

Key inspection report

Care homes for older people

Name:	Alexandra Nursing Home
Address:	370 Wilsthorpe Road Long Eaton Nottingham NG10 4AA

The quality rating for this care home is:

two star good service

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:
Angela Kennedy	2 8 0 7 2 0 0 9

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

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

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

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

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

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

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

Copies of the National Minimum Standards – Care Homes for 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 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

Document Purpose	Inspection report
Author	Care Quality Commission
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
Copyright	Copyright © (2009) Care Quality Commission (CQC). 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 CQC copyright, with the title and date of publication of the document specified.
Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Alexandra Nursing Home
Address:	370 Wilsthorpe Road Long Eaton Nottingham NG10 4AA
Telephone number:	01159462150
Fax number:	01159462094
Email address:	EDGESU@BUPA.COM
Provider web address:	www.bupa.com

Name of registered provider(s):	BUPA Care Homes (BNH) Ltd
Type of registration:	care home
Number of places registered:	40

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	0	40
old age, not falling within any other category	0	40
Additional conditions:		
The maximum number of service users who can be accommodated is 40		
The registered person may provide the following categories of service only, Care Home with Nursing, Code N, to service users of the following gender, either, whose primary care needs on admission are within the following categories, Old age, not falling within any other category, Code OP Dementia, Code DE		

Date of last inspection								
-------------------------	--	--	--	--	--	--	--	--

Brief description of the care home
<p>The Alexandra Nursing Home is a purpose built care home registered for 40 people. There is a passenger lift and staircase access to the first floor facilities. There are two spacious lounge areas, one with access to an octagonal sun lounge/conservatory. A separate dining room is also available. There is a landscaped garden to the rear of premises, which is accessible to those staying in the Home.</p> <p>The majority of bedrooms are single occupancy. All bedrooms are equipped with ensuite facilities.</p>

Brief description of the care home

Information about the service is provided through the Statement of Purpose and Residents Guide, both of which are made available to people staying in the Home.

Fees varied depending on the level of care, type of accommodation and length of stay required. Prices covered single or double private rooms, full board, 24-hour care and laundry. The home manager can provide the full details and cost of any extra services offered.

Details of previous inspection reports can be found at the Home, or on the Care Quality Commission's website: www.cqc.org.uk

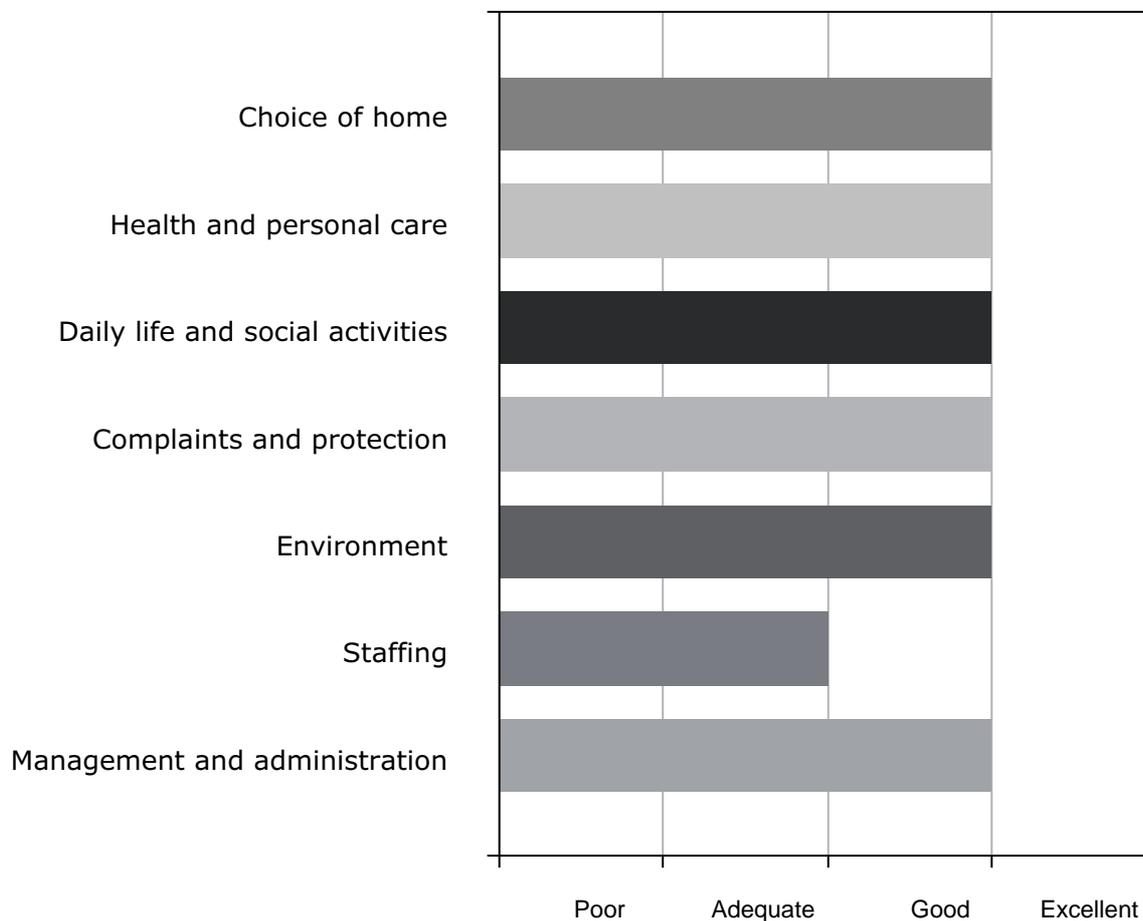
Summary

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

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

The last key inspection undertaken at this service was on the 23 June 2008. This key inspection was unannounced. Key inspections take into account a wide range of information and commence before the site visit by examining previous reports and information such as any reported incidents. The site visit is used to see how the service is performing in practice and to meet with the people using the service.

The focus of inspections undertaken is upon outcomes for people using the service and their views on the service provided. This process considers the provider's and registered manager's capacity to meet regulatory requirements, minimum standards of practice and focuses on aspects of service provision that need further development.

An Annual Quality Assurance Assessment (AQAA) had been completed by the service. This is a self-assessment for providers which is a legal requirement. This assessment gives the provider and registered manager an opportunity to let us know about their

service and how well they think they are performing. The information provided in the AQAA is reflected within this report.

At this inspection visit two people were case tracked. Case tracking is a method used to track the care of individuals from the assessments undertaken before they are admitted to a service through to the care and support they receive on a daily basis. This includes looking at care plans and other documents relating to that persons care, talking to staff regarding the care they provide and if possible talking to the individual.

Both people case tracked were able to express their views of the service and the support it provided. Their views of the service and the care and support provided are included within this report.

Two members of staff were spoken with at some length and their views and opinions of the care provided, the support and training given to them is included within this report.

The comments provided within five surveys received from the people living at the home, ten relatives surveys and eleven staff surveys are also reflected throughout this report.

What the care home does well:

The information provided within the care plans and risks assessments was detailed. This ensured that the staff team had access to clear and detailed information regarding each persons support needs and preferences.

Evidence of individuals involvement in their care plans was seen and evidence was seen also regarding individuals preferences in personal care support. Both people case tracked were able to confirm that they had been involved in the development of their care plans.

Observations of staff with people living at the home were positive and demonstrated a relaxed atmosphere with a good rapport between the staff and the people using the service.

Comments from visitors were positive regarding the care and support provided, such as "the staff are freindly... they welcome input from relatives and act on it, they monitor health and general well being closely".

What has improved since the last inspection?

All of the requirements made at the last inspection visit have been met.

There have been very good improvements to the activities available since the last key inspection. The activities available provided lots of variation and ideas. Examples of the activities provided included, the gardening club, the history club, exercises sessions, race morning, time for music and time for a laugh. Good records were kept including the activities notice board, with a weekly timetable and records of activities participated in plus photos to demonstrate the activities that had been undertaken.

Medication practices were looked and demonstrated that safe practices were in place to ensure medications were received, stored, recorded, administered and disposed of correctly and in line with legal requirements. Only trained nurses administered the medications.

Improvements had been made to the garden. This included the employment of a gardener to enhance this communal space. The garden was attractive and included a seating area , secure fencing, a greenhouse and a pets corner, which housed Pygmy goats, chickens and rabbits. People using the service and relatives that were spoken with thought that this had proven successful as people had shown an interests in these animals. This included going out to look at the animals and feeding them. Activities were now undertaken in shaded areas along with walks around the home.

What they could do better:

The recruitment information on file for some staff needed to be update, although this is now being done, evidence should always be in place to demonstrate that staff have been subject to the appropriate safety checks that are required by law. These safety checks show us that the service is clear about the law and that they are robust in ensuring that the staff employed are considered safe to support the people using the service.

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

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

Details of our findings

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.

People considering using the service were provided with the relevant information to enable them to make a decision about the home. Individuals needs were assessed before admission to ensure the home could meet their needs.

Evidence:

The surveys returned by the people living at the home and their relatives confirmed that they had enough information about the home before they made a decision to move in. People that were spoken with confirmed that they had an opportunity to look around the service and were given the relevant information about the home before they made a decision to use the service.

The homes Statement of Purpose and service user guide contained all relevant information, to enable individuals to make an informed decision about the service.

The information provided by the registered manager prior to this inspection visit

Evidence:

stated that everyone is given a trial period from admission, so that they retain the choice to decline if they are not happy.

Both of the people that were case tracked had assessments held in their files that demonstrated that an assessment of their needs had been undertaken before they moved into the home. This ensured that the home was suitable for them.

The assessments seen had been undertaken by the manager of the home and by the local authority for people whose care was funded. Written information was included to confirm that the service was able to meet the individuals assessed needs.

At the last inspection visit it was noted that people who were funded by the local authority did not have a Statement of the Terms and conditions of residency. These were now in place for all individuals that used the service, including people that were funded by the local authority.

The information provided by the registered manager prior to this inspection visit stated that Quest was used, which is a personal plan which includes the pre admission assessment, that then evolves into a set of care plans. The records seen demonstrated that from these assessments care plans had been developed that instructed the staff on the support each person needed and on what they were able to do for themselves. Risk assessments had also been developed from the needs assessments in place. These assessments identified risks and instructed the staff on the steps to take to minimise these risk to ensure individuals were kept safe.

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

Detailed information within care plans and risk assessments ensured the staff team were able to meet individuals needs in a safe way. The medication practices in place ensured that people were able to take their medication as prescribed.

Evidence:

Both people case tracked had care plans in place that had been developed from their initial needs assessments.

As stated in the information provided by the registered manager prior to this inspection visit the care plans seen identified individuals needs and abilities. The care plans identified the support required in each area of personal, health and social care, along with any aids or adaptations needed and the number of staff that were required to enable that support to be given in a safe way.

Risk assessments were also in place that related to areas of care where a risk had been identified. The risk assessments in place instructed the staff on the actions to be taken to ensure each risk identified was minimised, again ensuring people were

Evidence:

supported in a safe way. Risk assessments were detailed and covered all areas of related risk. Risk assessments linked with areas of care that they related to. For example the nutritional screening tool and weight charts linked with food preferences and likes and dislikes, including favourite foods.

Evidence of individuals involvement in their care plans was seen and evidence was seen also regarding preferences in personal care support. One person case tracked had specific wishes regarding the personal care support they received and this was respected by the staff team. Discussions with this person confirmed that they were happy with the support received. They felt the staff were caring and always found time to sit and have a chat with them.

Both people case tracked were able to confirm that they had been involved in the development of their care plans and stated that they were very happy with the level of care and support received. One person stated in their survey that there had been issues with agency staff at night waking them up to use the toilet, even though this was not necessary and they had requested not to be woken in the night. This was discussed with the manager who stated this had been addressed with the agency staff in question.

Care plans covered social needs well. There was good detail recorded regarding the person's needs, preferences, choices and hobbies. Life histories were gathered and these were seen in the records of the two people case tracked.

This information was then incorporated into the activities care plan for the individual. This enabled activities to be based upon people's interests. One person case tracked said they chose not to participate in the activities although they said that the activities coordinator was very good. They occupied their own time with quizzes, crosswords and spending time with their family when they visited.

Information provided by the manager prior to this inspection visit confirmed that key worker roles were now in place at the home. Although this is still quite new to the service, this will, once established ensure that the information within individuals care plans remains current and workable. It will also enable both the individual using the service and their relatives to identify a key person within the staff team that they can liaise with regarding the care they receive.

Good documentation was in place to demonstrate that health care needs were met. This included information to demonstrate that medications were reviewed. Records were seen that demonstrated that health issues were identified and addressed.

Evidence:

Records of appointments and visits from or to health care professionals were seen in the files of the two people case tracked.

Medication practices were looked at and demonstrated that safe practices were in place to ensure medications were received, stored, recorded, administered and disposed of correctly and in line with legal requirements. Only trained nurses administered the medications.

Observations of staff with people living at the home were positive and demonstrated a relaxed atmosphere with a good rapport between the staff and the people using the service.

Comments from visitors were positive regarding the care and support provided, such as "the staff are freindly... they welcome input from relatives and act on it, they monitor health and general well being closely".

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.

People are treated as individuals and the home is responsive to their preferences and beliefs.

People are able to keep in touch with their family, friends and representatives and have nutritious and attractive meals that are enjoyed.

Evidence:

There have been very good improvements to the activities available since the last key inspection. The activities available provided lots of variation and ideas. The activities coordinator was spoken with at length and demonstrated an enthusiastic approach to her work. She scheduled activities that were well thought out and planned and used information from life histories to plan the types of activities. This ensured that the activities provided were based around individuals interests and needs.

She stated that she worked on a one to one basis for those with those that could not or chose not to participate in group activities. This ensured that everyone was provided with some social stimulation to enhance their well being.

Examples of the activities provided included, the gardening club, the history club, exercise sessions, race morning, time for music and time for a laugh. Good records

Evidence:

were kept including the activities notice board, with a weekly timetable and records of activities participated in, plus photos to demonstrate the activities that had been undertaken.

The activities coordinator provided the 'Alexandra Activities' sheet for people using the service and their relatives. This provided information on the activities that would be available for a six month period, for example from August 2009 to January 2010. This included a brochure about the activities, a list of the types of activities and a calendar of events for festivals throughout this period.

At time of this inspection a themed month was being undertaken by the home. The activities coordinator confirmed that this was a BUPA incentive that was carried out in their homes every year. The theme this year was a cruise ship, that docked at different countries. On the day of this inspection visit they had docked in Ireland and so an Irish lunch was served, which was Guinness pie and Irish jelly cheesecake. The games for the day included quoits and the film Angela's Ashes and Sherry and reminiscence, followed by fish and chips when the cruise returned home.

One of the people case tracked said they enjoyed the activities and the meals provided. The other person case tracked said that they chose not to join in activities as they preferred to do there 'own thing'. Both people case tracked were very complimentary about the activities coordinator and the variety of activities available.

People were supported to access the community, such as day trips and visits out into the local community.

Information provided by the manager prior to this inspection visit confirmed that a multi denominational service was held every other Wednesday in the conservatory by the local reverend and holy communion was available for those that wished to participate. Other ministers from local churches also visited the home regularly to support individual's spiritual and faith needs.

Information provided by the manager prior to this inspection visit stated that the garden had been identified as a poorly used area for people using the service, therefore improvements had been made to rectify this. This included the employment of a gardener to enhance this communal space. The garden was attractive and included a seating area, secure fencing, a greenhouse and a pets corner, which housed Pygmy goats, chickens and rabbits. People using the service and relatives that were spoken with thought that this had proven successful as people had shown an interests in these animals. This included going out to look at the animals and feeding them.

Evidence:

Activities were now undertaken in shaded areas of the garden along with walks around the home.

Visitors spoken with confirmed that they were always welcomed by staff and offered refreshments. Observations throughout the day demonstrated that the rapport between visitors and staff was warm and friendly.

Extensive discussions took place with the chef, who demonstrated that he ensured that each person's dietary needs and preferences were catered for. Examples were, one person whose dietary cultural needs and preferences were being catered for with much effort to provide dishes that this person enjoyed. All of the people spoken with were complimentary about the chef's enthusiasm and stated that at each meal he would come into the dining room and check that everyone was enjoying their meal. People stated that the chef would also chat with them at other times throughout the day to ensure they enjoyed the food. The chef stated that he went around each person before meals were served to ascertain their preferred choices. People spoken with were complimentary about the meals that were served.

Menus ran over four weeks and a good variety was available at breakfast, including full cooked English breakfasts, and two choices at lunch time and a mixed variety of dishes at the teatime meal. Night bites were also available - these were dishes that were available throughout the night in addition to the suppers that were provided.

It was confirmed that picture menus were not used.

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

Complaints are addressed promptly by the service to ensure any issues are resolved quickly. The practices in place and the training provided ensured people were protected from abuse.

Evidence:

Information provided by the manager prior to this inspection visit stated that the service had received 10 complaints since the last inspection. Detailed records were in place that included the actions that were taken to investigate the complaint and outcomes. These records demonstrated that the complaints had been investigated and the appropriate actions had been taken to address the issues raised.

People that were spoken with that used the service and visitors that were spoken with were aware of the complaints procedure and stated that if they had any concerns or complaints they would speak to the manager or a member of the staff team.

Since the last inspection there has been two safeguarding referrals made. One was reported as safeguarding alert but no actions were taken as the preliminary enquiries identified that this incident was an accident and not as a result of abuse. The second was regarding the palliative care of a person using the service and was an issue that was raised following their families wishes, this has now been addressed.

Safeguarding policies were in place, both that of the local authority, who are the lead

Evidence:

investigators in any safeguarding referrals and the companies own policy. Staff had undertaken safeguarding training and training records were seen to demonstrate this. Staff spoken with had a good understanding of the policy and procedure to follow, if they had any safeguarding concerns.

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.

Alexandra Nursing home provides a comfortable and clean home for the people living there.

Evidence:

A partial tour of the home was undertaken. From observation the home appeared clean and generally well maintained.

The home is divided into two floors, the ground floor was for people who had nursing needs and the first floor was for people whose primary care need was dementia.

The communal lounge on the ground floor was spacious and provided two televisions within different areas. Off this lounge was an octagonal sun lounge. The dining area was spacious and tables were attractively decorated, making the meal time more pleasurable.

As stated in the information provided by the manager prior to this inspection visit, the first floor decor assisted people with dementia. The implementation of environmental cues had been used effectively to support people with dementia and colours were used within the environment to highlight areas and camouflage other areas. For example toilets and bathrooms were coloured bright yellow making them easy to identify. Hand rails were painted bright red, which promoted their use and therefore enhanced the

Evidence:

safety of the people that were mobile, as they were more likely to be used. Areas that were not accessible to people using the service, such as the clinical room or storage cupboard had doors that were painted magnolia, which camouflaged them. Bedrooms were coloured with door knockers that makes them easier to identify as 'home' to people with dementia.

At the last inspection visit the manager had said that the refurbishment of the home was due to take place in the autumn of 2008. However prior to this visit the comments received in the surveys indicated that this had not commenced. Discussions with the manager confirmed that there had been plans for a total refurbishment starting in October 2008. The manager confirmed that internal works had begun and although full refurbishment was planned, priority had been given to meeting all fire legislation requirements, which the manager stated had been implemented immediately. It was stated that both the people using the service and their relatives had been informed of this delay. There had been redecoration of some bedrooms, such as repainting and new curtains being provided and this was seen in some of the rooms that were looked at and was confirmed by one relative that was spoken with.

The manager confirmed that one of the double bedrooms has been upgraded to a premium room and there were plans to upgrade another room to a premium room.

Some of the bedrooms were seen. It was confirmed that the en suite showers within bedrooms were rarely used due to the step in shower tray, as it was not suitable for most people's mobility needs.

The laundry area was seen and housed sufficient equipment to meet disinfection standards and maintain individuals laundry requirements. The member of staff working in the laundry on the day of this visit confirmed that the laundry was staffed 7 days a week.

Both people living at the home and visitors that were spoken with stated that the general standards of cleanliness were satisfactory. One comments was made that suggested the standards of cleanliness were determined by the staff on duty. This was "there is one cleaner that is very thorough, you know when she's on duty, everywhere is really well cleaned". In the surveys returned comments were generally very positive regarding the standards of hygiene maintained.

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

Sufficient numbers of trained staff are employed to meet the needs of the people using the service. The recruitment practices are not robust enough to demonstrate that the people using the service are safeguarded from abuse.

Evidence:

Information within the surveys received suggested that there was not enough staff on duty, however the staffing rotas did not demonstrate this, although agency staff were used as needed.

The rotas showed that there was 6 staff on duty throughout the day, this was either 2 nurses and 4 carers or 1 nurse and 5 carers, at night there was 1 nurse and 2 carers. The manager confirmed that she ensured that staffing levels were maintained and agency staff were used as needed.

Discussions took place regarding the staffing issues since the new manager has been in post. It was confirmed that there have been some staff changes in the last year. New staff have been employed and as stated in the information provided by the manager prior to this inspection visit, the team was now stable and the manager was still recruiting to this team. The staff spoken with felt they worked well together as a team.

Evidence:

Information within relatives surveys indicated that there were issues regarding staff communication with each other.

Examples of this were identified earlier in this report and another issue was raised on the day of this inspection visit when a visitor discovered that staff had washed their relatives hair that day, despite the fact that this person had their hair professionally washed and styled the previous day. The manager stated that she was happy to refund the monies spent on the hairdresser and discussions with this relative indicated that this was not usual practice. However this again demonstrated that communication between staff could be improved.

At the time of this inspection only twenty three percent of care staff were trained to NVQ 2 or above. Eight staff were undertaking NVQ at level 2 or 3 at the time of this inspection visit. This means that the home have not yet met the national target of fifty percent or more of the care staff team having an NVQ 2 or above in health and social care.

Recruitment records were looked at. The records seen contained the documents that are required by law, such as criminal records bureau checks, pova first checks and required references and identification documents.

Full employment histories were not recorded on employment application forms. The manager took immediate action to contact staff regarding the gaps in there work history.

It was confirmed by the manager that she had audited staff recruitment records with the support of the previous administrator. It had been identified that eight staff did not have criminal records bureau checks on file, these were long standing staff that had been working at the home for several years and it was stated that these checks had been undertaken. The implications regarding the lack of evidence of criminal records bureau checks was discussed with the manager. As staff should not be working independently without evidence of these checks in place.

The manager took immediate action to contact all staff regarding this. Confirmation was provided the following day to state that these staff had provided their own copies of their CRBs and would bring them into work for them to be placed on file. It was also confirmed that full employment histories were being gathered for any staff that did not have this information on file.

The training matrix demonstrated that mandatory training was undertaken and

Evidence:

refreshers were provided as required.

Induction records were seen that demonstrated that detailed induction training was undertaken that met the skills for care standards.

Training certificates were also in place in the staff files seen. These certificates included emergency first aid, personal best award, fire risk assessment, abuse awareness, health and safety and food hygiene.

Staff spoken with were very complimentary regarding the training provided. They confirmed that different staff had specialist areas that they were responsible for, this was not just nurses but also care staff . For example one of the care staff spoken with was the trainer for moving and handling and had attended a training course to enable her to provide this training to other staff. She trained new staff at the start of employment both in theory and practice to assess their competence. She confirmed that no new staff were permitted to perform any moving and handling practices until deemed competent, this training also included the safe use of wheelchairs. Annual updates were provided to maintain staff competency and ensure that they were kept up to date with any changes in practice.

One of the nurses spoken with had just commenced training to be the infection control coordinator for the home and discussed how she was being supported by the community infection control nurse.

Discussions took place with another nurse regarding the dementia correspondence course that was being undertaken by nurses, carers and kitchen staff, this course provided a level 2 certificate upon completion.

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

The management structure ensures that the staff team are appropriately supervised and the health and safety of the people using the service is maintained and their finances safeguarded.

Evidence:

The manager has been in post for 18 months. She has not yet applied for registration. She confirmed that this was because she was unable to provide confirmation regarding her management qualification. It has been confirmed with the manager that this issue will not prevent her from applying for registration with the Care Quality Commission.

Since this inspection visit the manager has confirmed that she has commenced the process for her application to register with us.

As stated in the information provided by the manager prior to this inspection visit quality assurance measures were in place, this included auditing all aspects of care ,

Evidence:

catering, finance, training, medication practices, pressure care and health and safety.

Satisfaction surveys were sent out annually to people using the service and their relatives and the results of these surveys were audited and published by the head office. The regional manager for the service then informed the manager of any actions that were required.

As stated in the information provided by the manager prior to this inspection visit there was evidence seen of meetings that were held for the people using the service and their relatives. One relative spoken with confirmed that these meetings took place and confirmed that they participated in them. They stated that they were kept informed of any changes or issues that affected the service. Minutes of meetings were distributed to the people using the service and their relatives.

The manager also provided a weekly morning surgery for time for one to one discussion with relatives. The manager did state that if this time wasn't convenient for some visitors then other appointments could be arranged.

Satisfactory systems were in place for managing individuals monies, which were held by the home for safe keeping. This ensured the finances of the people living at the home were safeguarded.

Staff's supervision was provided on a regular basis and records were seen to demonstrate this. Supervisory practice was ongoing between both carers and nurses. Staff spoken with confirmed that supervision was provided on a regular basis, they also stated that the manager had an open door policy and that they were able to speak with the manager at any time.

The environment is safe for people because the appropriate health and safety checks are carried out. A sample of health and safety certificates were examined this included maintenance checks on equipment and fire safety procedures. All records and certificates seen were up to date

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
1	29	19	<p>Evidence must be provided in the form of CRB identification numbers to the Care Quality Commission for the 8 members of staff that did not have evidence of CRB's in place at the time of the inspection visit.</p> <p>This is to ensure that people living at the home are protected by the homes recruitment policy and practices.</p>	01/09/2009
2	29	19	<p>Full employment histories and a satisfactory written explanation of any gaps in employment must be in place and recorded for all staff working at the home. This includes identifying any previous employment that involved working with children or vulnerable adults and confirming the reason why that person left that employment.</p>	29/09/2009

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
			This is to ensure that people living at the home are protected by the homes recruitment policy and practices	

Recommendations

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

No	Refer to Standard	Good Practice Recommendations
1	15	Picture menus should be provided for people with Dementia and other cognitive impairments. This may enhance their ability to make choices.
2	22	Consideration should be given to removing the shower tray in the en suite bedrooms and replacing these with a non slip shower floor. This would enable the showers to be used by the people occupying these bedrooms.
3	27	Staff communication methods should be reviewed to ensure that all information regarding people using the service is communicated effectively between all members of staff.
4	28	At least fifty percent of the care staff team should be trained to NVQ 2 or equivalent.

Helpline:

Telephone: 03000 616161

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) Care Quality Commission (CQC). 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 CQC copyright, with the title and date of publication of the document specified.