
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, 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. |

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.

Residents live in a pleasant and mostly clean and well maintained environment and are able to personalise their rooms to make them homely and comfortable.

Evidence:

There are areas of the home that are well maintained and homely for residents but there were other areas that were noted to require attention.

There are lounge and dining facilities on each floor and all bedrooms have ensuite facilities. In addition there are communal toilets which are close to the lounge or dining areas.

Bedrooms had been personalised and looked comfortable and clean. Areas needing improvement included the carpets in corridors which were stained and looked as if they would benefit from replacement. The Annual Quality Assurance Assessment (AQAA) received from the home states that the upstairs corridor has already been replaced. The upstairs room where food is prepared and collected for residents had an unpleasant odour. It was established that milk had been spilled onto the carpet. This needs to addressed promptly due to food being handled in this area and the unpleasant odour it creates within the home.
Evidence:

The manager said that there were plans for the downstairs carpet to be replaced.

Curtains were noted to be missing in the lounges and it was advised these are to be replaced by the end of March 2009. Chairs were observed to be splitting in the upstairs unit. This had also been identified by management and new recliner chairs are to be purchased.

The AQAA provided by the home states that there is a rolling plan of refurbishment which is planned for the bedrooms including bedroom furniture, carpets and curtains.

With exception to the above the home was otherwise found to be clean and tidy. The person who completes the cleaning explained that all bedrooms are cleaned every day and specific areas are targeted each week. This included such areas as high cleaning and skirting boards, she explained that lampshades were being done on the day of inspection.

The laundry was found to be well equipped to manage the needs of the home with three washing machines and two tumble driers. Separate baskets were available for dirty and clean washing and there were suitable facilities to maintain hygiene such as a handwash sink for staff, disposable gloves and protective clothing.
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 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 to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

Staffing arrangements are suitable to meet the needs of the residents but records are not always in place to demonstrate this consistently.

Evidence:

On the day of inspection staff were observed to be busy throughout the day supporting residents. Although they did not have time to stop and chat with residents, they did at periodic intervals go into the communal lounges to provide drinks, support residents to the bathroom or provide medication.

At the time of this inspection there were 55 residents in the home.

The manager advised that he aims to have two nurses and four carers on each unit each day up to 8pm and one nurse and two carers at night. Duty rotas showed these numbers are being met.

There are specific staff allocated to ancillary services. This includes a cook and kitchen assistant seven days per week, a laundry person and two cleaning staff seven days per week. The Annual Quality Assurance Assessment (AQAA) provided by the home states that since the last inspection the laundry staff provision has been increased.
Evidence:

There is also a person that provides administration support to the home for 40 hours per week.

In addition to the above there is an Activity Co-ordinator who works 40 hours per week and a handyman who provides maintenance to the home as required.

Duty rotas viewed showed that not all staff who are employed by the home are indicated on the rota. This included the manager, activity organiser, administrator and handyman. This means the hours and staff provided to support the home cannot be demonstrated to show they are supporting the residents consistently. Details of staff on the duty rotas also did contain their designations so that it was clear what role they had in the home.

Staff shifts are indicated as 'E' or 'L' or 'E/L' but the times are not defined so that it is clear how many hours are being provided.

Staff spoken to had mixed views about the staffing arrangements. One said they felt there were enough staff to support the needs of the residents and another said they would benefit from more staff because many of the residents needed two staff to support them.

A resident spoken to said they found the staff approachable and "pretty good" at responding to requests. They stated that the staff were "friendly" and if they used the call bell at night they "always respond promptly".

A comprehensive induction training package is in place based on the 'Skills for Care Common Induction Standards'. This training is provided over a number of weeks to allow care staff to build up their competence. Staff induction packs were seen to support this process however, completed records were not seen for new starters. The manager gave assurances that the training had taken place and acknowledged that they need to develop a system to demonstrate this.

Recruitment records viewed contained the required documentation including criminal record checks to confirm new starters had been deemed safe to work with residents. The exceptions to this was one file which contained one written reference as opposed to two. The manager gave assurances that the person did have a second reference but this must have been misfiled. The manager agreed to follow this up.

One member of staff had been sent a letter confirming they were a laundry assistant with a start date in 2008 when in fact they had been employed as a carer in 2009. This was brought to the attention of the manager.
Evidence:

Personal Identification Numbers (PIN) for all nurses were seen to confirm they were registered to work as a nurse. Two that were showing to be out of date were checked by the manager during the inspection and he confirmed they had been updated.

It was established that staff training is provided on an ongoing basis but there was no training matrix to confirm training undertaken by each member of staff. The AQAA states that training has been provided to the qualified staff on care planning to help them provide more person centred care. The Regional Manager said that five care staff had achieved a National Vocational Qualification (NVQ) 2 in Care, two staff had NVQ 3 and four staff had an NVQ equivalent. The manager acknowledged that the home is not achieving the fifty per cent standard and that more staff need to complete this training. This training helps staff to provide more effective care to the residents.

A proposed training plan was seen which showed the home had a date for manual handling training, Fire Warden training and Health and Safety training in March 2009. Dates were to be scheduled for Fire Safety Awareness, First Aid, NVQ and Food Hygiene training.

A member of staff said that the organisation employed a number of trainers who provide mandatory training to staff such as moving and handling, food hygiene and fire. She also stated that the home links in to the Primary Care Trust or manufacturers of products to access training such as medication, catheters and use of specialist equipment such as mattresses etc.

Staff confirmed they are able to access training most of the time and no concerns were raised by staff in regard to this.
Management and administration

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 led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate 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. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

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.

There are systems in place to ensure the health, safety and welfare of the residents is protected although these are not always followed to ensure this happens.

Evidence:

On the day of inspection the manager and Regional Manager were available in the home. The deputy manager was on a training day.

The Regional Manager explained that support seminars had been arranged for staff who cover for managers in their absence to help support them to effectively manage the home. A schedule seen showed these were to be held on a monthly basis.

The manager has worked at the home since July 2008. He is an qualified Registered General Nurse (RGN) and also has a 'Diploma in Person Centred Care for People with Dementia'. He advised that it was his intention to also complete the Registered Managers Award qualification.
Evidence:

The manager advised that he is not yet registered with us due to delays in obtaining the specific records required. He advised that once the relevant paperwork had been received the registration process would be commenced.

Systems are in place to monitor the quality of care and services provided. A quality manual was seen which included details for undertaking customer surveys, team audits and monitoring reports.

Surveys had been sent to both residents and relatives to ask their views about the service. Questions were included about the environment, catering service, laundry service, social activities and care. A meeting was to be arranged to share the outcome of these with relatives but this did not happen in December 08 as planned, it was explained this is still to be arranged.

The outcome results were viewed and there were both positive and negative responses in all areas. This was due to the detail of the questions being asked for example, "How do you rate the soft furnishings in the sitting room" scored 13 per cent "Very Good" and 47 percent "Good" but another question stating "How do you rate the chairs in the sitting room" scored 50 per cent "fair" and thirteen per cent "poor".

Questions about food rated high in regards to presentation but "Fair" in regards to 'punctuality' and 'choice' and fifty percent "Good" and fifty percent "Fair" in regard to assistance provided to residents. Responses in regards to social activities were mostly "fair" or "poor" but questions about the provision of 'personal care' such as "washing" and "toileting" were mostly "Very Good" or "Good".

A report showing the proposed actions of the home to address the responses will now need to be completed and made available to residents and their representatives so that they know how their comments will be acted upon.

The manager advised that he walks around the building each day and does speak to residents and ask if there is anything they need.

Staff meetings are held on a regular basis where issues relating to the management of the home are discussed, notes of these meetings are kept.

A resident was spoken to who was sitting in the Elderly Mentally Infirm (EMI) unit. Despite their dementia diagnosis they were able to hold a reasonable conversation. They were asked if they liked it at the home they stated "the girls do what they have to do, girls come flying in and out do what they have to do, its gone down". "Food
Evidence:
could be better, staff not reliable". This person said there are "-people in the lounge dont act as they are supposed to, very disappointed with this place". The resident was noted to be clean and suitably dressed and their nails neat and clean but they were clearly not happy when spoken to.

A resident on the Elderly Frail (EF) unit however indicated they were happy at the home and with the support they were receiving.

A system is in place whereby the home has a 'Directors' account to pay in any money received by home. Monies received or paid out are recorded on a computerised log. Receipts are maintained for each person. If a resident wanted a printout of their statement the manager advised this would be given. The home maintains a small amount of money that can be used for any small purchases if needed. There are regular audits of the system that take place to ensure all money received in and out of the account balances. Records viewed were accurate with appropriate receipts and no concerns were noted from records seen.

Staff supervision is carried out but it was not evident that all staff have received supervision as often as they should which is six times per year. The supervision schedule seen had gaps where some staff had not had any formal supervision and some had received very few supervision sessions. The manager acknowledged that this was an area that needed to be improved. The manager agreed to produce a supervision schedule for the next 12 months showing dates for all staff to attend. This was forwarded to the inspector following the inspection and the manager gave a commitment to meet this schedule.

A review of health and safety records was undertaken to confirm that appropriate checks had been carried out.

It was evident checks had been undertaken for the alarm system, gas, lift, hoists, legionella, call bell system and electrical portable appliances. The five year electrical wiring certificate could not be located but it was confirmed this had been done and would be faxed to the inspector. At the time this report was written this had not been received.

A fire folder was in place detailing checks on fire equipment and emergency lighting.

Fridge and freezer temperatures had been kept and were all within appropriate ranges to store food safely. Some of the temperatures had not been recorded when the chef was on leave. The chef confirmed this was not acceptable and advised this was due to a misunderstanding about where the paperwork could be located.
Are there any outstanding requirements from the last inspection?  

<table>
<thead>
<tr>
<th>No.</th>
<th>Standard</th>
<th>Regulation</th>
<th>Requirement</th>
<th>Timescale for action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>36</td>
<td>18(2)</td>
<td>The registered person must ensure that all staff working at the care home receive regular and consistent supervision.</td>
<td>31/03/2008</td>
</tr>
</tbody>
</table>
### 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.

<table>
<thead>
<tr>
<th>No.</th>
<th>Standard</th>
<th>Regulation</th>
<th>Requirement</th>
<th>Timescale for action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 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.

<table>
<thead>
<tr>
<th>No.</th>
<th>Standard</th>
<th>Regulation</th>
<th>Requirement</th>
<th>Timescale for action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>9</td>
<td>13</td>
<td>Medication Administration Records must be clear in regards to signatures and codes used. This is so that it is clear how the medication has been managed for the resident.</td>
<td>13/03/2009</td>
</tr>
<tr>
<td>2</td>
<td>9</td>
<td>13</td>
<td>Changes in medication as advised by the GP need to be clearly documented and followed. This is to ensure residents receive the correct dosages at the correct times to maintain their health and wellbeing.</td>
<td>13/04/2009</td>
</tr>
<tr>
<td>3</td>
<td>9</td>
<td>13</td>
<td>Medication prescribed must be available to the resident consistently. This is to ensure the health of the resident is maintained.</td>
<td>13/04/2009</td>
</tr>
<tr>
<td>No.</td>
<td>Refer to Standard</td>
<td>Good Practice Recommendations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----</td>
<td>------------------</td>
<td>--------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>It is advised that the Service User Guide is reviewed to contain a summary inspection report for the home. This should also contain copies of the Statement of Terms and Conditions for the home consistently to ensure all prospective residents have access to the information they need to make a decision on whether to stay at the home.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Medication must be given as prescribed. MAR charts need to accurately reflect prescribing information.

This is to help prevent staff error and ensure residents receive their medication as prescribed to maintain their health.

Actions need to be taken to pursue the registration of the Manager.

This is so residents have a suitably registered manager to manage the home effectively.

All staff must be receive appropriate supervision to confirm they continue to provide safe and suitable care to the residents. A supervision schedule must be devised and maintained.

This is to ensure the effective running of the home can be maintained to promote the protection of the residents.

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.
<table>
<thead>
<tr>
<th>2</th>
<th>3</th>
<th>The original assessment documentation for each resident should be accessible at all times so that staff can refer to this when developing and reviewing the care needs of the residents.</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>10</td>
<td>The privacy and dignity of residents must be maintained consistently. This includes suitable means of ensuring their privacy when using ensuite facilities. Suitable options should be explored in regards to any ensuite without a door.</td>
</tr>
<tr>
<td>4</td>
<td>12</td>
<td>Further work should be undertaken to expand and review the social stimulation of the residents. This is to ensure their health and wellbeing is maintained.</td>
</tr>
<tr>
<td>5</td>
<td>14</td>
<td>Menus should be made available to the residents in appropriate formats so that they know what choices of meals, snacks and drinks are available to them each day.</td>
</tr>
<tr>
<td>6</td>
<td>16</td>
<td>It is advised that the complaints procedure for the home give contact names, telephone numbers and out address and contact details to ensure people who wish to raise a concern have all the details they need to do this.</td>
</tr>
<tr>
<td>7</td>
<td>18</td>
<td>Appropriate actions should be taken to ensure any staff involved in safeguarding allegations are appropriately supervised to ensure any training needs or ongoing supervision needs are identified and acted upon.</td>
</tr>
<tr>
<td>8</td>
<td>19</td>
<td>A review of carpets in the corridor areas and the food preparation area on the first floor should be undertaken to ensure these are clean and suitable to allow for a pleasant environment for the residents.</td>
</tr>
<tr>
<td>9</td>
<td>19</td>
<td>Damaged chairs should be replaced or repaired to ensure these are safe and suitable for the residents.</td>
</tr>
<tr>
<td>10</td>
<td>33</td>
<td>The outcomes of the satisfaction surveys carried out with residents and relatives should be put into an appropriate report with details of any proposed actions to address areas which were less favourable. Copies of the report should be made available to residents and their representatives.</td>
</tr>
<tr>
<td>11</td>
<td>38</td>
<td>Actions should be taken to ensure the home has had a 5 year electrical wiring check to confirm the home continues to meet health and safety requirements.</td>
</tr>
</tbody>
</table>
Helpline:

**Telephone:** 03000 616161 or  
**Textphone:** or  
**Email:** enquiries@cqc.org.uk  
**Web:** www.cqc.org.uk

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

Copyright © (2009) Commission for Social Care Inspection (CSCI). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CSCI copyright, with the title and date of publication of the document specified.