

## Key inspection report

### Care homes for adults (18-65 years)

<b>Name:</b>	Emerton Close
<b>Address:</b>	1 - 3 Emerton Close Bexleyheath Kent DA6 8DW

<b>The quality rating for this care home is:</b>	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.

<b>Lead inspector:</b>	<b>Date:</b>
Maria Kinson	0   1   0   6   2   0   0   9

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.

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

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at [www.dh.gov.uk](http://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](http://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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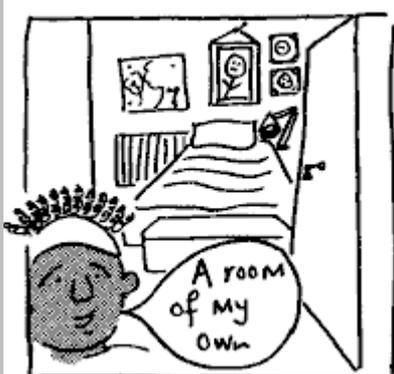
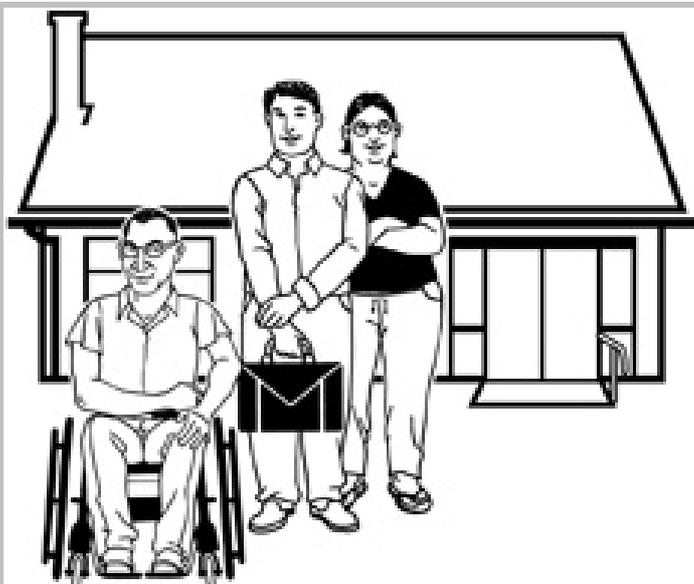
## Information about the care home

Name of care home:	Emerton Close
Address:	1 - 3 Emerton Close Bexleyheath Kent DA6 8DW
Telephone number:	02083034940
Fax number:	02083034940
Email address:	emerton@mcch.org.uk
Provider web address:	www.mcch.co.uk

Name of registered provider(s):	MCCH Society Ltd
Type of registration:	care home
Number of places registered:	10

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	10	0
Additional conditions:		
The maximum number of service users who can be accommodated is: 10		
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		

Date of last inspection									
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## A bit about the care home

Emerton Close is operated by MCCH Ltd and is registered to provide care for up to ten adults with profound learning and physical disabilities, sensory impairment and complex needs. The home consists of three bungalows in close proximity to each other. House 1 and 2 has three single bedrooms and house 4 has four single bedrooms. All three bungalows have one bathroom, a separate toilet, kitchen and a lounge. The office and sensory room are located in separate buildings. All

	<p>of the bungalows have a separate garden and there are some parking bays at the front of the property.</p>

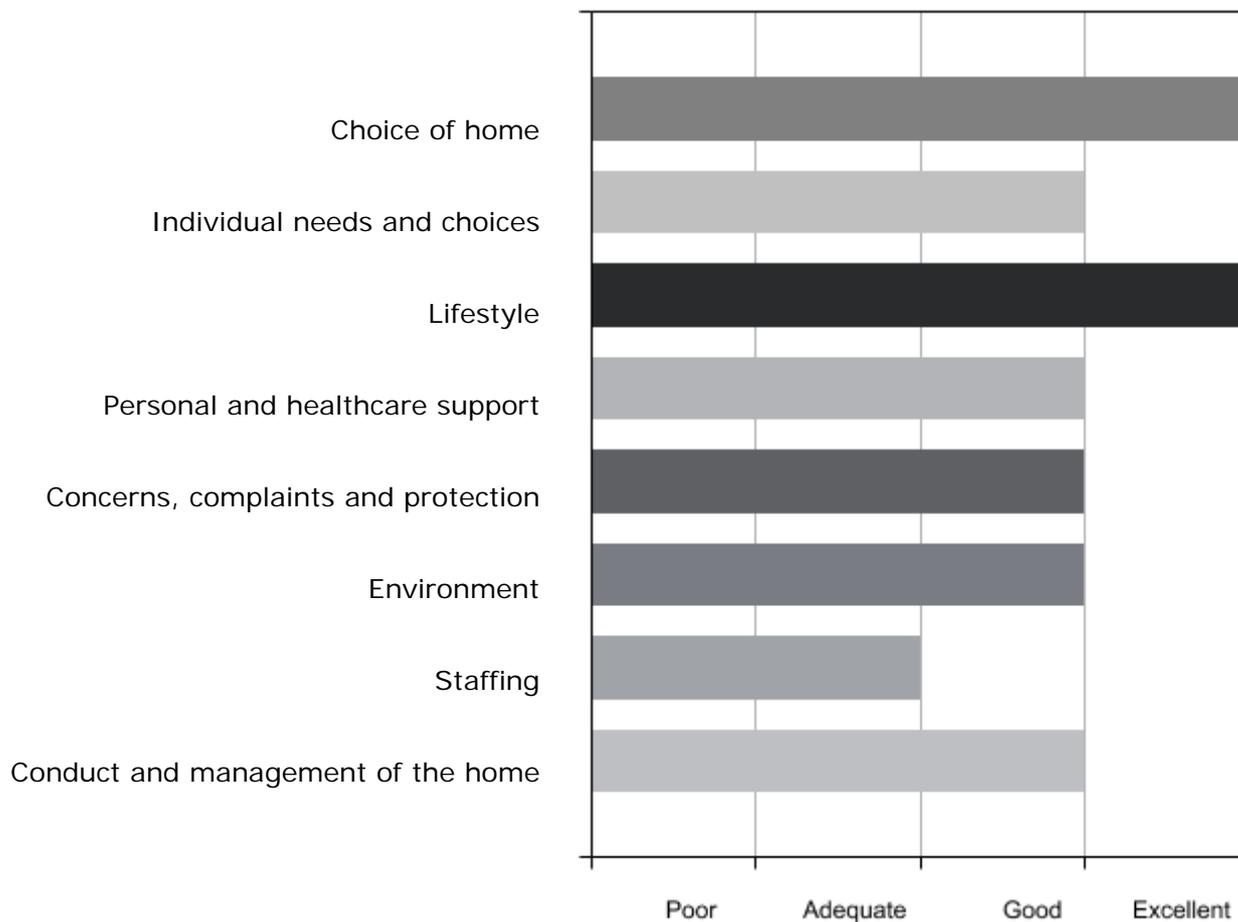
## Summary

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:

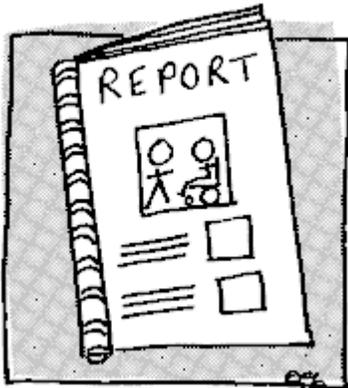


### **This is what the inspector did when they were at the care home**

This inspection was carried out over two days and was unannounced. We visited all of the units and met some of the service users during the visit. We spoke to three members of staff during the inspection and received written feedback about the service from two members of staff

We were shown around all of the units. During the tour we saw all of the communal areas and a selection of bedrooms in each bungalow.





We observed staff communicating and supporting service users. This included assisting people to eat and drink, take their medicines and prepare for activities. We examined some of the records that were kept in the home.

We did not see any visitors during the inspection but received written comments about the service from three relatives and two health care professionals.



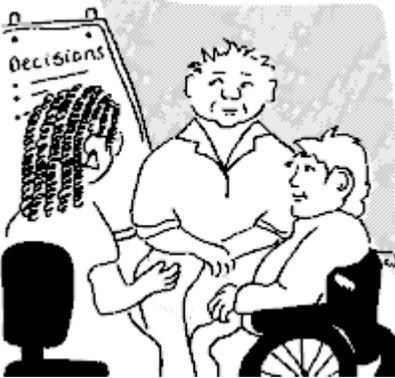
We issued an immediate requirement on 19/05/09 as we had concerns about access to controlled drugs. The provider took prompt action to address this issue.

There were nine people living in the home at the time of this inspection.

The fees for living in this home are £1622 per week. Service users contribute £63.95 a week towards the cost of their stay. Service users are responsible for purchasing personal items such as toiletries and clothing and funding activities and transport costs from their own funds. This information was obtained on 19/05/09.



**What the care home does well**



People could spend time in the home to see if they liked it, before they moved in.

People were supported to lead full and fulfilling lives.

Service users were supported to make decisions.

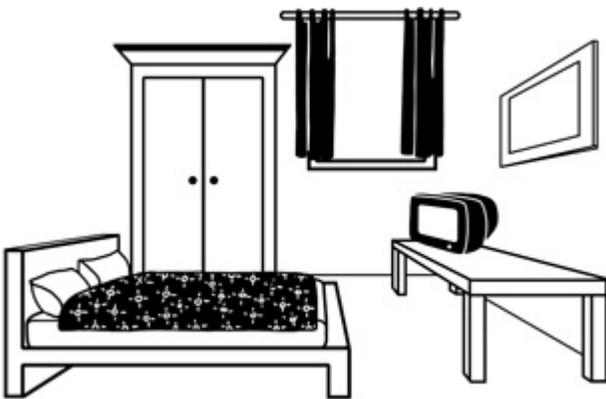
Relatives could visit at any time and were told when their family member was unwell.



Food was prepared to suit peoples individual needs and preferences.



Staff were trained to support people that have specialist health needs.



All of the bungalows were clean, comfortable and welcoming.



The home has a dedicated and caring team of staff.



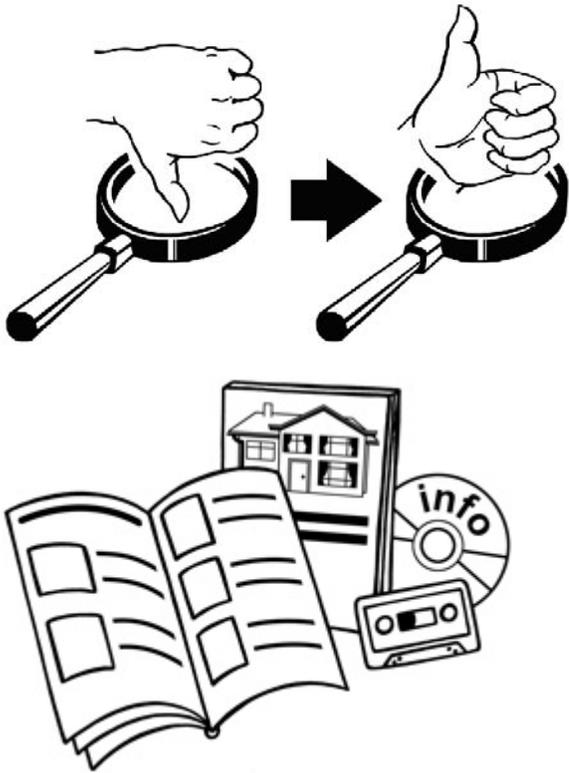
Staff received adequate training and were supported by senior staff.

Thorough recruitment checks were carried out before new staff were allowed to work in the home.



Equipment was inspected to ensure that it was working properly and was safe to use.

The service was well organised.



## What has got better from the last inspection

Information about the home was available on a digital photo frame for service users to view.

Information about the fees for living in the home were added to the contract.

The temperature in the area where medicines were stored was monitored to ensure that it was suitable for the storage of medicines.



A therapist undertakes regular craft, sensory and pet sessions in the home.

Information about where and how people wanted to be supported at the end of their lives was recorded.



Records were kept about valuable items that were stored for service users.

Work was undertaken to address the concerns that were identified in the mains electricity installation inspection report.

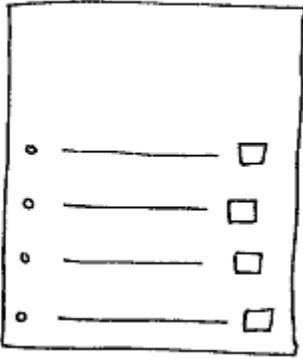


The number of staff with a care qualification had increased.

The home obtained feedback

	from relatives about the service.

	<p><b>What the care home could do better</b></p> <p>Records were not always reviewed and updated at regular intervals or when peoples needs changed.</p> <p>Records were not always maintained about medicines that were received in the home and the cupboards that were used for storing controlled drugs were not secure.</p>
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Staff did not always sign the records that they kept about service users money.

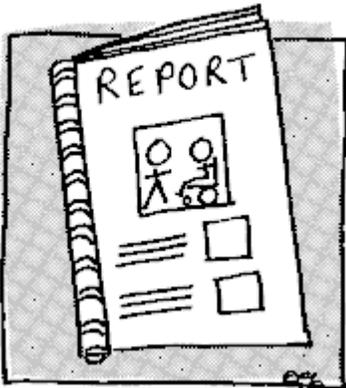
The flooring in some of the bathrooms was stained. This made the rooms look cold and uninviting.

The home uses temporary staff regularly. Some temporary staff do not communicate effectively.

It was not clear if the company checked that new staff were fit and well, before they worked in the home.

The manager must submit an application to register with the commission.





**If you want to read the full report of our inspection please ask the person in charge of the care home**



**If you want to speak to the inspector please contact**

Maria Kinson

4th Floor Caledonia House

223 Pentonville Road

London

N1 9NG

02072390330

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

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line - 0870 240 7535.

## Details of our findings

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

People could visit and spend time in the home before they made a decision to move in. Staff carried out a care needs assessment to see what support the person would require.

Evidence:

The home has a statement of purpose and service user guide which the manager said were updated regularly. Staff had developed a shortened 'service user guide' as the people that live in the home cannot understand written words. The guide includes photographs of the home and places that some of the service users like to visit. In the period since the last inspection staff had transferred this information to a digital photo frame which service users could view. Finding effective ways to provide information for the people that live in this home is a challenge. The digital photo frame is an excellent initiative.

In the period since the last inspection one new service user had moved into the home. The records that we saw for this person indicated that they were able to visit and spend time in the home before they decided to move in.

## Evidence:

The manager met the service users previous carers and family members to talk about their support needs and attended various meetings to discuss the placement. A care needs assessment was carried out to establish what support the service user would require if they lived in the home and about their preferred routines. After the assessment the manager sent the service user a letter to confirm that the home could meet their needs.

The people that live in this home have complex health and communication needs. Staff were trained to carry out a number of specialised tasks such as giving medicines and liquid food through feeding tubes and oxygen therapy. The service works with the palliative care team to support people that require end of life care.

Most of the bedrooms were very spacious. This meant that beds could be positioned centrally so that staff could access both sides of the bed to support people. The home has specialist equipment such as ceiling hoists, assisted baths and changing trolleys.

All of the service users had a contract which outlined the terms and conditions of occupancy, fees and the period of notice. The contract was provided in a picture and word format. A copy of the signed contract was kept in the home for service users or 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.

Detailed information was recorded about service users individual support needs but procedures for reviewing and updating these documents were not always followed. Service users were supported to attend and take part in meetings, activities and events in the home.

Evidence:

We looked at one set of records on each of the three units. The files included various assessments, support plans and guidelines. Although the files contained detailed information about service users health and personal care needs and guidance about how each person liked to be supported, some of the information was out of date. For instance the life history record for one service user indicated their food should be cut up into bite size pieces but the service user was not able to take food by mouth. The plan for another service user stated that they should be encouraged to use a specialist communication aid. None of the staff that we spoke to had seen this piece of equipment. Staff prepared a summary sheet about peoples preferred routines and care needs for bank and agency staff. This information should be signed and dated.

Evidence:

The people that live in this home do not have the capacity to make important decisions. One of the files that we looked at showed that a best interest meeting was arranged to decide what action the service user would want staff to take if they became unwell. The decision was recorded and was signed by all of the people that attended the meeting. The meeting included people that the service user knew well, such as relatives, care home staff and professionals that were involved in their care.

There was conflicting guidance in one file about the type of medication that a service user should be given if they had a prolonged fit. Staff told us that the medication had recently changed but they had not removed the old guidelines. The manager told us in the Annual Quality Assurance Assessment (AQAA) that she was planning to introduce new documentation. See requirement 1.

Although service users were not able to physically assist staff with tasks in the home they were positioned where they could see what staff were doing and were involved where possible. Photographs and records showed that service users observed staff preparing meals, gardening and cleaning their room.

Risk assessments were easy to read and follow. Staff identified issues that could affect service users safety and wellbeing and developed strategies to prevent or minimise the risk of people being harmed. Risk assessments included hazards in the home such as the use of bed rails and falls from wheelchairs and risks in the community. One service user was at risk of sliding out of their wheelchair, action was planned and taken to adapt the wheelchair and maintain the service users safety. The risk assessment for another service user that sustained an unexplained injury stated that staff should secure the service users feet to the footplate to prevent further injuries. We observed staff following the instructions in the assessment. Some of the assessments that we saw were dated 2007. Assessments should be reviewed regularly. See recommendation 1.

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

A varied programme of activities and therapies were provided to stimulate peoples senses and enhance their quality of life and wellbeing. Food was prepared to meet peoples individual needs and preferences.

Evidence:

Because the people that live in the home have complex health and communication needs they were not able to undertake paid or unpaid work and could not take part in some activities. Despite this challenge staff ensured that people had regular opportunities to go out in the community and were supported to undertake a varied programme of activities. One relative told us that their family member has "lots of varied outings". In the period since the last inspection staff had arranged for a private activity therapist to visit the home three times a week to undertake craft, sensory and pet activity sessions with service users. The photographs that we saw of service users cooking and making bird feeders show how much they enjoy the sessions.

Records showed that some of the service users had been swimming, bowling, to the

Evidence:

cinema and on shopping trips in recent weeks. On Saturday nights all of the service users and staff get together in one of the bungalows to share a takeaway meal and play games. There were regular trips to a local pub for a meal or drink and some service users attend local day care services for part of the week.

Staff were constantly looking for different activities for service users to undertake. It is hoped that service users will have an opportunity to go sailing in a specially adapted boat on the Thames in 2009.

Staff told us that service users friends and relatives could visit at anytime. Some service users had regular visitors and spent time at their family home at weekends or during the holidays. Staff supported some service users to visit their relatives.

Staff had developed a communication passport for each service user. This document provides information about how each service user communicates and how to interpret gestures, behaviour or facial expressions. Communication between staff and service users was good. Staff recognised when service users were unhappy or wanted something and took action to address the issue. One relative said the permanent staff are, "very good, they talk to everyone".

Some service users liked to get up early and others liked to remain in bed for as long as possible. Staff ensured that service users were given adequate time to wake up and had a 'lie in' at weekends. Some of the people that live in the home were tube fed. This aspect of care was well organised and managed. Staff were not allowed to undertake this task until they had completed a training session and were assessed as competent. A staff member told us that she was reassessed every year to make sure that she understood the procedure and followed good practice guidelines. We observed staff setting up tube feeds and giving service users their medicines through a tube. Equipment for tube feeding was stored appropriately and the tube was flushed with cooled boiled water before and after use. We discussed the management of a blocked tube with one member of staff. They had a significant amount of experience and knowledge about this issue and knew what they could do to clear the tube.

Most of the service users were not able to tell staff what they wanted to eat. Staff told us about the types of food that people liked and disliked and explained how they knew if a service user liked or disliked their meal. They said that some of the service users that do not use words turn their head to one side or push the plate away if they do not like their meal. We observed staff on two of the units supporting people to eat. Staff told service users what they were giving them to eat and drink and maintained their independence and dignity. We saw a staff member hold two bottles of drink up in front of a service user. The service user was able to select their preferred drink by touching one of the bottles.

## 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.

Service users wishes and preferences were recorded and followed. Staff worked in partnership with other professionals to ensure that health care issues were monitored and addressed.

Some aspects of medicine management were well organised but staff did not always maintain adequate records. The home took immediate action to address the concerns that we identified about access to controlled drugs cupboards.

Evidence:

Support plans included information about health and personal care issues and stated if service users had any preferred routines, likes or dislikes. Staff had a good understanding of peoples needs and said they were always given up to date information about the people they supported.

Individual records were kept about health care visits. Staff arranged appointments and provided practical and emotional support for service users that were admitted to hospital. Two relatives described the standard of care provided in the home as "very good".

We received written feedback about the home from two health care professionals that were in regular contact with the home. They told us that staff request and follow their

## Evidence:

advice and always respect peoples privacy and dignity. One person said the home is "exceptionally well run and has very dedicated carers" and the other person said "these bungalows are the best I have come across for caring for their level of need".

The staff that work in this home undertake a number of complex tasks such as tube feeding, administering medication via a feeding tube, supporting people to eat that have swallowing problems, moving and handling people with contracted limbs and spine problems and oxygen therapy. Staff told us that they received training before they undertook these tasks and were assessed to ensure they were competent. Clear guidelines were provided about tube feeding regimes and we observed staff following this information. Staff said they could obtain advice or support from senior staff or the specialist nurse whenever they needed it.

We looked at three medication charts. All medicines were in stock. Records were not always kept to show when medicines were received in the home. See requirement 3. This made it difficult to check if the balance of some medicines were correct. There were no gaps on the medicine charts which suggests that service users were receiving their medicines regularly.

Medicines that required special storage arrangements were stored in a separate cupboard but the cupboards were not secured to a solid wall. See requirement 2. The keys to the controlled drugs cupboard were left in an unlocked drawer or wall cupboard. We issued an immediate requirement notice about this issue. The provider was asked to ensure that the keys were held by an authorised staff member. We went back to the home on 22/05/09 to see if the manager had taken any action to address our concerns. The keys to the medication cupboard were held by the person in charge and the manager had arranged medication training updates for staff.

The home was not using any medicines that must be recorded in a controlled drug register but we advised the manager that it is good practise to maintain a register for some of the medicines that were used in the home. See recommendation 2.

The temperature was monitored in the rooms where medicines were stored. This helps to ensure that medicines are stored at a suitable temperature.

The home had established a good working relationship with the local palliative care team and had prepared forward planning records for three service users. We saw one forward planning record in a service users file. The plan was formulated during a best interest meeting. The meeting included people that knew the service user well and health or social care professionals that were involved in their care. The plan included a statement about the service users capacity to make decisions, stated what staff should do if the service user became unwell and where the service user would like to spend their final days. This information meant that staff will know exactly what to do when the service users health declines.

Evidence:

At the time of the inspection staff were busy arranging a funeral for one of the service users. Staff had selected photographs for the order of service and were liaising with the service users family. Staff said that all of the service users would be supported to attend the funeral.

## 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.

There were procedures in place to manage complaints and to safeguard people that use the service.

Evidence:

We were told that 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. The home had not received any complaints in the period since the last inspection. Most relatives knew how to make a complaint and said staff usually responded appropriately if they raised concerns.

We received one anonymous complaint about the service after the inspection. An independent audit was carried out to investigate the issue but no evidence was found to support the concerns.

None of the people that live in the home were able to manage their own money. Nominated staff could withdraw money from service users accounts but written permission was required to withdraw larger sums of money. Staff were responsible for ensuring that service users money was kept securely and that adequate records were kept about how they used their money. Records and bank statements were kept about money that was taken out of service users accounts or was handed to staff for safekeeping and receipts were kept as proof of purchase. Some of the money records that we looked at were not signed. See recommendation 3. Records of valuables were

Evidence:

recorded on an inventory sheet and a separate list was kept in the office.

We were told that the safeguarding procedure had not changed in the period since our last inspection. The procedure states that staff should notify social services and CQC about allegations.

In the period since our last inspection the manager had referred three issues to the local authority for investigation under their safeguarding procedures. The allegations were not substantiated but some recommendations were made.

Staff said they would report allegations or concerns to senior staff or the manager and one member of staff told us that the matter would be "taken seriously" and would be investigated.

# 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.

This home provides a clean and comfortable environment for service users and their visitors.

Evidence:

The buildings were well maintained and all of the equipment that we saw was in working order.

Communal areas were pleasantly decorated and furnished. In the period since the last inspection a ceiling mounted hoist was fitted in the lounge in bungalow three and the room was redecorated. This included laminate flooring which staff said made it easier to manoeuvre equipment and keep the area clean.

Some parts of the gardens were poorly maintained and some areas were not accessible to service users in wheelchairs because the ground was uneven and there were no paths. One relative said the service should employ a gardener. See recommendation 5. Staff had planted colourful flowers in the border outside one of the bungalows and were building a fish pond.

Most of the bedrooms were spacious and well laid out. This ensured that staff and service users had adequate space to move around and there was room for large pieces of equipment such as hoists and wheelchairs.

Evidence:

All of the bedrooms were nicely decorated with coordinated bedding and modern furniture. Some of the service users had flat screen TVs, music centres and sensory equipment. Personal items such as family photographs were displayed.

Bathrooms were suitably equipped with assisted baths and changing trolleys but looked dull and uninviting. The flooring in some of the bathrooms was stained. See recommendation 4.

Hand washing facilities were good and all of the areas that we visited were fresh and clean.

# 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 **adequate** 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 trained and caring staff but concerns were raised about the use of temporary staff. The home carried out thorough checks before staff were permitted to work in the home. This protects the people that use the service.

Evidence:

Fifty four percent of care staff had a vocational qualification in care at level two or above.

We looked at the current duty roster. The roster includes all of the staff that work in the home and was easy to follow. There was a senior member of staff on duty during the day and the management team were available during office hours and on some days at the weekends. Staff told us that there were usually two or three care staff on each unit during the day and five staff across the site, during the night. Extra staff were provided when service users had to attend appointments, meetings or were undertaking activities.

The use of temporary staff remains high. All of the relatives that completed a survey about the service commented about the use and competency of agency staff. They told us that agency staff "do not speak to the clients", are "unwelcoming" and "lack interest". See recommendation 6. Efforts were being made to reduce the use of temporary staff. The home had recruited some new staff and the company had recently introduced dedicated bank support workers. Dedicated bank staff work most of their shifts in one home. The manager told us that she always tries to use temporary staff that have

Evidence:

worked in the home before and are familiar with service users. All of the agency and bank staff that we spoke to on the day of the inspection undertook regular work in the home.

The commission had agreed that staff recruitment records could be kept at head office if a form outlining all of the information and checks that were undertaken in respect of each staff member was kept in the home. Three forms were examined. The forms showed that thorough checks were carried out prior to new staff working in the home. The form did not include information about the staff members physical and mental health. See requirement 4.

Two members of staff provided written feedback about the service and we spoke to three members of staff during the inspection. Staff said they received adequate training and felt supported.

In the period since the last inspection some members of staff had attended safeguarding, IT, care planning, medication, food safety, fire safety, SCIP, moving and handling, epilepsy, health and safety and COSHH training sessions.

The company provides a comprehensive programme of induction training for new staff. The programme includes first aid, medication, moving and handling, fire safety, food hygiene, health and safety, infection control and safeguarding training sessions. Staff work alongside an experienced member of staff for a period and complete a workbook to demonstrate that they understand their role and responsibilities.

Staff said there were opportunities to discuss their work and training needs. The record of supervision dates showed that supervision was taking place regularly.

## 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.

People have confidence in the home because it is run and managed appropriately. The manager and staff team are committed to improving services users quality of life and wellbeing. There were systems in place to monitor and improve the quality of care provided in the home but this did not include record keeping audits. Action was taken to promote and maintain the health and safety of service users and staff.

Evidence:

The manager had worked in the service for many years. The manager said she had completed the registered managers award and was currently undertaking a national vocational qualification in care at level four. The manager told us that she submitted an application to become the registered manager for the service but we could not locate the application in our records. We advised the manager to discuss this issue with the registration team.

Staff said the management team were approachable and helpful and were always willing to discuss concerns and provide support.

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

Evidence:

A representative from the company carried out regular unannounced visits to assess the conduct of the service. A report was completed about the visit and any action that was required. A weekly returns form was completed and sent to head office about significant issues. Satisfaction surveys were sent to service users relatives in April 2008. The results indicated that relatives were satisfied with the service overall but some concerns were raised about the use of temporary staff. It was not clear if any action was planned to address this issue. See recommendation 7. A general audit was carried out in March 2009. The audit looked at the management of risk. Work was in progress to address the recommendations made during the visit and to transfer some of the existing assessments onto new documentation.

There was an up to date fire risk assessment on one of the units that we visited and the records showed that the fire alarm system and fire fighting equipment was serviced at regular intervals. Fire safety training was provided for staff and regular fire drills were taking place. None of the drills involved staff that worked night duty shifts. See recommendation 8.

We viewed some of the health and safety reports that were kept in the home. The records showed that equipment was serviced regularly to ensure that it was working properly and was safe to use. In the period since the last inspection work was carried out to address the concerns that we identified at the last inspection about the mains electricity installation.

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	Description	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	Description	Timescale for action
1	6	15	Care plans must be reviewed and updated at regular intervals or when peoples needs change.  This will help to ensure that service users receive appropriate and safe care.	26/10/2009
2	20	13	The controlled drug cupboard must have a double locking mechanism and must be fixed to a solid wall or a wall that has a steel plate mounted behind it, with either Rawl or Rag bolts.  To comply with the Misuse of Drugs act and to protect service users.	26/10/2009
3	20	13	Records must be kept to show when medicines were received in the home.	12/10/2009

## Statutory requirements

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

No	Standard	Regulation	Description	Timescale for action
			To ensure that the home has received adequate medicines and can show how medicines are used in the home.	
4	34	19	Recruitment records must include a statement about the staff members physical and mental health.  To ensure that service users are supported by people that are fit for the role.	12/10/2009

## 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	9	Risk assessments should be reviewed and updated at regular intervals.
2	20	The home should consider purchasing and using a register to record information about the use of controlled drugs.
3	23	Money records should be checked and signed by the person making the entry.
4	27	The bathrooms should be redecorated and the stained flooring replaced.
5	28	Consideration should be given to providing more accessible outdoor space for service users. The service should employ a gardener.
6	33	Efforts should be made to reduce the use of temporary staff and to monitor their performance.
7	39	The quality assurance process should include regular medication and record keeping audits. Plans should be

## 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
		developed to show what action staff will take take to address feedback from relatives.
8	42	Some fire drills should occur when the night staff are on duty.

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