

Key inspection report

Care homes for adults (18-65 years)

| | |
|-----------------|---|
| Name: | Betsham Road (84) |
| Address: | 84 Betsham Road Erith Kent DA8 2BG |

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

| | |
|------------------------|-----------------|
| Lead inspector: | Date: |
| Maria Kinson | 0 8 0 9 2 0 0 9 |

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

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

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

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

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

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

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

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

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

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

Reader Information

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|---------------------|---|
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| Internet address | www.cqc.org.uk |

Information about the care home

| | |
|-----------------------|---|
| Name of care home: | Betsham Road (84) |
| Address: | 84 Betsham Road Erith Kent DA8 2BG |
| Telephone number: | 01322332699 |
| Fax number: | 01322332303 |
| Email address: | betshamroad@mcch.org.uk |
| Provider web address: | www.mcch.co.uk |

| | |
|--|------------------|
| Name of registered provider(s): | MCCH Society Ltd |
| Name of registered manager (if applicable) | |
| | |
| Type of registration: | care home |
| Number of places registered: | 9 |

| | | |
|--|-----------------------------------|---------|
| Conditions of registration: | | |
| Category(ies) : | Number of places (if applicable): | |
| | Under 65 | Over 65 |
| learning disability | 9 | 0 |
| Additional conditions: | | |
| The maximum number of service users who can be accommodated is: 9 | | |
| The registered person may provide the following category of service only: Care home only - Code PC to service users of the following gender: Either whose primary care needs on admission to the home are within the following categories: Learning disability - Code LD | | |

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

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| Brief description of the care home |
| 84 Betsham Road is managed by Maidstone Community Care Housing Society. The home is situated in a small cul-de-sac in a residential area close to Erith Town Centre. There are bus routes and local shops near by. The home consists of four self-contained flats each with their own kitchen, living areas, bathroom and bedrooms. There is a shared garden at the rear of the property. The service is registered to provide care and accommodation for nine people with a moderate to severe learning disability. |

Brief description of the care home

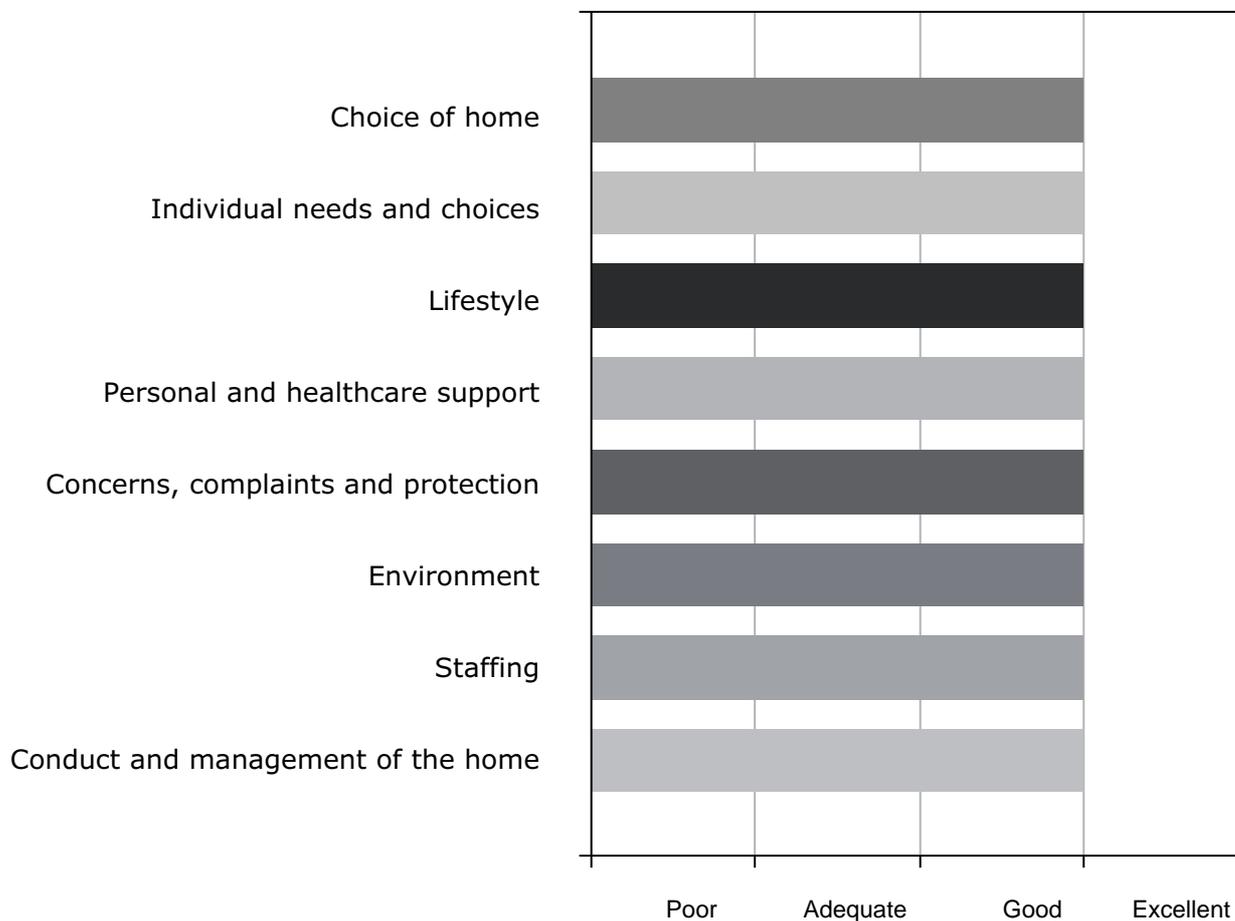
Summary

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

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

The last key inspection on this service was completed on 13th September 2007.

This inspection was carried out over two days in September 2009 and was unannounced. Prior to the visit we reviewed all the information that we had received from, and about the service in the period since the last inspection. This included notifications and the annual quality assurance assessment form that homes complete and return to the commission once a year. This information helped us to plan how we would undertake the inspection and what issues we would focus on.

The inspector was joined by an 'expert by experience' for part of the inspection. An expert by experience visits a service with an inspector to help them get a picture of what it is like to live in or use the service. The expert by experience spoke to people that use the service and staff about choice, participation and activities.

We sent surveys to six service users and their relatives, five members of staff and five health care professionals that were in regular contact with the home. We did not receive any responses. During the inspection we spoke to the manager, three members of staff and one service user.

The information that we received from service users and staff helped us to form a judgement about the home.

During the inspection we visited three flats and spent time talking to staff and service users. We examined some of the records that were kept in the home and assessed the management of medicines. We observed staff supporting service users to eat and drink, move around the home and take their medicines.

The home charges each service user £1153 per week to stay in the home. Service users purchase personal items such as toiletries and clothing from their own funds.

What the care home does well:

All of the requirements that we made at the last inspection were addressed.

People were supported to attend health care appointments and were referred to other professionals for assessments and advice, if necessary.

People were supported to make choices, develop new skills and contribute to the running of the home.

Service users were supported to undertake regular activities, to attend college or day centres and to use community services and facilities.

The food provided in the home was varied and people were able to choose what they ate.

Staff know what individual service users like and dislike.

There were good systems in place to safeguard peoples money.

The home was pleasantly decorated and furnished and all areas were clean, tidy and comfortable.

Staffing levels were satisfactory and there was a low turnover of staff. This provides good continuity of care for people that live in the home.

Most of the people that work in the home had a recognised care qualification and access to training was good.

Regular checks and inspections were carried out to ensure that equipment was in working order and was safe for use.

What has improved since the last inspection?

Staff monitored the temperature in the room where medicines were stored and kept records to show what medicines were left at the end of the monthly cycle.

The open plan kitchen and lounge in flat b were made into two separate areas.

Refrigerator temperatures were monitored.

Night time staffing levels were reviewed and records were kept to show when staff were on duty.

Records about staff recruitment checks were kept in the home.

Signing training was provided for staff.

Surveys were sent to some of the service users and their relatives to see what they thought about the home.

Fire drills were taking place regularly.

Work was carried out to address concerns in mains electricity installation report.

What they could do better:

Some documents were not provided in a format that service users could understand.

Some contracts did not include information about the cost of the service and were not agreed and signed by the service user or their representative.

Some of the care records were not reviewed regularly to check that information was still valid.

It was not clear when the home received some medicines.

Staff knew there was a whistle blowing procedure but were not sure how to use it.

The care plan for one service user said they should be weighed regularly but the home did not have any weighing scales.

Staff were rinsing soiled clothing by hand as the washing machine in flat D does not have a pre wash/sluicing programme.

There was no information in the home to show if staff were physically and mentally fit to work.

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

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

Details of our findings

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Requirements and recommendations from this inspection

Choice of home

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Written information about the home was made available to people that expressed an interest in the service. The admission procedure indicates that service users needs would be assessed prior to admission.

Evidence:

The registration certificate and a valid public liability insurance certificate were displayed in the entrance hall.

The home had developed two information booklets about the service. The statement of purpose provides general information about the range and type of needs that the home can meet and the staff team. Although this document provides helpful information for prospective service users it did not include information about the environment such as room sizes or explain the organisational structure. The service user guide provides information for people that live in the home. It includes information about fees and a summary of the complaints procedure. Some of the people that live in the home have difficulty communicating and do not understand written words. The home should provide documents such as the service user guide in

Evidence:

an accessible format. See recommendation 1.

We could not fully assess whether staff assessed peoples needs prior to admission as the home had not admitted any new service users in the period since the last inspection. We identified some concerns at the last inspection about the assessment process. In particular we were concerned that staff did not consider if the environment would meet peoples needs and preferences. We could not assess compliance with the requirement that we made at the last inspection about this issue but we did look at the admission procedure and talk to the manager about how she would ensure the procedure was followed. The manager had developed a pre admission checklist that included a section about the environment and specialist equipment. The manager had a good understanding of the admissions procedure and said she would obtain advice from a occupational therapist if she had any concerns. We have assessed this standard as met but will re-assess compliance during future inspections.

All of the service users had a contract which outlined the terms and conditions of occupancy and the period of notice but some of the contracts that we saw did not include information about the homes fees or were not signed. See recommendation 2. The contract was provided in a picture and word format. A copy of the contract was kept in the home for service users and their representatives to read.

Individual needs and choices

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Care plans were developed to meet service users health and personal care needs but strategies to manage risks were not always recorded. Service users were supported to make decisions and assist staff with the day to day running of the home.

Evidence:

We examined the care records for three people that live in the home and the expert spoke to staff about care plans. Staff told the expert that all of the service users had a person centred plan (PCP), which they follow. An individual health profile, activity programme, risk assessments and care plans were developed for each service user. The files also contained some supporting documents such as a pen portrait or things I like dislike sheet. The care plan covered all of the service users needs and information about activities that they wanted to undertake or places they wanted to visit in 2009. All of the plans were reviewed regularly but some of the supporting documents such as communication passports and pen portraits were not. The pen portrait that was developed for one service user in September 2008 said they should be weighed once a week. There was no evidence the service user was weighed in 2009 and staff said

Evidence:

there were no weighing scales in the flat. Staff should ensure that all of records that form part of the care plan are reviewed regularly. See recommendation 3 and standard 29.

The expert confirmed that service users were able to make decisions for themselves and choose what activities they did each day. Some service users told the expert that they had a free bus pass or made use of the flats mini bus and one person said they had a blue badge. One service user said they liked to go through the Dartford tunnel and out for a drive and confirmed that they were supported to undertake these activities. Service users said they were given choices about what they wanted to eat. One service user told the expert that they didn't like a certain day service, so staff arranged for them to move to another centre that they like. Service users said they could stay at home, if they wanted to. We saw evidence that some service users choose their own furniture, wallpaper and clothing.

We observed staff supporting and encouraging service users to undertake household tasks and participating in the day to day running of the home. Some of the care plans and daily care records that we saw stated what tasks service users could do for themselves or should be supported to undertake. Some of the service users do the food shopping with staff, were supported to do their own laundry or household tasks such as laying the table, tidying their room and making hot drinks. The care plan for one service user stated that they did not like to help out around the home and staff said the service user "did very little".

There were risk assessments in all of the files that we looked at but some issues were overlooked. For instance the people that occupied flat B did not have access to the kitchen. The care plan for one person stated they were at risk of burns and might eat raw food if they went into the kitchen. Staff said service users could not go into the kitchen for safety reasons but there was no risk assessment in place to show how the decision to limit the service users movement was made. See requirement 1. One of the service users tried to gain access into the kitchen and led staff to the kitchen gate. Staff immediately knew what the service user wanted and gave the person a cup of tea and an apple. As there was no risk assessment in place we could not be certain that the restrictions that were in place were in the service users best interest or were the least restrictive practise that was necessary to protect the service user. We asked the manager to complete a deprivation of liberty safeguards (DOLS) application so that the issue could be properly considered. The manager confirmed in writing that she had submitted an application. Risk assessments were kept in the office and staff signed to say they had read and understood the information they contained. The manager said risk assessments would be kept with the care plan once new

Evidence:

documentation was introduced.

Lifestyle

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

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

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

This is what people staying in this care home experience:

Judgement:

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

People were supported to live active and fulfilling lives and were able to make decisions about how and where they spent their time. Food was prepared and served to meet service users needs and preferences.

Evidence:

All of the service users had a weekly activity planner but there was some variation in the records that were kept about the activities that service users were undertaking. For instance the records for one person that lived in flat B indicated they watched television, visited the garden and attended a BBQ during the previous three weeks. Discussions with staff and examination of money records showed that the service user was involved in other activities but staff did not record these. See recommendation 3. Some of the people that the expert spoke to said they like to go out for the day, to local cafes and restaurants, on holiday, to see the Christmas lights, to day centres and visit family. A number of people attend social clubs and events during the day and

Evidence:

evening and some people enjoy aromatherapy and massage sessions. One of the service users spent a lot of time in the garden digging. We recommend that staff prepare a dedicated area in the garden for the service user or considering purchasing a sandpit. See recommendation 4.

Some of the people that live in the home were supported to visit relatives and some relatives visit people in the home. One service user said they telephone their brother once a week and another person said they like to go out on a train with their sister. The manager arranged for one service user to spend time with their family over Christmas after their relative said they would like this in a satisfaction survey.

All of the flats developed an individual menu that was based on service users likes and dislikes or requests. Some of the menus were planned a week in advance and others were completed as and when service users chose what they wanted to eat. There were good supplies of fresh, frozen and tinned foods in all of the flats and a bowl of fresh fruit in the lounge. Some of the care plans that we saw included information about supporting service users to eat. Two service users said they like the food that is provided in the home.

Personal and healthcare support

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

People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way.

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

This is what people staying in this care home experience:

Judgement:

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

Peoples health care needs were monitored and advice was sought from other professionals, if necessary. Medicines were generally well managed but some records were not maintained to a consistent standard.

Evidence:

Information about service users preferences and routines were recorded and staff were familiar with this information. This was particularly important as some of the people that live in the home have limited communication and cannot tell staff what they want or how they like things done. There was evidence that routines were flexible if the service users needs required this, but staff also tried to follow a regular routine and minimise changes for some people that found new routines difficult to cope with.

Records indicated that health issues were monitored and staff arranged for service users to see their GP when they were unwell. Some people had seen a Dentist or Optician in recent weeks.

The expert spoke to one service user with high communication needs who was supported by a staff member. The expert noted that the staff member "worked very

Evidence:

well with the service user" and helped them to express their views.

We examined three medication charts (one in flat A, B and D). All medicines were in stock and records of receipt of medicines were mostly good. The only exception to this was in flat D where there were no records to show when two medicines were received in the home. See requirement 2. The amount of medicine that was left over at the end of the medication cycle was carried forward onto a new chart. Staff need to ensure that they count and record left over medicines carefully, as two errors were noted. Records of administration were good and there was clear guidance for staff about when and how people liked to take their medicines. All medicines were stored in locked filing cabinets and were kept at a suitable temperature. We were told that none of the service users were taking any medicines that require special storage arrangements such as controlled drugs and there were no homely remedy medicines.

Concerns, complaints and protection

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

If people have concerns with their care, they or people close to them, know how to complain. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

Guidance was provided for staff about how to manage complaints and allegations.

Evidence:

We were told the complaints procedure had not changed in the period since the last inspection. The procedure includes information about how long it would take the manager to investigate concerns and states who people can contact if they are not satisfied with the managers response. Information about the complaints procedure was included in the Statement of Purpose and Service Users Guide.

The home had not received any complaints during the past year and we have not been made aware of any concerns about the service.

The manager sends us written information about significant events that occur in the home. The information that we received indicates issues were well managed and action was taken, where appropriate to prevent similar incidents.

The manager and senior staff were responsible for storing the bulk of service users money but some money was kept in the service users flat so they could access it when they needed it. Money was stored securely and records and receipts were kept to show how people used their money.

We were told that the safeguarding procedure had not changed in the period since our

Evidence:

last inspection. The procedure indicates that social services and the Care Quality Commission (CQC) would be notified about allegations of abuse or neglect. Staff said they would report allegations or concerns to senior staff or the manager and would record information in the service users records. Staff knew there was a whistle blowing procedure in place but some members of staff were not clear how they could use it. Although some members of staff would benefit from further training to help them understand the procedure it was clear during discussions with staff that they knew how to contact staff at head office if they had concerns. See recommendation 5. All of the staff that we spoke to had completed safeguarding training or were due to attend a session soon. The home had not made any safeguarding referrals or referred any staff to the protection of vulnerable adults (POVA) list.

Environment

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

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

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

This is what people staying in this care home experience:

Judgement:

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

The home was well maintained overall and provides comfortable personal and communal space for service users and their visitors. Some new equipment was required to meet service users needs.

Evidence:

We visited three flats and were shown all of the communal areas and a selection of bedrooms on each unit.

The home was maintained to a satisfactory standard but some of the carpets in the corridor and lounge in flat a and the lounge in flat b were stained. There was no toilet seat in flat b. Staff said efforts were made to remove the stains but the carpets only look clean for a short period. See recommendation 6. Some work had been undertaken since the last inspection to provide a separate kitchen area in flat b and one bedroom was redecorated.

Bedrooms were arranged to suit individual needs and some of the service users had personalised their rooms by displaying family photographs and items that reflect their interests and hobbies. A number of people had their own television and music system. All of the lounges were nicely decorated and furnished and look homely and welcoming.

Evidence:

All of the bathrooms and toilets were clean and there were adequate supplies of toilet tissue. Hand washing facilities were satisfactory.

All of the units had a washing machine and drier. The washing machine in flat D did not have a sluice facility. Staff said they sometimes had to rinse soiled clothing by hand. This is an infection risk. The manager should consider swapping the machine with one from another flat where none of the service users are incontinent or purchase a new washing machine. See requirement 4.

Some service users had specialist equipment such as a hospital bed and reclining chair and a shower was installed in one of the flats for use by one of the service users who likes to shower. Staff said the home did not have any weighing scales. See requirement 3.

The home was clean, tidy and odour free. Cleaning schedules were seen in all of the flats and refrigerator temperatures were monitored. The refrigerator in flat b was not working. Staff moved all of the chilled food to another flat whilst they were waiting for the fridge to be repaired or replaced.

Staffing

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

People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

This is what people staying in this care home experience:

Judgement:

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

The home has a stable team of well qualified staff that were trained to deliver safe care. Service users were protected by the homes recruitment practises.

Evidence:

75% of the homes staff had a recognised care qualification at level two or above. This exceeds the standard set by the Department of Health.

The off duty roster indicated that there were usually five staff on duty during the day and one member of staff overnight. An additional member of staff was provided between 9-12pm to support one service user. The manager completed a risk assessment about night time staffing levels and sent a copy to CQC. The manager concluded that the current staffing levels were sufficient to meet service users needs.

Retention of staff was good and use of temporary staff had decreased since the last inspection. The home had recently appointed two dedicated bank staff that will work all of their shifts in the home and two new support workers.

The staff duty roster included all of the staff that work in the home and was dated.

Interactions between staff and service users were generally good but one member of

Evidence:

staff answered some of the questions that the expert put to service users and told service users to sit back in their seats when they were already safely seated. The manager discussed this issue with the staff member concerned and has agreed to monitor staff practise. The expert said "the staff coordinator was welcoming, he showed us around and made us tea. He seemed nice and friendly".

The home had appointed one new member of staff since the last inspection and several staff had transferred from other MCCH homes to work at Betsham Road. A form was kept in the home to show what recruitment checks were undertaken in respect of new staff and the original records were stored at head office. The forms showed that thorough checks were carried out prior to appointing new staff but there was no information about the applicants physical and mental health. The manager discovered a form for recording this information after the inspection. See recommendation 6.

All of the staff that we spoke with said training was "very good". An individual training record was kept for each member of staff and staff training needs were discussed during supervision. During the past year some members of staff had attended fire safety, hearing loss, epilepsy, medication, moving and handling, challenging behaviour, safeguarding, care planning, autism, signing and COSHH training sessions. One member of staff said they found the autism training session particularly interesting.

New staff spent their first few weeks working alongside an experienced member of staff in the home, reading company policies and procedures and discussing emergency procedures. Staff then attend a number of basic health and safety training sessions and complete a workbook that covers the common induction standards.

Conduct and management of the home

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

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

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

This is what people staying in this care home experience:

Judgement:

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

The atmosphere in the home was open and supportive. There were systems in place to monitor and improve the quality of care and to promote staff and service users safety.

Evidence:

The manager had worked in health and social care settings for over twenty years and has a recognised care and management qualification. The manager had submitted an application to become the registered manager for the service but the application was returned as the criminal record bureau (CRB) disclosure was out of date. The manager said she would not be submitting another application as she had resigned and would be leaving the service once she had worked the notice period.

Staff said the manager was approachable and helpful and always listened to their views. One staff member said they were very happy working in the home and said the staff team work together "like family".

Work was taking place to monitor and improve the quality of care provided in the

Evidence:

home. A representative from the company carried out regular unannounced visits and audits to assess the conduct of the service. A report was completed about the visit and any action that was required to improve the service. The manager sent a form to head office once a week about significant issues. Surveys were sent to some service users and relatives to obtain their views about the service. The results indicated that relatives and service users were satisfied with the service but some people were not aware of the complaints procedure. Action was taken to address this issue. A health and safety audit was carried out in March 2009 but the manager had not received a copy of the report.

A fire risk assessment was completed in 2009 and the manager said she was awaiting feedback from the property department about a fire safety audit. The fire alarm, emergency lights and fire fighting equipment were inspected and serviced at regular intervals. Regular fire drills were taking place and staff attend fire safety training updates.

We viewed some of the health and safety reports that were kept in the home. This included gas appliance checks, portable electrical appliance tests and the report for the work that was carried out to address concerns in the previous electricity installation report. The records showed that equipment was serviced regularly to ensure that it was working properly and was safe to use.

We sampled some recent accident and incident reports. Most of the accident forms were properly completed and each incident was followed up by the manager.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

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

| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|-------------|----------------------|
| | | | | |

Requirements and recommendations from this inspection:

Immediate requirements:

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

| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|-------------|----------------------|
| | | | | |

Statutory requirements

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

| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|--|----------------------|
| 1 | 9 | 12 | Risk management strategies must be developed and recorded. To show what action staff should take to keep people safe. | 08/02/2010 |
| 2 | 20 | 13 | Records must be maintained about all medicines that are received in the home. To provide a clear audit trail and to maintain service users health and safety. | 18/01/2010 |
| 3 | 29 | 23 | Suitable equipment, specifically weighing scales must be provided. To ensure that staff have adequate equipment to meet service users needs. | 08/02/2010 |
| 4 | 30 | 13 | The washing machine in flat D must have a pre wash/sluice facility. | 08/03/2010 |

Statutory requirements

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

| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|--|----------------------|
| | | | To avoid the need for staff to handle soiled clothing. | |

Recommendations

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

| No | Refer to Standard | Good Practice Recommendations |
|----|-------------------|---|
| 1 | 1 | The Service User Guide should be provided in a format that people who use the service can understand. |
| 2 | 5 | Contracts should include information about fees and should be agreed and signed by the service user or their representative. |
| 3 | 6 | All records should be reviewed and updated regularly to reflect service users needs. |
| 4 | 14 | A dedicated area or sandpit should be provided for the service user that likes to dig in the garden. |
| 5 | 23 | Staff should receive further training about the whistle blowing procedure. |
| 6 | 24 | The stained carpets in the corridor and lounge in flat A and in the lounge in flat B should be replaced. The broken toilet seat in flat B should be replaced. |
| 7 | 34 | A statement should be obtained from all new staff members about their physical and mental health status. |

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