

Key inspection report

CARE HOMES FOR OLDER PEOPLE

87 Rectory Road

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

Lead Inspector
Carolyn Delaney

Key Unannounced Inspection
15th December 2009 09:00

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

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

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

Copies of the National Minimum Standards – Care 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.

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

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SERVICE INFORMATION

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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

14th July 2009

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 1 star. This means the people who use this service experience adequate quality outcomes.

This was a second unannounced inspection carried, which included a visit made to the home out in line with out enforcement pathway for managing services which provide poor outcomes for people. The last inspection was carried out on 7th July 2009.

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 also looked at the information the manager provided us with 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. 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 two residents living in the home. We received two surveys from staff members. During the inspection we spoke with nine residents, one relative, two members of staff and the manager.

As part of the inspection process we employed the use of an Expert by Experience. This is an individual who has experience of using a social care service. An Expert by Experience is one of the resources we use as part of our methodology for engaging with people who use social care services.

This person accompanied us on the inspection and spent time speaking with residents to obtain their views about their experience of living in the home. The views and comments made by residents were used in this report and to help us make judgements about outcomes for people living in the home.

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 well managed and run in the interests of the people who live there. Before a person decides to move into the home, the manager carries out a detailed assessment of their health, social and personal care needs to ensure that staff will be able to support the person properly. Individuals are given information about the home and have the opportunity to visit and stay for evenings and weekends to help them decide if it is the right place for them.

Staff receive training around the needs of people living in the home and how to support and safeguard people. Each resident has a detailed care plan, which describes how they wish to be supported and cared for. Within the plan, risks to the health and safety of residents are identified and there are plans in place so as to minimise these risks. Residents live in a clean, well maintained, safe and comfortable environment.

Residents and their families are consulted regularly through meetings and questionnaires for their views about the home. The manager uses comments and suggestions so as to improve the quality of service and experiences of people living in the home.

What has improved since the last inspection?

A new manager has been employed and we saw that they and the registered provider have acted so as to comply with the regulatory requirements made at the last key inspection.

Before a person moves into the home the manager carries out a detailed assessment of their needs so that they can determine that based upon staffing resources and the needs of people already living in the home that they will be able to support the individual for their needs.

There is a system in place for identifying risks to each resident's health and safety and a plan in place for staff to follow so as to help minimise these risks. Staff undertake training to help them support and safeguard residents from harm and abuse.

There are more robust arrangements in place for ensuring that agency staff who work at the home are suitable and that they have sufficient information about residents needs so that they can care for them better.

What they could do better:

Staff do not always support residents in accordance with each persons care plan so as to minimise risk of injury.

Nursing staff do not always follow the homes procedure for keeping records around the administration of medicines and this could lead to errors or risk of mishandling medicines.

More could be done to support people living in the home to raise concerns or complain if they are unhappy. Wherever it is appropriate (where residents do not have family support) people should have access to independent advocates. Staff should be provided with information about the local social services safeguarding teams such as contact numbers and the process for referring allegations.

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.

This is what people staying in this care home experience:

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

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

People know when they move into the home that their assessed needs will be met because the assessment process is thorough and involves the individual at each stage.

EVIDENCE:

The manager told us in the Annual Quality Assurance assessment about the arrangements for assessing the needs of people before they were offered a place in the home. They told us that all referrals were considered by a panel of

people, including the manager and funding authority so as to ensure that the home would be suitable for them. The next stage of the assessment process involved the individual visiting the home to spend with residents and staff to see if they liked the home and if they would like to move in.

At the time of the last key inspection there was no evidence that assessments of a person's needs were carried out before they were offered a place in the home. We asked the provider to tell us in an improvement plan how they were going to ensure that these assessments took place so as help ensure that people were placed appropriately in the home and that their needs would be met. The manager told us in the improvement plan that in future all people who were looking to move into the home would have a full assessment of their needs completed.

Two of the five people who completed surveys told us that they had received enough information to help them decide that the home was the right place for them. They also told us that they had been given written information about the home's terms and conditions (sometimes called a contract). The majority of people living in the home had done so for some time and had been moved from Runwell hospital when wards there were being closed and may not have been involved in this decision. One health care professional completed a survey and they told us that the home's assessment arrangements ensure that the accurate information is gathered and the right service is planned for people.

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. We saw that detailed discussions had taken place with the care management team whose responsibility it is to find suitable placements for people who require support for their physical and mental health needs. We saw that the manager had carried out a detailed assessment for one person who was in the process of choosing to move into the home. This person was not in the home on the day of the inspection. However we saw records, which staff made around the time the individual spent in the home as part of the moving in process. This process includes day visits, overnight and weekend stays so that the person can spend time getting to know staff and other residents so that they can be assured that the home will be right for them. Staff recorded how the person had settled into the home, their views and any issues they had such as difficulties sleeping in a strange environment. We saw from the records made the measures that staff took to support the person to adapt to their new surroundings and to access the local amenities and shops during their trial visits. The manager assured us that only after all the information had been reviewed and trial visits assessed would the person be offered a place in the home.

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.

This is what people staying in this care home experience:

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

7, 8, 9 & 10

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

People living in Rectory can be assured that their assessed health and personal care needs will be met. However staff do not act in accordance with care plans so as to minimise risks of injury to residents.

EVIDENCE:

The manager told us in the Annual Quality Assurance Assessment that all residents had a person centred plan. They told us that these had been completed with residents. They told us that these plans were reviewed regularly (monthly or sooner if there was a change in circumstances or a situation occurred that required a review of the plan).

The manager told us that each resident had a Key worker who was responsible for ensuring that the residents needs/wishes were clearly documented and reviewed. They said that they ensured that each resident was involved in the care planning process as much as possible. They told us that gender preference was taken into account in the care planning process, and this was reflected on the staff rota for the service. They told us that there were health action plans in place for each individual resident, which outlined their needs and how they wished to be supported.

Two residents who completed surveys told us that they always received the care, support and medical attention that they needed. Two people told us that they sometimes did and one person said that they never did.

One health care professional who completed a survey told us that peoples' social and health care needs were properly monitored, reviewed and met by the home. Staff who completed surveys told us that they were usually given up to date information about the needs of people they care for. They told us that the ways in which they shared information about residents care needs with other staff and the manager usually worked well and that there were usually enough staff to meet the needs of all residents.

At the time of the last key inspection we identified areas for concern around how risks to the health and safety of people living in the home were assessed and minimised. We were also concerned about how staff administered medicines to residents as some people did not receive the medicines as prescribed for them by their general practitioners.

When we visited the home we looked at the arrangements for planning and delivering care and support to residents. We also looked at how risks to individuals were assessed and what plans were put in place to minimise these risks. We looked at the arrangements for ensuring that residents received the medical care and treatments they needed.

We looked at the care plans for three residents. We saw that each person had a detailed plan, which described their health and personal care needs. There was information recorded around how the person wished to be supported, their likes and dislikes. There was detailed information recorded about what part of daily activities of living such as washing and dressing, eating and drinking, each person could carry out independently, with prompting or with assistance of staff. There was information recorded about resident's views of their

condition and the way in which they wished to be supported. We saw that care plans were reviewed regularly and amended where there were changes to their needs, care or treatment.

Residents who spoke with the expert by experience told them that generally staff treated them well and this was backed up by observations they made during the inspection. One person told the expert that they had been involved in planning their care and each person who they spoke with said that they knew who their key worker was. We observed a member of staff attempt to clean and cut a residents' nails. The resident was clearly resisting and indicating that they did not wish to have this procedure carried out. The member of staff persisted and was heard to say loudly 'What a fuss over nothing'.

We looked at how risks to individual's health and safety were assessed and the action taken to minimise these while promoting peoples' independence. We saw that there was a system for identifying risks to individual's such as risks of injuries from falls, risks of developing pressure sores due to poor mobility, risks of poor nutrition etc. There were detailed assessments around each person's mental health needs including how to recognise signs of deteriorating health and how staff should act in these instances. We saw that risk assessments were reviewed regularly so as to ensure that they were up to date and accurately reflected the needs of residents. However the inspector did observe some poor moving and handling practices. They observed staff to 'lift' a resident from their chair and transfer the person to a wheelchair. This practice is unsafe and may result in injury to the resident and / or member of staff. We looked at the care plan for the resident and saw that there were clear instructions for staff to follow so as to safely assist the resident to transfer and this was contrary to the practices we observed.

We looked at the arrangements for ensuring that staff administered medicines to residents as prescribed. We looked at the medication administration records for all residents in the home. We saw that records were generally well maintained and accurately reflected when nursing staff administered medicines. There were clear records maintained for when a person refused medicines and the action taken such as informing the person's doctor. The manager told us that since the last inspection a system of auditing records had been implemented so as to ensure that records were correctly completed. As part of this system nursing staff completed a checklist to confirm that they have administered medicines and completed records accurately. However when we looked at records we saw that staff had not signed records for one person's diuretic medicine (a medicine to help control heart failure) for a period of fifteen days. On checking we saw the medicines were not in their pack and so it is likely that they had been administered.

We discussed the issues of concern we observed with the manager. They acknowledged that while improvements had been made that there were some

issues around the 'culture' and staff practices, which needed to be addressed and that they were dealing with this.

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.

This is what people staying in this care home experience:

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

12, 13, 14 & 15

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

Resident's wishes are not always taken into account so as to help them live their lives as full and independent as possible.

EVIDENCE:

The manager told us in the Annual Quality Assurance Assessment that they encouraged community participation and presence, and help residents to make use of local facilities. They told us that family and friends were encouraged to visit and support residents. They said family and friends were invited to social functions, house reviews and meetings. The manager told us that menus encouraged variety and choice and they also reflected a balanced nutritional diet for residents. They said that residents were encouraged and informed of the nutritional benefits to foods that they may not find appealing. The manager said that they encouraged residents to be as independent as possible and this was reflected in their care plans

They told us that they had an activities coordinator who was responsible for ensuring activities during the day and that they were currently in the process of drawing up activity programme for each resident taking into account their preferences and abilities.

Two residents who completed surveys told us that there were always activities provided by the home, which they could participate in. One person said that there usually were, one person said that there never were and another person said that they did not know. One member of staff commented that more staff were needed so as to support residents to go out more.

When we visited the home we looked at the arrangements for supporting residents to live full and active lives according to their capabilities and wishes. We saw that there were planned activities for the festive season including meals out and trips out shopping for residents. We saw that plans were being developed for residents, which reflected their preferences for hobbies and how they wished to spend their time. We saw that some residents had regular access to local shops and amenities according to their wishes and that there had been some work done around providing suitable opportunities for activities, exercise and socialising in the home. However during the inspection we saw that there was very limited engagement between some staff and residents. There were no planned activities for residents and most spent the majority of the day sitting in the lounge. The television was on for the majority of the day, however most residents paid little or no attention to this. Some residents appeared to be occupied. One resident was knitting and another had some magazines and Christmas cards, which they appeared to enjoy reading. In the afternoon a member of staff came into the lounge and put music on. This was done without consulting residents. One resident appeared to enjoy this and was observed to dance and sing. However a resident who had been sleeping was observed to mutter and appeared angry and agitated. Staff did not notice this.

All of the residents who completed surveys told us that they enjoyed the meals provided by the home and this was echoed in comments made on the day of the inspection. People told us that 'the food is very good'. One person said 'There is always choice'. Another person said 'We can have as much as we want and there are always snacks if we are hungry'.

We saw that a cook was employed five days a week and that staff were allocated to cook when the cook was on leave. We saw that there was a planned menu, which was reviewed regularly and amended based upon the comments made by residents. On the day of the inspection residents were offered the choice of salmon with potatoes and vegetables or a beef casserole. Both meal options were served hot and looked appetising. Residents told us that the food tasted good and that they enjoyed their meal. We saw that there was information available to staff about residents' food likes and dislikes as well as any individuals' special dietary requirements. There was also information around any special needs residents had such as difficulties in cutting food or using cutlery. We observed that staff were available to support residents according to their individual needs in an unrushed manner.

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.

This is what people staying in this care home experience:

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

16 & 18

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

People who live in the home are safeguarded from harm because there are robust systems in place including staff training and policies and procedures for staff to follow. However residents do not know how to raise complaints and concerns and do not have access to information to help them do this.

EVIDENCE:

The manager told us in the Annual Quality Assurance Assessment that they and staff would ensure that complaints or situations of abuse were dealt with immediately and in accordance with the home's policy and procedure. They told us that any issue or indication of abuse was followed through and action taken to support residents, including liaising with the local safeguarding team where appropriate.

At the time of the last key inspection we identified issues around safeguarding people who may be vulnerable from harm and abuse. We saw that some staff

did not have training around safeguarding and that the manager was unsure of the appropriate action to take, including referring incidents to the local safeguarding team. We asked the provider to tell us in an improvement plan how they were to address these issues so as to help protect the health, safety and welfare of people living in the home.

The manager told us in the improvement plan that this had been given top priority and that fourteen members of staff had completed safeguarding training and the remaining ten had places booked on the training course.

Three of the five residents who completed surveys told us that there was someone they could speak to informally if they were unhappy. None of the five people said that they knew how to make a complaint. All of the staff who completed surveys told us that they knew what to do if someone had concerns about the home.

When we visited the home we looked at the arrangements for receiving and dealing with complaints. The manager told us that there had been no complaints made since the last inspection. We looked at the information provided to residents around how to make complaints or raise issues if they were unhappy. We saw that there was detailed information available, however it was not written in a way, which all residents would understand. The manager told us that residents were asked during monthly resident meetings if they had any complaints and we saw evidence of this in minutes of these meetings. However it was not evident that residents knew how to complain at other times should they wish to.

The expert by experience spoke with residents and observed how staff interacted with people. While they observed that residents did not have any complaints they also noted that there was little information available to assist people do so if they had issues and that residents did not have access to independent advocacy services.

We looked at the arrangements for safeguarding people who may be vulnerable from harm or abuse. We saw that the majority of staff had undertaken training around safeguarding and the remaining six had dates planned for this training early in the new year. We asked the manager how they would deal with any allegations of poor practice or abuse. They initially said that they would notify their line manager, the resident's relatives and that someone appointed by the company would investigate the matter. They then said that they would refer the allegation to the local safeguarding team. We looked at the home's safeguarding policy and procedure. This advised staff of their responsibilities in reporting any allegations, including referring the allegations to the local safeguarding team. However there was no information available such as contact details of referral documents available for staff to use.

We looked at the arrangements for employing staff to work at the home. There had been no permanent staff employed since the last inspection. A number of temporary agency staff were employed to support and care for residents. We saw that there were robust systems in place for checking that the appropriate checks had been carried out by the agency so as to ensure their fitness to work in the home. We saw that the agency provided details of each person they supplied to the home and that each person completed an induction, which included reading information about each resident so as to be able to support people appropriately.

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.

This is what people staying in this care home experience:

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

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

People living in the home enjoy safe, comfortable and well maintained accommodation, which suits their needs.

EVIDENCE:

The manager told us in the Annual Quality Assurance Assessment that steps were taken to ensure a homely environment in all communal areas of the home. They told us that furnishings were replaced if they were worn or damaged. They told us that the communal hallway walls were decorated with personalised pictures of past social events, holidays and trips etc.

The manager said that residents had full use of all communal facilities in the home and that they supported residents to personalise their bedrooms and to look after their personal space.

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 these had now been fully commissioned since the last inspection and were benefiting residents.

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 at the last key inspection 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. This issue had now been dealt with and a new larger extractor fan had been installed.

From discussions with staff and looking at records from meetings we noted that there was an ongoing issue with the home's heating system and that this affected two resident's bedrooms. The manager told us that the landlords (who were responsible for maintenance of the home) were aware of the issue and that plans were in place to deal with it.

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.

This is what people staying in this care home experience:

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

27, 28 & 30

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

People living in the home can be assured that their assessed needs will be met because staff are recruited robustly, trained and supported appropriately.

EVIDENCE:

The manager told us in the Annual Quality Assurance Assessment that the home had had a fairly consistent staff team over last year. They told us that one full time nurse was in the process of leaving, although they would continue working on a relief contract to support the home. They also said that another part time nurse was on Maternity leave, and a further part time nurse was on sick leave. They told us that vacancies were being covered with

temporary agency nursing staff. The manager told us that the current staff team knew the residents very well and this enabled them to support resident in a consistent and caring manner. They told us that regular supervision sessions took place with all staff on a four weekly basis. This enabled staff to discuss residents needs, new ways of working etc.

Each of the three members of staff who completed surveys told us that they the appropriate checks including references and Criminal Records Bureau disclosures were obtained before they started work. They told us that they were being given training, which was relevant to their roles, helped them understand the needs of people they support and kept them up to date with new ways of working. Staff told us that more support workers were needed to support residents better. One person said 'We need more support workers on shift to enable us to take service users out more.' Residents who completed surveys told us that staff were sometimes available when they needed them. The manager told us that the staffing levels for the home were one nurse and three support staff during the morning, one nurse and two support staff in the afternoon and one nurse and one support worker during the night. In addition the home employs a 'flexible' shift to plan activities. The manager and deputy manager are employed on a supernumerary basis. We looked at rotas and saw that these levels were maintained and that on occasions extra staff were employed to support residents when they went out shopping or for meals etc.

During the inspection visit we looked at the arrangements for recruiting staff, training and supporting them to be able to support residents according to their assessed needs. The manager told us that despite a recent recruitment drive that they had been unable to recruit suitable nurses to fill the two vacancies in the home. They told us that they were using the services of a local nurse employment agency for temporary nursing cover for the home. We looked at information that the manager sought from the agency about temporary staff so as to help ensure that only suitable people were employed in the home to support people.

We saw that the agency supplied detailed information about temporary staff they supplied. This information included details of their skills, qualifications and experience. There was also information around the training they had undertaken with the agency such as safe moving and handling, safeguarding people who may be vulnerable from harm. There was also evidence that the agency had undertaken the appropriate checks including references and Criminal Records Bureau disclosures as part of their recruitment processes.

The manager told us that all temporary agency staff undertook an induction to the home when they first visited and we saw records to evidence this. During the inspection we spoke with one temporary agency staff member. They told us that they had worked regularly at the home. They said that on their first visit they had been shown around the home, shown relevant policies and

procedures and given summarised information about the needs of the residents they were to support.

We looked at the arrangements for training staff to meet the needs of people in the home. We saw that there was a comprehensive training and development programme with updates and refresher courses for areas such as safe handling and administering medication, moving and handling and safeguarding people who may be vulnerable from harm. The newly appointed manager had carried out an assessment of each person's training and development needs and had planned training dates for staff as required.

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.

This is what people staying in this care home experience:

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

31, 32, 33, 35, 36 & 38

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

The home is well managed and generally run in the best interests of people who live there.

EVIDENCE:

The manager told us in the Annual Quality Assurance Assessment about the new management arrangements for the home. The registered manager was no longer employed. A new manager had been employed and was working to make improvements and to meet outstanding regulatory requirements made at the last key inspection. They told us that all quality assurance monitoring systems were in place and questionnaires were completed by family, friends and health care professional to obtain their views about the service so as to make necessary improvements. The manager told us that there were systems such as walking route; fire tests and temperature testing are in place to monitor health and safety of residents, staff and visitors to the home.

Staff, residents and health care professionals who completed surveys told us that they were generally satisfied with the home and did not indicate that changes other than more staff and more outings would improve the experience for people living in the home.

When we visited the home we looked at the arrangements for managing the home and for obtaining the views of residents and other people so as to monitor and improve the quality of service for residents. The current manager had only been employed to work in the home for a period of four weeks. During this time they had implemented procedures so as to improve experiences for residents such as new care plans, staff and residents meetings etc. The manager told us that there were regular residents meetings. We looked at the minutes from the most recent meeting. We saw that the items discussed included the employment of the new manager, arrangements for entertainment for Christmas, menus and residents preferences etc. The manager told us that residents' relatives meetings were planned and that a number of relatives had confirmed that they would attend.

The manager showed us the questionnaires, which had been completed by residents as part of the annual quality assurance programme for the home. We saw that residents were asked if they felt safe in the home, if it were a good place to stay, if the home was clean and if the meals provided were varied etc. The responses from residents were very positive. Residents said that they home was 'very good' or 'excellent'. Most people commented that the meals were good.

We saw that there were policies and procedures in place for the effective running of the home. The manager carries out regular audits and checks in the home and reports are submitted to head office for analysis. We looked at a sample of records such as fire records, hot water checks etc. We saw that regular checks were carried out so as to ensure systems, installations and

equipment was maintained in safe working order and repaired or replaced as necessary.

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	3
2	3
3	3
4	X
5	X
6	X

HEALTH AND PERSONAL CARE	
<i>Standard No</i>	<i>Score</i>
7	3
8	2
9	2
10	2
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
<i>Standard No</i>	<i>Score</i>
12	2
13	2
14	3
15	3

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

STAFFING	
<i>Standard No</i>	<i>Score</i>
27	2
28	3
29	X
30	3

MANAGEMENT AND ADMINISTRATION	
<i>Standard No</i>	<i>Score</i>
31	3
32	3
33	3
34	X
35	3
36	3
37	X
38	3

Are there any outstanding requirements from the last inspection? No

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.	OP8	13	Staff must support residents in accordance with their individual plan of care for assessing and minimising risks to individuals' health and safety. This must be done so as to minimise risks of injury to people living in the home.	30/03/10
2.	OP9	13	Staff must keep accurate records in respect of medicines administered to residents. They must do this so as to minimise the risks of error and mishandling and to ensure that residents receive medicines as prescribed for them.	30/03/10

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.	OP12	More opportunities for exercise, social activities and stimulation could be provided for people living in the home so as to improve their experience of daily living.
2.	OP16	More could be done so as to ensure that people living in the home know how to raise concerns or to complain if they are unhappy and wherever possible / appropriate residents should have access to independent advocacy service.
3.	OP18	Staff should be provided with up to date information about the local social services safeguarding teams' such as contact numbers and documents used for making referrals.

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