



*Making Social Care
Better for People*

inspection report

**CARE HOME MIXED CATEGORY
MAJORITY OLDER PEOPLE**

87 Rectory Road

**87 Rectory Road
Pitsea
Essex
SS13 2AF**

Lead Inspector
Carolyn Delaney

Key Unannounced Inspection
14th July 2009 09:00

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

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People and Care Homes for Adults 18 – 65**. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	87 Rectory Road
Address	87 Rectory Road Pitsea Essex SS13 2AF
Telephone number	01268 583634
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Email address	f.winn@mcch.org.uk
Provider Web address	www.mcch.co.uk
Name of registered provider(s)/company (if applicable)	MCCH Society Ltd
Name of registered manager (if applicable)	Mr Francis Anthony Winn
Type of registration	Care Home
No. of places registered (if applicable)	12
Category(ies) of registration, with number of places	Mental disorder, excluding learning disability or dementia (5), Mental Disorder, excluding learning disability or dementia - over 65 years of age (7)

SERVICE INFORMATION

Conditions of registration:

1. To accommodate the five service users under the age of 65 years who have a diagnosed mental disorder (excluding learning disability or dementia).
2. To accommodate the seven service users over the age of 65 years, who have a diagnosed mental disorder (excluding learning disability or dementia).

Date of last inspection

7th August 2008

Brief Description of the Service:

87, Rectory Road provides accommodation, nursing care and support for twelve residents who have severe and enduring mental health illness.

The home is a purpose built property with two floors and a passenger lift provides access to all floor levels. All bedrooms are single with ensuite facilities and there is a communal bathroom on both floors with a large lounge/dining room on the ground floor with a separate activities room.

Residents are able to access a large garden/patio area and on-site car parking is available. The home has the use of a vehicle for transporting residents. The premises are situated in the mainly residential area of Pitsea, within close proximity of local shops and has transport links to Basildon and Southend-on-Sea.

The current rate of fees is £1280 per week. Additional charges are made for hairdressing, chiropody, holidays, toiletries and activities. A statement of Purpose and Service User's Guide is made available to residents.

SUMMARY

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

The Quality Rating for this service is 0 star. This means the people who use this service experience poor quality outcomes.

This was a routine unannounced inspection, which included a visit made to the home between the hours of 09.00 and 17.30 on 14th July 2009. The last inspection was carried out on 7th August 2008.

As part of the inspection process we reviewed information we had received about the service over the last twelve months including notifications sent to us by the manager of any event in the home, which affects residents such as injuries, deaths and any outbreak of infectious diseases. We requested information from the manager in the home's Annual Quality Assurance Assessment. This document is a self-assessment, which the registered provider or owner is required by law to complete and tell us what they do well, how they evidence this and the improvements made within the previous twelve months. However we had not received this document at the time of carrying out the inspection. The manager told us that they posted the document to us in August but we had not received this at the time of completing the inspection report.

We also looked at the improvement plan that we asked the manager to send us following the last inspection. This plan described how the manager was to address the issues as identified at the last inspection.

We sent surveys each to the home to distribute to residents and staff and to complete and tell us what they think about the home. At the time of writing this report we had received surveys from four resident's relatives. We received four surveys from staff members. During the inspection we spoke with one resident, two members of staff and the manager.

When we visited the home we looked at residents care plans and information available to staff to help them support residents. We looked at how staff were recruited to work in the home and how they were trained to support residents.

We looked at how the home was managed and how residents were involved in this.

We also observed how staff interacted with residents when supporting them with activities such as meals and providing recreation and stimulation.

A brief tour of the premises was carried out and communal areas including lounge and bathrooms were viewed.

Information obtained was triangulated and reviewed against the Commission's Key Lines for Regulatory Activity. This helps us to use the information to make

judgements about outcomes for people who use social care services in a consistent and fair way.

What the service does well:

The home is clean and comfortable. Residents have a plan of care and staff ensure that they receive medical attention when they are unwell. Staff keeps residents relatives informed of any important developments or incidents affecting resident's health and wellbeing.

There had been no complaints made about the home since the last inspection.

What has improved since the last inspection?

Improvements had been made to the home's environment and the heating and hot water system were now working consistently to meet the needs of residents. Staff received more regular supervision with the manager so as to monitor and improve how residents were supported and cared for.

Sensory devices to detect when residents were incontinent during the night had been introduced. These would help staff to support residents when needed without disturbing their sleep unnecessarily. We were also told that sensors were put in place to alert staff when residents attempted to climb the stairs so as to minimise risks of falls. (However these were yet to be fully commissioned and were not working at the time of the inspection).

What they could do better:

A detailed assessment of a person's needs must be completed before they are offered a place in the home and they must be provided with information so as to help them decide if the home will be suitable for them.

Care plans must be reviewed and amended so that they accurately reflect the personal, mental and general health care needs of residents. Care plans should reflect how residents wish to be cared for and how they like to spend their time. This would help staff to individuals better. Staff must ensure that residents receive the medicines, which are prescribed for them and that they keep accurate records in respect of this.

More activities and opportunities for activities and other entertainment could be provided for residents.

All staff should have regular safeguarding training and measures must be put in place to protect residents from unnecessary harm.

Evidence of the checks carried out so as to determine the fitness of people who work at the home should be available for inspection. Where temporary agency staff are employed the manager must ensure that these staff are competent and suitable to care for residents and to take charge of the home where this occurs.

The home could be better managed and communication improved among staff so that they are aware of the homes policies and procedures and their location. Where people make comment about how the service could be improved a plan should be implemented so as to address these issues.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

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Choice of Home

The intended outcomes for Standards 1 – 6 (Older People) and Standards 1 – 5 (Adults 18 – 65) are:

1. Prospective service users have the information they need to make an informed choice about where to live. *(YA NMS 1)*
2. Each service user has a written contract/ statement of terms and conditions with the home. *Each Service User has an individual contract or statement of terms and conditions with the home. (YA NMS 5)*
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met. *Prospective Service Users' individual aspirations and needs are assessed. (YA NMS 2)*
4. Service users and their representatives know that the home they enter will meet their needs. *Prospective Service Users know that the home they choose will meet their needs and aspirations. (YA NMS 3)*
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home. *Prospective service users have an opportunity to "test drive" the home. (YA NMS 4)*
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 (Older People) and Standard 2 (Adults 18-65) the key standards.

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

Quality in this outcome area is **poor**

This judgement has been made using available evidence including a visit to this service.

People who move into the home cannot always be assured that their needs will be met.

EVIDENCE:

We had not received an Annual Quality Assurance Assessment at the time of completing this report.

When we visited the home we looked at the arrangements for assessing a person's needs before they were offered a place in the home. There was some information available for a person who was in the process of moving into the home. This person had visited the home on three occasions to see if they liked

it. Records had only been made by staff in respect of the most recent visit, which was an overnight stay. These records indicated that the person had not settled or slept and that they had found the experience upsetting and the environment 'too loud'. There were no records available in respect of the other visits made to the home so as to determine if the placement would be suitable.

There were various letters and assessments with information about the person's needs, which had been carried out by mental health care professionals. However there was no assessment carried out by the home's manager to determine that taking into consideration the person's need, the needs of people already living in the home and the resources' available such as staffing numbers, skills and knowledge that the home would be suited to the needs of this person. We identified similar issues when we last visited the home and the manager at that time assured us that appropriate assessments would be completed before deciding to admit people to the home.

We spoke with one resident who had moved into the home at the time of the last inspection. No pre- admission assessments had been carried out for this person. At that time they had told us that they were unhappy living in the home as the other residents were older than them and they had no one to talk to. When we spoke to them on this occasion they said tat they were still unhappy there.

We asked to see a copy of the information about the home (statement of purpose and service users guide) which would be given to people to help them decide if it would be suitable for them. Staff told us that the service users guide was in the process of being amended and that there were no copies of the older document available. During the inspection staff on duty had difficulty in finding documents requested such as assessments and were not aware whether these had been completed.

Health and Personal Care

The intended outcomes for Standards 7 – 11 (Older People) and Standards 6, 9, 16, 18 –21 (Adults 18-65) are:

- 7.** The service user's health, personal and social care needs are set out in an individual plan of care. *Service Users know their assessed and changing needs and personal goals are reflected in their individual plan. (YA NMS 6) Also Service Users are supported to take risks as part of an independent lifestyle. (YA NMS 9)*
- 8.** Service users' health care needs are fully met. *Service Users physical and emotional health needs are met. (YA NMS 19)*
- 9.** Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines. *Service Users, retain, administer and control their own medication where appropriate and are protected by the home's policies and procedures for dealing with medicine. (YA NMS 20)*
- 10.** Service users feel they are treated with respect and their right to privacy is upheld. *Service Users rights are respected and responsibilities recognised in their daily lives. (YA NMS 16) Also Service Users receive personal support in the way they prefer and require. (YA NMS 18)*
- 11.** Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect. *The ageing, illness and death of a Service User are handled with respect and as the individual would wish. (YA NMS 21)*

The Commission considers standards 7, 8, 9 and 10 (Older People) and Standards 6, 9, 16, 18, 19 and 20 (Adults 18-65) are the key standards.

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

7, 8, 9 & 10

Quality in this outcome area is **poor**.

This judgement has been made using available evidence including a visit to this service.

People living in the home cannot always be assured that their health and personal care needs will be met.

EVIDENCE:

Three of the four relatives who completed surveys told us that the home usually met the needs of residents. The other person said that they always did.

One person said '(Relative) is very well looked after.' Another person said 'staff responded promptly and caringly to medical issues and that they inform them of issues promptly.'

Staff told us that their manager met with them regularly to support them to be able to meet the needs of residents. They told us that the ways in which they shared information about people living in the home usually worked well.

When we visited the home we looked at how resident's needs were assessed and how these needs were met by staff. We looked at the care plans for two people living in the home. Some information in care plans had not been updated since December 2008. In particular care plans and risk assessment documents had not been updated with changes to residents needs such as increased risk or frequency of falls. There were care plans in place for both people around their mental health needs. These care plans did not describe how staff were to support residents. Care plans for one individual stated that residents should be encouraged to 'to build therapeutic relationships with staff and participate in activities'. There was no information as to how this was to be achieved and care plans had not been reviewed since December 2008. It was recorded in one person's care plan that they 'had auditory hallucinations and wanted to die.' Staff had recorded that 'therapeutic techniques' should be employed but there was no information recorded as to what these involved. The care plan was not reviewed or amended to evidence what support was provided to the residents or whether it had been effective.

We saw that staff had sought the advice of health care professionals such as speech and language therapists to support residents who had difficulty in swallowing. This information had not been incorporated into the individual's plan of care and may therefore be overlooked by staff, particularly temporary agency staff.

One resident's relative commented that 'residents could be freshened up after meals as there is often food around mouths, hands and clothing.' On the day of the inspection we observed this and also that some residents were wearing soiled or stained clothing.

We looked at the arrangements for storing and administering medicines to residents. The home used a monitored dosage system and the majority of medicines were delivered in 'blister packs'. We saw that staff recorded each month on the medication administration records the number of tablets received and the date on which new medicines were commenced. At the time of the inspection none of the residents were capable of safely managing their medicines. There were care plans in place to describe how residents were to be supported and to identify any problems such as non compliance with medication. Only qualified nurses administered medicines and received training periodically. We looked at the medication records for four residents. Records were poorly maintained and staff had not signed to indicate

that they had administered medicines such as bronchodilators (inhalers), painkillers and laxatives on occasions. There were no records made as to why these medicines had not been administered. We also saw that one person had been prescribed Chlorpromazine (antipsychotic medicine) four times each day. However staff had only administered this three times each day. There were no records as to the reason for this and the manager who had been on duty and administered medicines on occasions could not explain the discrepancy. We highlighted concerns around medication and staff practices when we last visited the inspection.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 (Older People) and Standards 7, 11- 15 and 17 (Adults 18-65) are:

- 12.** Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs. *Service Users have opportunities for personal development. (YA NMS 11) Also Service Users are able to take part in age, peer and culturally appropriate activities. (YA NMS 12). Also Service users engage in appropriate leisure activities. (YA NMS 14)*
- 13.** Service users maintain contact with family/ friends/ representatives and the local community as they wish. *Service Users are part of the local community. (YA NMS 13) Also Service Users have appropriate personal, family and sexual relationships. (YA NMS 15)*
- 14.** Service users are helped to exercise choice and control over their lives. *Service Users make decisions about their lives with assistance as needed. (YA NMS 7)*
- 15.** Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them. *Service Users are offered a healthy diet and enjoy their meals and mealtimes. (YA NMS 17)*

The Commission considers standards 12, 13, 14 and 15 (Older People) and Standards 12, 13, 15 and 17 (Adults 18-65) the key standards to be inspected.

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

12, 13, 14 & 15

Quality in this outcome area is **adequate**.

This judgement has been made using available evidence including a visit to this service.

People living in the home are not always supported to live their lives as they choose.

EVIDENCE:

One of the four members of staff and two of the three relatives who completed surveys commented that more activities could be provided for residents.

When we visited the home we looked at the arrangements for providing activities and opportunities for socialising and stimulation. There was very limited information recorded in care plans we looked at about the things, which residents liked to do and how they wished to spend their time.

There was a system for recording daily resident's choices for activities. However there was no information recorded. We saw from daily care records, staff rotas that some residents enjoyed trips out of the home such as visits to Southend but the majority of the days it appeared that residents spent their time in the home. During the inspection we observed how staff engaged with residents and provided opportunities for stimulation. We saw that one member of staff spent some time talking with residents and engaging some in a quiz and playing with a ball. However a number of residents appeared disinterested. At one point staff put on a video for residents to watch however residents again showed very little interest and one resident was listening to music at the same time. We saw that some staff spent time sitting in the lounge with residents but not engaging with or speaking with them.

The majority of residents were not capable of telling us of their experiences of activities or opportunities for stimulation. We spoke with one resident who told us that they were 'bored'. They said 'I have no one to speak to here and not much to do.' Staff told us that residents were unmotivated and it was difficult to find things to keep them occupied which they enjoyed.

Relatives told us that they were welcomed to the home and that they were kept informed of important things about residents.

We looked at how staff supported residents to make choices about the meals provided while ensuring that they received a nutritionally balanced diet. We saw that where residents had specialist dietary needs that these were catered for. The home employed a cook during week days and staff undertook cooking duties when at weekends or when the cooks was on leave or absent due to sickness. However on the day of the inspection the cook was on leave and the deputy manager said that they had been unaware of this. Take away food of residents choice was provided for the lunch time meal. This was the case also at the last inspection. We saw that menus were planned with input from residents. Meals were well balanced with fresh fruit and vegetables provided on a daily basis as part of promoting a healthy lifestyle.

Complaints and Protection

The intended outcomes for Standards 16 – 18 (Older People) and Standards 22 – 23 (Adults 18-65) are:

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon. *Service Users feel their views are listened to and acted on. (YA NMS 22)*
- 17.** Service users' legal rights are protected. *Service Users are protected from abuse, neglect and self-harm. (YA NMS 23)*
- 18.** Service users are protected from abuse. *Service Users are protected from abuse, neglect and self-harm. (YA NMS 23)*

The Commission considers standards 16 and 18 (Older People) and Standards 22 and 23 (Adults 18-65) the key standards to be inspected.

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

16 & 18

Quality in this outcome area is **adequate**.

This judgement has been made using available evidence including a visit to this service.

People living in the home cannot be assured that they will be safeguarded from harm.

EVIDENCE:

Each of the five members of staff who completed surveys told us that they knew what to do if a resident or other person made a complaint or raised concerns about the home. Each of the three relatives who completed surveys told us that they knew how to complain. Two said that the care service always responded appropriately if concerns were raised and one said that they usually did.

When we visited the home we looked at the arrangements for receiving and dealing with complaints. The manager told us that residents had information around how to make complaints and raise concerns and that this was kept in individual's bedrooms. They told us that had received no complaints since the last inspection.

We looked at the arrangements for safeguarding people who live in the home from harm. We saw that a number of staff had not received training around safeguarding people from harm for a number of years. There was no evidence on file of safeguarding training for two members of staff and for another two there was no evidence that they had received training since 2005. We spoke with two members of staff who told us that they would report any incidents to the home's manager.

We looked at accident records and care plans to see how risks of injury to residents were minimised. We looked at records for two people who staff identified were at risk of falls and injury. We saw that one person had been admitted to hospital with a serious injury following a fall at the home since the last inspection. Nursing staff had failed to recognise that the resident had sustained a fracture. This incident was investigated by the manager at the time. We saw that where residents had fallen and sustained minor injuries that the frequency of falls etc had not been incorporated within the person's care plan so as to try to minimise these risks. Staff told us that if a resident fell or sustained an injury that this information would be passed on to staff on the next duty and that the person would be monitored. We saw that one person had fallen and hit their head. Staff recorded that there was no 'visible signs of injury or soft tissue injury.' We looked at how this person was monitored but records did not reflect this. It was recorded on the following day that the person had 'complained of headache and was given paracetamol.'

During the inspection we overheard staff records around residents money did not always concur with receipts. We looked at how staff managed residents monies, where they were unable to do so themselves. We saw that staff regularly did not complete records accurately when residents received money. This is not good practice and may increase the risk of error or mishandling of residents money.

Environment

The intended outcomes for Standards 19 – 26 (Older People) and Standards 24 – 30 (Adults 18-65) are:

- 19.** Service users live in a safe, well-maintained environment. *Service Users live in a homely, comfortable and safe environment. (YA NMS 24)*
- 20.** Service users have access to safe and comfortable indoor and outdoor communal facilities. *Shared spaces complement and supplement service users' individual rooms. (YA NMS 28)*
- 21.** Service users have sufficient and suitable lavatories and washing facilities. *Service Users toilets and bathrooms provide sufficient privacy and meet their individual needs. (YA NMS 27)*
- 22.** Service users have the specialist equipment they require to maximise their independence. *(YA NMS 29)*
- 23.** Service users' own rooms suit their needs. *Service Users' own rooms suit their needs and lifestyles. (YA NMS 25)*
- 24.** Service users live in safe, comfortable bedrooms with their own possessions around them. *Service users' bedrooms promote their independence. (YA NMS 26)*
- 25.** Service users live in safe, comfortable surroundings. *Service Users live in a homely, comfortable and safe environment. (YA NMS 24)*
- 26.** The home is clean, pleasant and hygienic. *The home is clean and hygienic. (YA NMS 30)*

The Commission considers standards 19 and 26 (Older People) and Standards 24 and 30 (Adults 18-65) the key standards to be inspected.

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

19 & 26

Quality in this outcome area is **adequate**.

This judgement has been made using available evidence including a visit to this service.

People living in the home enjoy a clean, comfortable and safe environment.

EVIDENCE:

People we spoke with and those who completed surveys told us that the home was generally fresh and clean. When we visited the home we carried out a brief tour of the premises and viewed some resident's bedrooms. Those areas of

the home we saw were clean and free from unpleasant odours. Prior to our inspection visit we were informed by the manager that sensory devices to detect when residents were incontinent during the night had been introduced. These would help staff to support residents when needed without disturbing their sleep unnecessarily. We were also told that sensors were put in place to alert staff when residents attempted to climb the stairs so as to minimise risks of falls. When we visited the home we saw that while these had been purchased however were not fully commissioned to be used and therefore of no benefit to residents. We discussed this with the manager who told us that there were plans to fully commission the systems in the near future.

We saw that residents had access to a large lounge dining area, a quiet area and a large secure garden. Staff commented that residents were reluctant to use the garden and relatives commented that more activities could be provided in the garden so as to encourage residents to use it in the finer weather.

We saw that at a recent Environmental Health Visit that issues of concern had been raised about the extractor hood/fan in the kitchen. They identified that the fan was not appropriate for the size of the cooker and the heat generated. The manager told us that there were plans in place to replace the extractor hood. However this may impact upon the range of foods made available to residents in the meantime.

Staffing

The intended outcomes for Standards 27 – 30 (Older People) and Standards 31 – 35 (Adults 18-65) are:

- 27.** Service users needs are met by the numbers and skill mix of staff. *Service users are supported by an effective staff team. (YA NMS 33)*
- 28.** Service users are in safe hands at all times. *Service Users are supported by an effective staff team. (YA NMS 32)*
- 29.** Service users are supported and protected by the home's recruitment policy and practices. *Service Users benefit from clarity of staff roles and responsibilities. (YA NMS 31) Also Service Users are supported and protected by the home's recruitment policy and practices. (YA NMS 34)*
- 30.** Staff are trained and competent to do their jobs. *Service Users individual and joint needs are met by appropriately trained staff. (YA NMS 35)*

The Commission considers standards 27, 28, 29 and 30 (Older People) and Standards 32, 34 and 35 (Adults 18-65) the key standards to be inspected.

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

27, 28, 29 & 30

Quality in this outcome area is **poor**

This judgement has been made using available evidence including a visit to this service.

People living in the home cannot be assured that they will be supported by suitably competent staff who understand their needs.

EVIDENCE:

Each of the five members of staff who completed surveys told us that the appropriate checks such as references and Criminal Records Bureau disclosures had been obtained before they commenced work. They told us that their induction had covered everything they needed to know about the job when they started and that they received training, which was relevant to their roles, helped them understand the needs of people they support and explore new ways of working.

When we visited the home we looked at the arrangements for recruiting, training and deploying staff to meet the needs of residents. We looked at the recruitment files for two people who had started work since the last inspection. There were no references available for one person. There was no application form, information about previous employers, evidence of PoVA First or Criminal Records Bureau disclosures. There was no evidence that candidates had been interviewed so as to determine their fitness. We spoke with one member of staff who had recently been employed at the home. They told us that they did not have any previous experience of working in a care home. They said that they had not had an induction, safeguarding or safe moving and handling training.

The manager told us that there were vacancies for two qualified nursing staff and that advertisements had been placed in local papers. This meant that the home relied on the use of temporary agency staff to manage shifts in the absence of the manager or senior staff. We requested to see information provided by the agency around the qualifications, experience and skills so as to determine that they would be competent to do so. We were provided with some information for some nurses. However records were poorly maintained and there was little information about temporary nurses experience and skills. During the inspection the agency nurse in charge of the shift was unaware of where documents such as complaints records, safeguarding information and policies and procedures were located.

On the day of the inspection we were informed that the cook was on annual leave and that a member of care staff had called in sick. The deputy manager (who arrived after the inspection had commenced) told us that they were unaware that the cook was not on duty and that temporary agency staff had been called in to cover care duties. In order that care staff concentrate on the delivery of care to residents a decision was made to provide take away food of resident's choice for the lunchtime meal.

They told us that the staffing levels for the home during the day were one nurse and three support staff during the day. We looked at the staff duty rotas for a period of four weeks. We saw that generally these staffing levels were maintained and that staff did not work excessive hours without appropriate time off duty. Three members of staff told us in surveys that there were usually enough staff to meet the individual needs of residents. One person said that there sometimes were. One member of staff commented that the service would be better if 'less agency staff were used'.

We received surveys from the relatives of three residents. Two told us that they felt that staff usually had the right skills and experience to look after people properly. One person commented that residents were on occasions left alone in the lounge. They said 'I feel there should be a member of staff supervising due to the needs and occasional unexpected behaviour of the residents'.

We looked at the arrangements for training staff. The manager showed us a list of training, which staff undertook each year. This included safe moving and handling, administration of medicines, Control of Substances Hazardous to Health, infection control, care planning and managing challenging behaviour. However it was not evident that all staff had undertaken this training and there was little evidence that staff had received training around the needs mental health needs of people living in the home.

Management and Administration

The intended outcomes for Standards 31 – 38 (Older People) and Standards 8, 10, 23, 37 – 43 (Adults 18-65) are:

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully. *Service users benefit from a well run home. (YA NMS 37)*
- 32.** Service users benefit from the ethos, leadership and management approach of the home. *(YA NMS 38)*
- 33.** The home is run in the best interests of service users. *Service Users are consulted on and participate in, all aspects of life in the home. (YA NMS 8) Also Service Users are confident their views underpin all self-monitoring, review and development by the home. (YA NMS 39)*
- 34.** Service users are safeguarded by the accounting and financial procedures of the home. *Service Users benefit from competent and accountable management of the service. (YA NMS 43)*
- 35.** Service users' financial interests are safeguarded. *Service Users are protected from abuse, neglect and self-harm. (YA NMS 23)*
- 36.** Staff are appropriately supervised. *Service Users benefit from well supported and supervised staff. (YA NMS 36)*
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures. *Service Users know that information about them is handled appropriately, and that their confidences are kept. (YA NMS 10) Also Service Users rights and best interests are safeguarded by the home's policies and procedures. (YA NMS 40) and (YA NMS 41)*
- 38.** The health, safety and welfare of service users and staff are promoted and protected. *The health, safety and welfare of service users and staff are promoted and protected. (YA NMS 42)*

The Commission considers standards 31, 33, 35 and 38 (Older People) and Standards 37, 39 and 42 (Adults 18-65) the key standards to be inspected.

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

31, 33, 35, 36 & 38

Quality in this outcome area is **poor**

This judgement has been made using available evidence including a visit to this service.

The home is not managed in the interests of the people who live there.

EVIDENCE:

We requested an Annual Quality Assurance Assessment as part of the planning process for this inspection. This is a document in which the manager is required to complete and tell us how they meet outcomes for residents, where they have improved with the previous twelve months and plans for improvements for the next twelve months.

We had not received this document at the time of carrying out the inspection. The manager told us that this had been sent to us in August. However at the time of completing this report we had still not received this.

When we visited the home we discussed our concerns around poor pre-admission planning, care planning, safeguarding and staffing. The manager is a registered nurse with considerable experience of managing a care service. However a number of issues we identified at the last inspection had not been addressed. Other areas where outcomes had been judged good for residents at the last inspection had deteriorated (as recorded throughout other sections of this report).

We looked at the arrangements for obtaining the views of people who live in the home, their relatives and other stakeholders. We saw that surveys were sent out annually. There was no evidence that plans were implemented to address areas where improvement could be made.

We asked residents, relatives and staff in surveys what they felt the home did well and where improvements could be made. Relatives told us that 'staff responded promptly and caringly to medical issues and that they inform them of issues promptly.' One person told us that 'There is always a relaxed and caring attitude.' Another person said '(Relative) is looked after very well.'

People identified areas where improvements could be made including 'providing more exercise and outings.' One person said that the service could be improved by providing 'More stimulation for residents although some things are in place and work well.'

SCORING OF OUTCOMES

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

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

"X" in the standard met box denotes standard not assessed on this occasion
 "N/A" in the standard met box denotes standard not applicable

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

HEALTH AND PERSONAL CARE	
<i>Standard No</i>	<i>Score</i>
7	2
8	2
9	1
10	2
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
<i>Standard No</i>	<i>Score</i>
12	2
13	2
14	2
15	2

COMPLAINTS AND PROTECTION	
<i>Standard No</i>	<i>Score</i>
16	3
17	X
18	2

ENVIRONMENT	
<i>Standard No</i>	<i>Score</i>
19	3
20	X
21	X
22	X
23	X
24	X
25	X
26	2

STAFFING	
<i>Standard No</i>	<i>Score</i>
27	1
28	3
29	1
30	1

MANAGEMENT AND ADMINISTRATION	
<i>Standard No</i>	<i>Score</i>
31	1
32	X
33	2
34	X
35	1
36	2
37	1
38	2

Yes

Are there any outstanding requirements from the last inspection?

STATUTORY REQUIREMENTS				
This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.				
No.	Standard	Regulation	Requirement	Timescale for action
1.	OP3	14	<p>People must only be admitted to the home after a detailed of their health, personal and mental health care needs has been carried out.</p> <p>This will help ensure that people's assessed needs will be met when they move into the home.</p>	30/10/09
2.	OP8	13	Risks to residents health and safety must be assessed and action taken so as to minimise these. Risks assessments must be kept under review and amended where there are changes or increased risks.	30/10/09
3.	OP9	13	Staff must ensure that residents receive the medicines they are prescribed as part of their treatment and that records are maintained accurately.	30/10/09
4.	OP18	13	Measures must be put in place so as to safeguard residents.	30/10/09
5.	OP27	18(1) (a) (b)	Staff must be employed to work in the home in suitable numbers for the needs of people who live there and the manager should implement systems so as to minimise the impact of the high	30/10/09

			use of agency staff on residents.	
6.	OP31	12	The home must be managed in the interests of the people who live there.	30/11/09
7.	OP35	16	Appropriate safeguards must be put in place where staff hold money on behalf of residents who cannot do so safely themselves.	15/10/09

RECOMMENDATIONS

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

No.	Refer to Standard	Good Practice Recommendations
1.	OP27	An additional cook should be appointed to cover weekends. This is to ensure that care staff are available to give priority to the care and support of residents.
2.	OP7	Care plans for how residents are to be supported with their physical needs should be person centred to help promote residents choice.

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