

Key inspection report

Care homes for adults (18-65 years)

Name:	McRae Lane
Address:	25 Mcrae Lane Mitcham Surrey CR4 4AT

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:
Lee Willis	1 5 1 2 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

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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.

Reader Information

Document Purpose	Inspection report
Author	Care Quality Commission
Audience	General public
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Information about the care home

Name of care home:	McRae Lane
Address:	25 Mcrae Lane Mitcham Surrey CR4 4AT
Telephone number:	02086488150
Fax number:	
Email address:	
Provider web address:	www.mcch.co.uk

Name of registered provider(s):	MCCH Society Ltd
Name of registered manager (if applicable)	
Mrs Sara Jayne Rowe	
Type of registration:	care home
Number of places registered:	5

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	5	5
sensory impairment	0	0

Additional conditions:

he 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

The maximum number of service users who can be accommodated is: 5

Date of last inspection

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Brief description of the care home

This service was registered with us in May 2009 to provide personal support and accommodation for up to five younger adults of either gender with profound learning and physical disabilities, and sensory impairments.

All the people who currently reside at 25 McRae Lane lived together at the Orchid Hill long stay Primary Care Trust before moving to this residential care home in 2005. The service is owned and managed by MCCH Society Ltd a voluntary organisation with

Brief description of the care home

charitable status. The services registered manager, Mrs Sara Rowe, has been in operational day to day control of the home since we registered it in the spring of 2009. The home is located in a suburban estate in Mitcham and is relatively close to several bus routes, a tram stop, and local train station with good links to south London. The home also has its own transport in the form of a large estate car. Good leisure and community facilities are also quite close, which includes a large retail park. This modern detached bungalow comprises of five single occupancy bedrooms, a main lounge, dining room, a separate quiet room, kitchen, laundry room, and office. There are sufficient numbers of toilets, showers, and suitably adapted baths located throughout the property. There is also a large patio area and gardens surrounding the bungalow, although the grounds are not particularly well maintained at present. We are not sure how much the providers currently charge for services and facilities offered as no information regarding fees could be located at the time of this inspection.

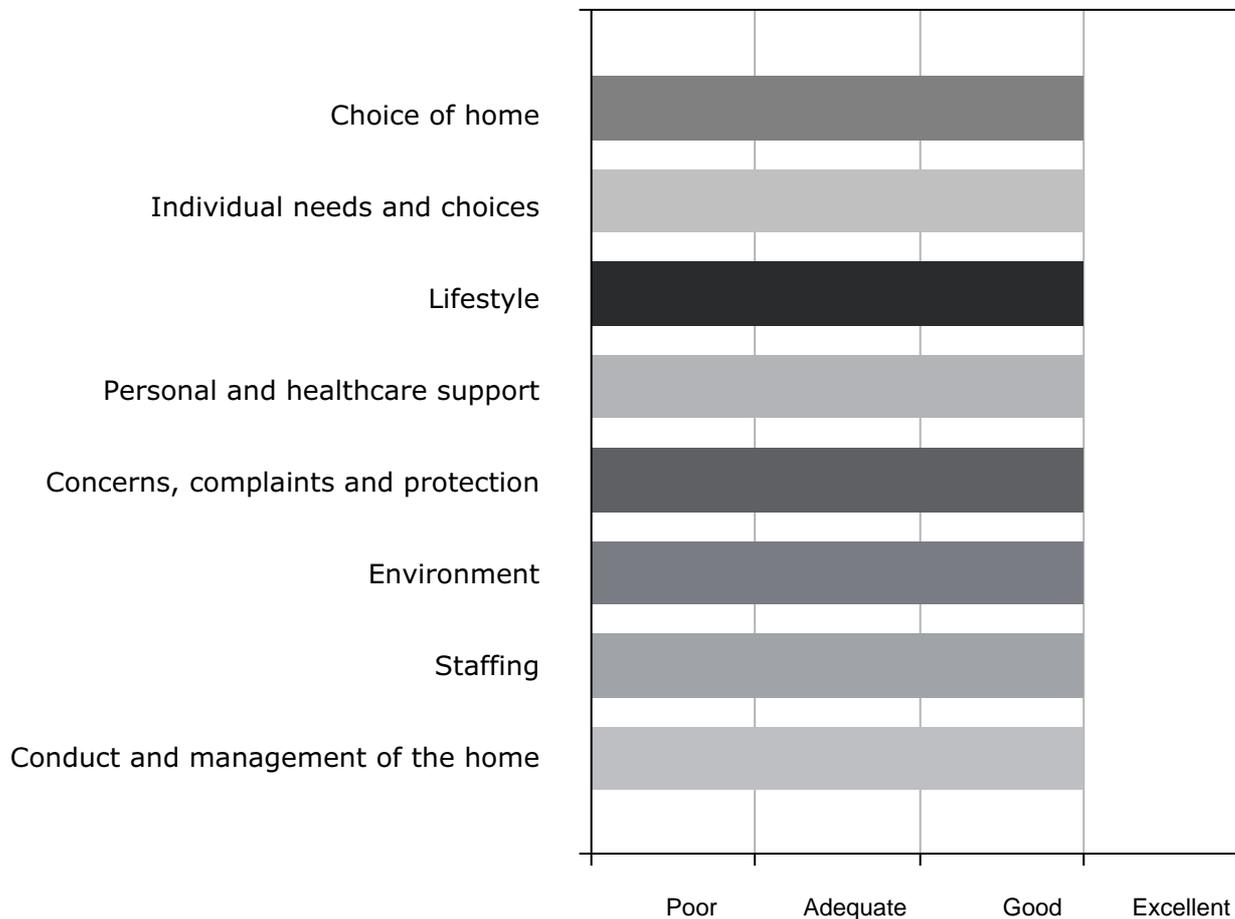
Summary

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:

We rate the quality of the service provided by this newly registered care home as two stars following its inaugural Key inspection. This means the people who live there experience 'good' quality outcomes. From all the evidence we were able to gather as part of the inspection process it was clear this service has significantly more strengths than areas of weakness.

We spent four and a half hours at the home on a midweek day between the hours of 10.30 in the morning and 3 o'clock in the afternoon. This report includes reference to documents we examined during the course of the site visit, which included:- needs and risk assessments; care plans; activity records; weekly menus; health care action plans; the homes accident book and complaints log; staff files; duty rosters; fire records; and various health and safety certificates. The report also draws upon conversations we had with the homes deputy manager and three other members of staff who were all on duty at the time of the site visit. We also observed the way these

staff interacted with all five of the people who currently resided there. The remainder of the visit was spent touring the premises and its external grounds.

What the care home does well:

All the feedback we received about the service from staff we met during the course of this inspection were in the main very positive. Typical comments included - 'its great all these people who previously lived together at Orchid hill continue to do so, but in a much smaller and far more homely environment', 'we've got a good bunch of staff here who get on well together and work as a team', and 'because theres usually three staff working across the day we've got more time to do things with the people who live here'.

The two care plans we look at in depth contained all the information staff who worked at the home needed to effectively support the people who used the service in a person centred and individualised way.

We were also impressed with some of the creative thinking of staff that had lead to the development of various tactile aids to promote service users communication and independence. For example, a box in the lounge contains a wide selection of various objects of reference which staff use to ascertain what the people who use the service would like to do, staff also wear easily distinguishable key-rings to help the service users identify them, and those service users who are willing and able to move about their home independently without the need for staff support can do so by using the guide (dado) rail fitted at hand height throughout the premises.

People who use the service have various opportunities to participate in stimulating social, leisure, and recreational activities in the wider community, which staff are always reviewing to determine there continued suitability.

All the staff we met during this inspection were observed interacting with the people who use the service in a very kind, respectful, and professional manner. All the staff we spoke with told us there were always enough staff on duty to meet the needs and wishes of the people they look after and felt got the right amount of support from the MCCH, their managers, and peers. Furthermore, all the staff that currently work at the home have achieved a National Vocational Qualification in care - level 2 or above.

What has improved since the last inspection?

This part of the report summary is not applicable on this occasion because this is the homes first key inspection since we registered it in May 2009.

What they could do better:

All the positive comments made above notwithstanding the service has a number of areas of particular weakness where it needs to address in order to enhance the lives of the people who live there, as well as keep them safe. Consequently, we have made six requirements for the service to meet within set timescales for appropriate action to be taken. There are also a number of good practise recommendations identified in the main body of this report for the service to consider implementing:

Firstly, details about the total range of fees payable for facilities and services provided must be included in the service users Guide. This will ensure representatives of people who use the service have access to up to date information about the range of fees charged for facilities and services provided.

When medication is administered to people who use the service it must be clearly recorded and no gaps left on medication records. This will enable anyone authorised to inspect these documents to determine whether or not the people who use the service are receiving the correct levels of prescribed medication.

As previously mentioned in this summary we were impressed with the positive attitude of the staff we met and commend the provider for ensuring they are all NVQ trained. However, the providers arrangements for ensuring the its employees have sufficient opportunities to continually up date and refresh their existing knowledge and skills are limited and need to be reviewed as a matter of urgency.

The requirement is therefore made that all staff who work in the home must refresh all their existing mandatory training, and continue to do this at regular intervals. This includes fire safety, moving and handling, first aid, food hygiene, safeguarding vulnerable adults, infection control, and safe medication handling practises. This will ensure all the homes staff have the most up to date and relevant information to continue meeting the needs and wishes of the people they support.

Furthermore, when new staff are recruited a record of the induction training they receive must be kept in the home and a copy made available for inspection on request. This will enable anyone authorised to inspect these records to determine whether or not all new staff have been suitably trained to meet the needs of the people who use the service and keep them safe.

The home must have suitable sluicing facilities or a washing machine with a sluicing programme. This will ensure satisfactory standards of hygiene are maintained in the home.

Finally, the home must ensure the temperature of hot water used in baths is tested at regular intervals (good practise recommends at least once a week) and a record kept of the results, including any action taken to remedy identified defects. This will enable the staff to determine whether or not thermostatic mixer valves fitted to all the homes baths are maintained in good working order (i.e. ensures water temperature never exceeds 43 degrees Celsius) in order to keep the people who use the service safe from avoidable harm.

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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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.

Representatives of prospective service users and people who already live at the home need to have access to more up to date information about what facilities and services the home has to offer, including the range of fees charged for them. This is in order to help them decide whether or not the home is the right place for the individual they represent.

The services arrangements for managing new referrals reflect professionally agreed best practise in this area thus ensuring prospective new admissions, their representatives, and the home can be sure the placement is right for all the concerned parties.

Evidence:

The deputy manager produced a copy of the homes Statement of Purpose which had been revised in the past twelve months and up dated accordingly to reflect any changes in its provision of facilities and services. The Statement referred to the homes aims and objectives; the facilities and services provided; and all the other information the service is legally required to include.

Evidence:

The deputy also told us the home had developed a service users Guide, but was unable to locate a copy at the time of this inspection. We recommend the service develops easy to read versions of its Guide and makes them available in the home at all times as well as provide single bound copies to people who represent the service users on request. The Guide must contain easy to understand information about the facilities and services offered; a summary of the homes Statement of Purpose; and peoples terms and conditions of occupancy in respect of the provision of accommodation, personal care and food, which should also include the range of fees payable for there use.

The deputy manager told us the service had not accepted any new referrals since being registered with us in May 2009. The deputy demonstrated a good understanding of best practise in respect of managing prospective new admissions and adamant that no new referrals would be accepted unless the service believed they were capable of meeting their assessed needs and that they were compatible with the others already living at 25 McRae Lane. Other staff we met told us they believed any prospective new service user and/or their representatives would always be offered the opportunity to visit the home and meet the other residents and staff, have a look around, stay for a meal, and even sleep over - before any decisions about moving in on a 'trial' basis were taken.

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.

Service users assessed and changing needs, preferences and personal goals are reflected in their individualised care plans which staff can then use to ensure the choices of the people they support are respected.

The service has suitably robust arrangements in place to ensure the people who use it have opportunities to be consulted on and make informed decisions about all aspects of their life in their home.

The people who use the service are actively encouraged and supported by staff to take 'reasonable' risks to enable people to maintain and develop their independent living skills, where possible.

Evidence:

The two care plans we looked at in depth set out in detail the individual needs, strengths, preferences, and the support each person for whom the plan was intended required. These plans were very person centred and staff we met told us the information they contained was easy to read and accessible.

Evidence:

Staff told us plans are continually reviewed on a quarterly basis and are up dated accordingly to reflect any changes in peoples need or circumstances. The people who use the service, their relatives, professional advocates, designated keyworker, and the homes manager are all invited to participate in these reviews. Both the plans were looked at had each been reviewed in the past six months and had been particularly good at assessing whether or not these individuals social, leisure and recreational arrangements matched their needs and interests.

Staff we met confirmed that all the people who use the service have a designated keyworker which the manager changes at least once every two years to enable her staff team to familiarise themselves with the unique needs and wishes of all the people who live at McRae Lane. During a tour of the premises we noticed a box in the lounge containing various objects which the deputy told us staff use to enable the people who use the service to communicate their wishes. Staff told us these objects of reference we proving to be a very useful way of finding out what people who used the service needed and wanted to do. The deputy manager also told us that staff were currently in the process of developing new ways for people with sensory impairments to recognise staff through the use of object recognition. Progress made by the service to implement this will be assessed at its next inspection. The people who use the service also regular attend meetings held by MCCH at there central offices in Kent, where staff who accompanying them can raise questions on their behalf about the quality of care they receive.

The two care plans we looked at in depth each contained a comprehensive set of assessments that identified all the potential risks and hazards these particular individuals could face on a daily basis and the action staff should take to minimise the likelihood of them occurring. It was also evident from the comments we received from the deputy manager and other staff we spoke with that they actively encourage and support the people who use the service to take 'responsible' risk in order to maintain and develop their independent living skills. For example, dado rails have been fitted throughout the home to act as a guide rail, which is very domestic in appearance, to enable people with a visual impairment to get around more easily without the need for staff support. We observed one individual who lives at the home use the dado rail to great effect to take themselves from the lounge to their bedroom.

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.

The people who use the service have the opportunity to participate in a variety of meaningful leisure activities in the wider community, although there remains scope to improve the number of in-house activities, especially with regards to those that would stimulate the service users senses.

Dietary needs and preferences are well catered ensuring the people who use the service are provided with daily variation, choice, and nutritionally well-balanced meals that reflects individuals food tastes and specific dietary needs. The meals provided are also well presented.

Evidence:

Staff maintain detailed records of all the social, leisure and recreational activities the people who use the service engage in on a daily basis. It was evident from the information contained in activity records sampled at random that people who use the

Evidence:

service have the opportunity to participate in a variety of meaningful activities, which included in-house aromatherapy sessions, tandem cycling, going out for coffee, watching banger racing, food and clothes shopping, visiting family, and attending various parties and community based social events.

Staff we spoke with told us they actively encouraged and support the people who use the service to go on day trips to the coast and other places of interest. After lunch we observed a number of staff on the late shift supporting several people who used the service to get ready to go out for an afternoon drive. The deputy confirmed the service had an enough suitably qualified drivers to make good use of the homes vehicle, which was recently used to take everyone up to central London to see the Christmas lights.

All the positive comments made above notwithstanding there did appear to be a lack of stimulating sensory equipment either in peoples bedrooms and/or communal areas. We recommend the home reviews its current arrangements for stimulating the senses of the people who use the service within the home. For example, the providers may wish to consider creating a well equipped and resourced sensory room and/or area.

As previously mentioned in this report the families of people who use the service are always invited to attend their care plans reviews and it was evident from comments made by all the staff we met that the home operates an open visitors policy. Staff on duty at the time of my arrival checked my identity badge and asked me to sign the visitors book in accordance with good fire safety and security practises. The weekly menus we sampled at random and the records staff maintain of the food and drink actually consumed by the people who use the service each day revealed the meals provided are nutritionally well balanced and reflects food preferences and dietary needs identified in individuals care plans.

We observed staff purify all the meals to be served for lunch, which was clearly stated in service users care plans. These purified meals were well presented with all the various food groups kept separate on the plate for reasons of taste and presentation in line with best practise. Staff we spoke with about preparing meals in the home were very clear what foodstuffs the people who used the service liked and which food you should try and avoid purifying because of there high water content. The atmosphere in the dining room during lunch remained relaxed and congenial, and staff were observed assisting some people to eat their meals in a respectful and caring manner. It was positively noted that staff sat next to service users when assisting them to eat their lunch in order to maintain eye contact with them.

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.

Suitably robust arrangements are in place to ensure the people who use the service receive personal support in the way they prefer and require, and that their existing and changing physical and emotional health care needs are always recognised and met.

Overall staffs medication handling practises are suitably robust to ensure the people who use the service receive the correct levels of medication they are prescribed, although staffs medication recording and the way the service monitors its medication handling practises needs to be reviewed.

Evidence:

All the people we met who currently reside at the home were suitably dressed in well-maintained clothes that were age and seasonally appropriate. The deputy manager told us the service had an excellent working relationship with their local GP surgery. They were also able to give us a good example of how they had managed to continue to meet the changing health care needs of a service user by seeking the advice of various specialist health care professionals. There have been no significant accidents involving the people who use the service or major injuries sustained in the past year. Staff maintain detailed records of all the appointments the people who use the service

Evidence:

attend with community based health care professionals and there outcomes.

The deputy confirmed that the home does not currently stock any Controlled Drugs or as required behavioural modification medication on behalf of any one who uses the service. All the staff we met told us they had received training in the safe handling of medication.

However, a number of gaps were noted on Medication administration records in use at the time of the inspection where staff had failed to sign for medication given. A quick medication audit showed us all the people who use the service had received their medicines as prescribed that week, but the deputy conceded that there was clearly room for improving staffs medication recording practises. We also recommend the service reviews the way it monitors its medication handling practises and considers increasing the frequency of audits and/or spot checks.

All the medicines currently held by the home on behalf of the service users were found to be securely stored in a locked metal cabinet fixed to a wall in the office. The deputy manager told us all the services users medication regimes are reviewed on a regular basis by their GP in line with best practise.

The deputy and all the other staff met confirmed that none of the people who currently resided at the home had the capacity to look after their own medication, which was reflected in their care plan.

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.

The services arrangements for dealing with complaints and safeguarding issues are sufficiently robust to ensure the representatives of the people who live at the home feel their views and any concerns they have will be taken seriously and acted upon.

The services financial practises are also open and transparent enough to enable any interested party to determine whether or not they are sufficiently robust to minimise the risk of the people who use the service being financially abused.

Evidence:

The deputy manager told us the service had not received any formal complaints about its operation since being registered by us. A copy of the providers complaints policy is included in its Guide.

The deputy manager and all the other staff we spoke with demonstrated a good understanding of what constituted abuse and what their reporting responsibilities were if they suspected and/or witnessed it in the home. However, nobody was able to locate a copy of the local authorities safeguarding protocols, which we recommend is always accessible to staff for referencing purposes. The two support workers we informally interviewed at length both told us they had received training in safeguarding matters. All the staff we met confirmed the service had a non physical intervention policy and the deputy manager told us no allegations of abuse or safeguarding incidents had occurred in the home since being opened.

Evidence:

The deputy manager told us that none of the people who currently use the service have the capacity to look after their own financial affairs. Staff maintain detailed records of all the financial transactions they take on behalf of the people who use the service, which matched monies securely stored in individually marked tins. Staff also kept receipts for all the goods and services purchased on service users behalfs and the deputy told us the services financial practises are audited by MCCH on a regular basis. It was positively noted that in line with recognised best practise the service immediately arranged a 'best interests' meeting involving all the relevant people, which included a Independent Mental Capacity Advocate (IMCA), to decide who was the most appropriate person to support one service look after their financial affairs. The outcome of the best interest meeting is recorded in the individuals care plan.

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 interior layout and design of this home, including its domestic looking furniture, fixtures and fittings, and soft furnishings, ensures the people who use the service live in an environment which is safe, comfortable, and non-institutional.

The home is kept very clean and the arrangements it has in place for controlling infection and in the main robust, although it needs a sluicing facility to ensure the personal needs of the people who use the service are met and basic hygiene standards complied with.

Evidence:

During a tour of the premises we noted it was decorated to a good standard and fitted out with all manner of comfortable looking furniture and soft furnishings. This made all the communal areas look very homely and domestic in character. In the lounge it was positively noted that a fully operational fish tank had been installed. We also found lots of ornaments and pictures hung in various places throughout the home and we were pleased to see a lot of effort had been made to put up Christmas decorations, including two Christmas trees. The home is also kept spotlessly clean, was free of any offensive odours, and felt appropriately warm for the time of year.

The layout of this bungalow, which is relatively spacious, ensures the people who live

Evidence:

there can experience small group living in a non-institutional environment. As previously mentioned in this report we were also impressed with the fitting of ordinary domestic looking dado rails, which a number of the people who live there use quite effectively to guide themselves around their home.

During a tour of the premises we viewed a number of bedrooms with the current occupants permission. All the bedrooms we viewed appeared to be very personalised and contained lots of different styles of furniture, soft furnishings, as well as various ornaments, pictures, and photograph. These rooms appeared to reflect the unique personalities of the people who occupied them.

There are sufficient numbers of baths, showers, wash hand basins and WC's located throughout the home which are relatively near to communal areas and service users bedrooms. One of the baths is assisted to enable all the people who use the service to access it. All the toilets viewed looked clean, well equipped and with suitable locks fitted to the doors to enable them to be opened from the outside in the event of an emergency.

There is a large patio area with a selection of garden furniture at the rear of the bungalow. However, the surrounding grounds are not being particularly well maintained, and the front garden in particular looks rather overgrown and un-kept in parts. The way the providers maintains the homes external grounds needs to be reviewed. The homes laundry room is suitably positioned so staff do not have to take foul or soiled laundry through any areas where food is prepared, stored or eaten. The laundry room floor and walls are readily cleanable and hand washing facilities are prominently sited there. The services top loader washing machine appears to be able to wash clothes at appropriate temperatures to comply with basic environmental hygiene and infection control standards, but it does not have a sluicing programme. The home needs a sluicing facility of some description to deal with soiled laundry.

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.

People who use the service can be sure that they are safe because there are sufficient numbers of competent staff on duty at all times, although the provider needs to significantly improve its arrangements for enabling staff to continually up date and refresh their mandatory training. This needs to be rectified to ensure the homes staff have all the relevant knowledge and skills they require to meet the changing needs of the people who they support.

The home has sufficiently robust arrangements in place to ensure they recruit the right calibre of staff in the first place and that everyone is appropriately supported through one to one supervision sessions and group staff meetings held at regular intervals.

Evidence:

All the staff we met were observed interacting with the people who use the service in a very kind, respectful and professional manner throughout the course of this site visit. We also observed a member of staff out of respect politely knocking on an unlocked toilet door to find out whether or not it was occupied.

On arrival we found two support workers on duty in the home who told us the third person (the deputy manager) working with them on the early shift that morning was

Evidence:

out shopping. All the staff we met told us there were always at least two members of staff on duty in the home, but the majority of the time they had three during the day to ensure 'peak' periods of activity were always covered. The deputy told us the service has a flexible approach to planning staff rosters which are based on the needs and wishes of the people who use the service, as opposed to staffs. Duty rosters sampled at random confirmed that three staff usually worked across the day, which all the staff we met told us was almost always sufficient to meet the service users needs and wishes.

It was positively noted that the service almost has a full compliment of staff and is therefore not reliant on any temporary agency staff. The deputy manager told us to cover sick leave they use MCCH's own Bank staff who are familiar with the needs of the people who live at the home.

The deputy told us that no new members of staff had been employed since the home was registered by us, although a couple of staff who already worked in other MCCH services had transferred to the home in the past year. The deputy said both these new members of staff had received a structured induction before being allowed to work unsupervised in the home, which had covered safe working practise's, their roles and responsibilities, and the needs of the people who use the service. No documentary evidence of the induction training undertaken by the aforementioned members of staff could be located at the time of this inspection and the deputy was unclear whether or not a formal record of all new staffs initial training were being kept.

The deputy manager demonstrated a good understanding of what constituted best practise regarding staff recruitment and the checks the service was legally obliged to carry out before allowing someone to commence working in the home.

The providers are commended for ensuring 100 percent of the services current staff team have achieved a National Vocational Qualification in care level 2 or above in excess of National Minimum Standards for residential care homes. Furthermore, all the support workers we met told us they had received up to date training in working with people with learning disabilities and sensory impairments.

However, these positive comments made above notwithstanding - all the staff we spoke at length too, including the deputy manager, conceded that most of the mandatory training they had received from MCCH has now expired and they were not aware what arrangements were being made to provide them with over due refresher training. The manager needs to carry out a thorough skills assessment of her entire staff teams strengths and needs, and then develop a time specific action plan setting

Evidence:

out how MCCH propose to address any identified gaps in the staff teams knowledge and training.

Two support workers we met told us they regularly receive a formal one to one supervision either with the homes manager or deputy every four to six weeks. Minutes of the services last three staff meetings revealed they are being carried out approximately every couple of months and are well attended. All the staff we met told us they found one to one sessions with the homes managers and groups meetings with their peers useful forums for expressing their views about the home as well as receiving feedback about things they could do better.

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 service has a competent management team in place to ensure its is effectively run in the best interests of the people who live there on a day to day basis.

The service has sufficiently robust quality assurance systems which enable it to ascertain the views of people who represent the service users and to take them into account when looking at new ways of improving the standard of care they offer.

In the main the services fire and other health and safety systems are robust enough to minimise the risk of anyone living or working at the home being harmed, although the way it regulates hot water temperatures used in baths needs to be revised as a matter of urgency.

Evidence:

The homes manager, Mrs Sara Rowe, who was not available at the time of this inspection was registered by us in 2009 as a 'fit person' capable of running a residential care service for adults with sensory impairments and learning disabilities. All the feedback we received from staff about the manager were very positive. Typical

Evidence:

comments included -'shes a good boss', 'you always know where you stand with Sara', and 'shes firm, but always fair... and she does listen to us'.

The deputy manager told us senior representatives of MCCH who do not work in the home visit them on a monthly basis to carry out unannounced inspections to assess the quality of the care being provided. The deputy also told us MCCH arrange for the home to be quality assured on a regular basis, which includes auditing the finances of the people who use the service, as well as seeking the the views of their representatives about the home.

The deputy was able to produce a recently updated fire risk assessment for the building on request. Another fire record maintained by staff showed us the homes fire alarm system is tested on a weekly basis. All the staff we met told us they had been involved in at least one fire drill practise in the past three months in accordance with recommended good fire safety guidance.

During a tour of the premises we noted that all products hazardous to health were being kept securely locked away and that all the food taken out of its original packaging were correctly labelled, dated, and stored in accordance with basic food hygiene standards. A first aid box located in the office was well stocked with all the appropriate resources and equipment.

We noted that the temperature of hot water emanating from one bath was found to be a safe 43 degrees Celsius when we tested it at noon. The deputy manager told us all the homes baths had been fitted with fail-safe thermostatic mixer valves that prevented hot water temperatures exceeding 43 degrees Celsius. However, the home does not routinely test the temperature of hot water used in baths or keep any records. This health and safety shortfall needs to be rectified as a matter of urgency.

Up to date Certificate of worthiness were made available on request that revealed the homes fire extinguishers and portable electrical appliances had all been tested by suitably qualified engineers in the past year in accordance with the manufactures guidelines.

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	1	5	<p>Details about the total range of fees payable for facilities and services provided must be included in the service users Guide.</p> <p>This will ensure representatives of people who use the service have access to information about the range of fees charged for facilities and services provided.</p>	01/03/2010
2	20	13	<p>When medication is administered to people who use the service it must be clearly recorded and no gaps left on Medication records.</p> <p>This will enable anyone authorised to inspect these records to determine whether or not the people who use the service are receiving the correct levels of medication.</p>	01/02/2010

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
3	30	23	The home must have suitable sluicing facilities or a washing machine with a sluicing programme. This will ensure satisfactory standards of hygiene are maintained in the home.	01/04/2010
4	35	18	All staff who work in the home must continually have training which is mandatory up dated and refreshed at regular intervals. This includes fire safety, moving and handling, first aid, food hygiene, safeguarding vulnerable adults, infection control, and handling medication. This will ensure all the staff that work at the home always have the most up to date information and all the relevant knowledge and skills to continue meeting the needs and wishes of the people who use the service.	01/07/2010
5	35	17	When new staff are recruited a record of the induction training they receive must be kept in the home and a copy made available for inspection on request. This will enable anyone authorised to inspect these induction records to	01/02/2010

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
			determine whether or not all new staff have been suitably trained to meet the needs of the pole who use the service and keep them safe.	
6	42	13	The home must ensure the temperature of hot water used in baths is tested at regular intervals (good practise recommends at least weekly) and a record kept of the results, including any action taken to remedy identified defects. This will enable the staff to determine whether or not thermostatic mixer valves fitted to all the homes bath are in good working order (i.e. ensures water temperature never exceed 43 degrees Celsius) in order to keep the people who use the service safe.	01/02/2010

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 should develop easy to read single bound versions of its Guide which are kept in the home and can be made available to anyone who requests a copy. This will ensure representatives of the people who use the service and the CQC have access to easy to read information about McRae Lane as and when they request it.

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
2	12	The services in-house arrangements for ensuring the sensory needs of the people who live there are sufficiently stimulated should be reviewed. For example, the home may wish to consider creating an appropriately resourced and equipped sensory room and/or area.
3	20	The way in which the service monitors the medication practises of its staff who are authorised to handle medication on behalf of the people who use the service should be reviewed. This will minimise the risk of medication handling errors occurring ensuring the people who use the service are kept safe.
4	22	A copy of the local authorities safeguarding protocols should always be available for staff to access as a reference guide.
5	24	The way in which the service maintains its external grounds should be reviewed as parts of it look un-kept.
6	35	A thorough knowledge and skills assessment of the homes entire staff team should be carried out and a time specific action plan setting out how the providers intend to address any gaps identified in their training developed. This will ensure the providers have all the information they require to ensure the homes staff team continue to have the right knowledge and skills to meet the needs of all the people who use the service.
7	35	Sufficient numbers of the homes staff team should receive specialist training in dementia awareness. This will ensure enough staff have the rights knowledge and skills to meet the changing needs of service users diagnosed with this condition.

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