

## Key inspection report

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

<b>Name:</b>	Osborne House
<b>Address:</b>	Osborne House 245 The Ridge Hastings East Sussex TN34 2AE

<b>The quality rating for this care home is:</b>	zero star poor service
--	------------------------

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>
Caroline Johnson	0 6 1 1 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](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

Document Purpose	Inspection report
Author	Care Quality Commission
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
Copyright	Copyright © (2009) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
Internet address	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>

## Information about the care home

Name of care home:	Osborne House
Address:	Osborne House 245 The Ridge Hastings East Sussex TN34 2AE
Telephone number:	01424423253
Fax number:	01424461712
Email address:	
Provider web address:	www.mcch.co.uk

Name of registered provider(s):	MCCH Society Ltd
Name of registered manager (if applicable)	
Mrs Gillian Concannon	
Type of registration:	care home
Number of places registered:	19

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	19	0
Additional conditions:		
The maximum number of service users who can be accommodated is: 19		
The registered person may provide the following category/ies of service only: Care home only - 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 - LD		

Date of last inspection								
Brief description of the care home								
<p>The home has previously been under the ownership and management of the Sutton and Merton PCT, who had responsibility for the transfer of the service and lease of the property, under the National Plan for the Re-Provisioning of NHS supported accommodation. MCCH took over in May 2009 as the registered provider for the home.</p> <p>On site at Osborne House there are four properties providing accommodation for people with learning disabilities. Two of these properties are used by tenants of a</p>								

## Brief description of the care home

supported living scheme and these properties are not currently registered with the Care Quality Commission (CQC). The remaining two properties are registered as residential accommodation and are therefore required to be inspected by CQC. In one of these properties there are two units known as Flat One (accommodating 5 people) and Maple View (accommodating 8 people). The second residential property is known as Holly Cottage (accommodating 6 people).

Within the residential units the overall registration number is nineteen and at the time of this inspection there were eighteen residents. There are plans in place for the people who currently live at Osborne House to move to alternative supported living or registered care services, as appropriate within the next two years.

Osborne House is situated on the Ridge in Hastings and the properties are set within eight acres of land. The gardens are attractive and secure.

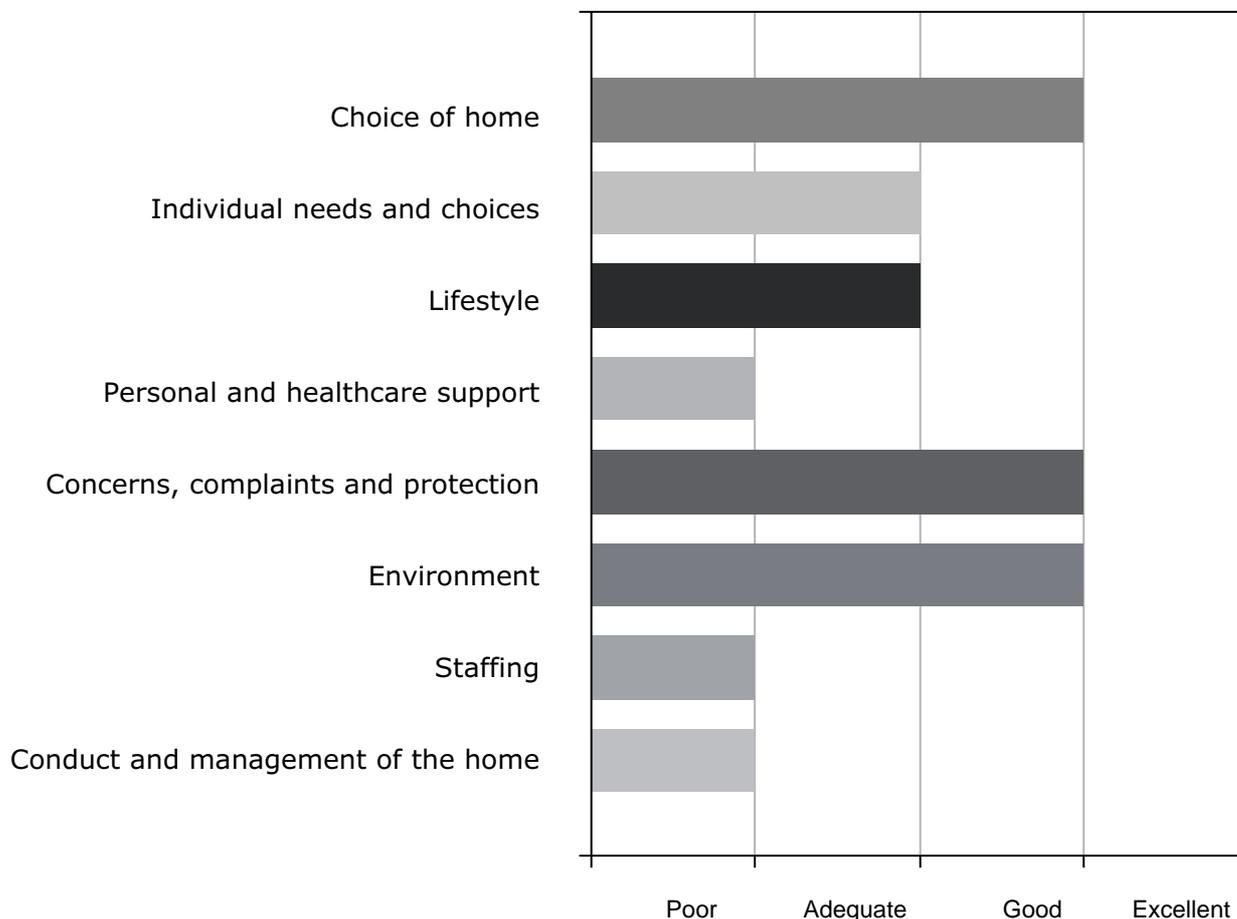
## Summary

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

The quality rating for this care home is:

zero star poor service

### Our judgement for each outcome:



### How we did our inspection:

For the purpose of this report the people living at Osborne House will be referred to as 'residents'.

Although Osborne House has been running for many years, this is the first time it has been inspected against the National Minimum Standards. As part of the inspection process a site visit was carried out on 5 November 2009 and it lasted from 10:45am until 17:00pm. A second visit was carried out on 6 November and it lasted from 10:30am until 2:30pm. The registered manager facilitated the inspection. During the visit there was an opportunity to meet with a number of the residents in their surroundings. Time was also spent talking with staff generally in the course of their duties and time was spent with two staff members in private. Three care plans were examined in detail. Other documentation seen included:- staff rotas, training, menus, quality assurance and leisure activities. Two of the three residential care units on site were seen during this inspection.

In advance of the inspection the manager completed an AQAA (annual quality assurance assessment). Information from this document has been used within this report.

Following the completion of the draft report a warning letter was sent to the provider advising them that we have concerns about the home. We requested a detailed action plan asking that they advise us of how they intend to effectively monitor the home and to ensure that standards in key outcome areas improve.

Prior to finalising this report a detailed improvement plan was received by the Commission. This provided detailed information of the action that would be taken by the provider to address the requirements of this report. The provider confirmed that a number of the requirements had already been addressed. These will be followed up at the next inspection of the home.

### **What the care home does well:**

A high percentage of the staff have completed NVQ (National vocational qualification at level two or above and a number of staff have level two and three. Accommodation provided for residents was completely upgraded prior to the registration of the home. All areas seen were homely, comfortable and had been decorated to a very good standard. Residents' bedrooms have been personalised in accordance with the wishes of the residents. A resident spoken with stated that he had been involved in the painting and in choosing the colour of his room.

A large number of the staff team have worked on site for a number of years and know the residents very well. In addition a local Advocate has worked with the residents for a number of years and together with the registered manager they run a Friday morning meeting with residents from the residential homes and supported living schemes on site, to provide everyone with an opportunity to share and discuss issues relevant to them.

### **What has improved since the last inspection?**

This is the first inspection of the home using the National Minimum Standards. However it should be noted that in advance of the registration process all residential accommodation was completely refurbished. All work carried out was completed to a good standard. In addition, at the time of registration MCCH demonstrated that there were robust systems and processes in place to ensure appropriate support would be provided to Osborne House. A statement of purpose was also provided outlining how the home would operate.

### **What they could do better:**

It is acknowledged that this is the first inspection and therefore a proportionate view is being taken. As a result of this inspection eleven requirements were made. It is recognised that once they have been addressed they will need time to be embedded into everyday practise.

Key to addressing all areas is the need to set up a robust quality assurance system with effective monitoring and regular auditing with action plans to show how shortfalls are to be addressed. Staffing levels must be reviewed regularly to ensure that individual resident's support needs are met but also to ensure that residents are enabled to make full use of their community for activities. A full review of the procedures in place for the management of medication must be carried out to protect the safety of residents. This will need to involve strict adherence to the guidelines of the Pharmaceutical Society.

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](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

### Contents

Choice of home (standards 1 - 5)

Individual needs and choices (standards 6-10)

Lifestyle (standards 11 - 17)

Personal and healthcare support (standards 18 - 21)

Concerns, complaints and protection (standards 22 - 23)

Environment (standards 24 - 30)

Staffing (standards 31 - 36)

Conduct and management of the home (standards 37 - 43)

Outstanding statutory requirements

Requirements and recommendations from this inspection

## Choice of home

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

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

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

**This is what people staying in this care home experience:**

Judgement:

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

Residents are provided with detailed information about their home and the services provided. Additional information regarding maintenance would ensure clarity in this area.

Evidence:

The home had previously been under the ownership and management of the Sutton and Merton PCT, who had responsibility for the transfer of the service and lease of the property, under the National Plan for the Re-Provisioning of NHS supported accommodation. MCCH took over in May 2009 as the registered provider for the home.

A detailed statement of purpose was provided at the time of registration. The statement refers to there being fifty staff but the numbers of staff employed are significantly lower. Following the inspection it was confirmed that that fifty staff refer to the site as a whole. In relation to the residential accommodation there are 32.67 staff employed plus management and relief staff. A detailed service user guide was provided at the time of inspection. The guide is displayed using a pictorial format and

## Evidence:

includes very detailed information about the home and the services provided. However, the guide refers to residents as tenants and states that residents have tenancy agreements. Residents in fact have licence agreements. It was not clear if each resident has been given a copy of the guide.

The majority of residents have lived at the home for a number of years having moved there as part of hospital resettlement programmes. The youngest resident is 53 and eldest 79. Five residents are in their 50s, eight in their 60s and five in their 70s. One resident spoken with said they moved in in 1958. There are no plans to admit any new residents and it is a number of years since the last residents were admitted.

Plans are underway to build three lots of single person flats, one for eleven flats on the site at Osborne House, twelve single person flats in the Hastings area and three flats in the St Leonards area. Two of the residents have been assessed as needing residential care.

Each of the residents had a community care assessment carried out in 2008. It was reported that recent assessments carried out by the PCT have not been copied to the home but there is a recent care plan on file for each resident. The assessments carried out in 2008 clearly showed the need for personal care to be provided yet the care plans suggest that residents would be able to manage with supported living.

Each of the residents has a licence agreement in their file. Within this agreement it states that MCCH would carry out any repairs necessary to the property. However, it was reported by the manager that it is not yet clear who has responsibility for repairs. It was noted in staff meeting minutes in one of the units a statement that the PCT had retained responsibility for carrying out repairs. The manager advised that as the property has only recently been refurbished there has not been a need to carry out any repairs.

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

Care plans provide detailed information about the needs of the residents but conflicting advice and guidance cause confusion and must be removed as and when needs change, to ensure that everyone is kept up to date and individual needs are met.

Evidence:

The home uses a person centred planning (PCP) approach for recording information held in relation to residents. Two care plans were examined in one unit and one care plan in another. In each of the units, files were detailed in showing the personal support required by individual residents.

A range of risk assessments have been carried out where necessary. However it was noted that in relation to one resident, there was conflicting advice throughout the care plan about how best to safely transfer the resident from one position to another. This could result in the resident being moved inappropriately and potentially lead to the occurrence of an accident to either the resident or staff.

## Evidence:

In relation to another resident there was evidence that although information about trips and falls had been updated, the previous risk assessment was also still present and could therefore cause confusion. The resident had recently been assessed in relation to specialist equipment and this had been provided but this was not reflected in the risk assessment.

There is no evidence in place to demonstrate that the home is effectively monitoring the quality of the care plans and ensuring that they include up to date information at all times. The current system relies heavily on staff knowing residents well, which for the most part works but with the use of agency staff this could present a risk that residents' needs might not be clearly understood.

The home is good at ensuring that each resident's communication skills are documented. An example of this was in one home where a resident uses makaton signs. Included in the resident's support plan were photos of the resident signing various signs that are important to them and staff stated that the photos assist greatly in communicating with this resident.

PCP meetings are held and minutes are kept of the outcome. Where there are actions recommended as a result of a meeting a timescale for achievement is set. In the support plans examined it was noted that recording of achievement of actions is often not detailed until the minutes of the next meeting are completed. It was therefore not possible to say if the recommendations made had been addressed as in relation to the files seen, one meeting had been held in July 2009 but the outcome was not on file and needed further work. Another was carried out in November 2008 but it was not clear if any of the actions recommended as a result of the meeting had been actioned.

In one file there was detailed information about how to enable the resident to make choices and decisions. However, record keeping does not currently demonstrate how residents are making choices. Day/night records are kept and these relate generally to the personal care provided to residents and to the activities that they have been involved in.

Two of the three care plans seen detailed the level of personal care provided to residents which ranged from complete personal care with bathing and brushing teeth/shaving for one person and assistance with showering, shaving and application of creams for the other. There is no transition plan in place to show how residents are to be encouraged to develop skills in these areas. This was not applicable in relation to the third resident.

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

Staff work hard to ensure that residents have opportunities to participate in meaningful activities and this is achieved for at least half of the residents.

Evidence:

Staff advised that until recently the residents had a day centre on site. This is no longer the case so arrangements have been made for some of the residents to attend activities within their local community in line with their needs and wishes.

In Holly cottage records showed that approximately half of the residents have opportunities to attend day activities two to three days a week. The remainder of the time is spent relaxing or doing crafts in-house. Staff stated that staffing levels do not enable them to take residents out regularly but they make the most of every opportunity that they have. On the evening of the inspection it was noted that residents were all going to a fire work display. This was possible because extra relief

## Evidence:

staff had been brought in to facilitate this outing. It was also noted that a few days previously residents had been out shopping to buy costumes for a Halloween party.

In flat one it was noted that a few of the residents had some planned day activities during the week. One resident had one afternoon session, another had three day activities and another had some in-house activities. Again other than the set activities, records showed residents listening to music, relaxing, watching television. A number of residents like to attend Church and it was noted that residents who choose to, are given the opportunity to attend Church every alternative Sunday.

Staff stated that the loss of the day centre on site has been hard for residents as they used this as a meeting point and a number of the residents were able to walk to and from the centre independently and drop in as and when they chose to.

Staff spoken with stated that where appropriate residents are supported to maintain contact with relatives. Residents are encouraged to take part in activities of daily living around their home. One resident who attends a cookery evening class stated that sometimes he has opportunities to cook at home.

Menus were only examined in one of the homes. There was a five week rolling menu in place that had been written in 2006. An alternative menu list was also available but it was noted that the alternative to a main meal was not in fact an equivalent meal but generally a sandwich or light meal. Records of meals actually served showed that in fact the menu is rarely followed. Staff advised that they have photos in place of the meals they serve in the home. A system needs to be introduced that demonstrates that residents are involved in choosing the meals that they would like to eat.

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

Poor systems in place for the management of medication place residents at serious risk of harm.

#### Evidence:

Medication procedures were examined in two of the three units. There were slightly different procedures in each. The main difference is that in Flat one the team leader dispenses a weeks worth of medication in advance, signs for these and staff then sign the MAR (medication administration record) when they have administered it. This is not good practise. The registered manager advised that arrangements have been made for the unit to move to using a monitored dosage system.

In both units the system used for the storage of the key to the medication cupboard needs to be reviewed. The MAR chart is currently handwritten by the team leader rather than printed by the pharmacist. When a note was added regarding the withholding of a particular medication it was not clear if this instruction was on the advice of the team leader or the gp. A record is not kept of all medication returned to the pharmacists' used. There were gaps in the recording of medication administered to residents. In one unit some of the gaps are clearly explained but others not. It was

## Evidence:

not clear if the procedure for the use of homely remedies had been agreed with the gp. A list of the signatures of those assessed as competent to administer medication is not currently kept on file. In one of the medication cupboards it was noted that there was one medication that has been prescribed to be used in an emergency situation but this medication was out of date. None of the residents have been assessed as able to self-medicate.

In relation to one of the support plans seen there was reference to the resident having epilepsy and to the type and frequency of seizures. A chart was in place showing the frequency. This person was prescribed medication as required. Although staff were clear about what to do in the event of a seizure there were no written guidelines of the action to be taken or at what point consideration should be given to the administration of as required medication. In addition no risk assessment had been carried out and although the type of seizure was recorded there was no information about how this seizure presented for that particular individual. This information would assist the gp to monitor for any changes to the current patterns.

There was evidence that the units ensure that where specialist advice or support is required this is obtained and guidelines were seen in some of the support plans seen. Each of the residents has a detailed health action plan in place and this is reviewed periodically. The home ensures that residents are supported to attend a range of healthcare appointments as required to meet their individual needs. Staff observed in the course of their duties were courteous and friendly and there was a very relaxed atmosphere in each of the units.

## 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 are procedures in place to ensure that anyone wanting to make a complaint can do so.

Evidence:

There is a complaint procedure in place and a simplified version of the procedure is included in the service user guide. The address and telephone number of the Commission was not included in the guide. It was reported that there have been no complaints.

The home has a procedure in place on adult protection and prevention of abuse. Staff spoken with were clear about what they should do if they suspected abuse. Information provided in advance of the inspection indicated that the home follows Kent guidelines in relation to adult protection and prevention of abuse. The manager was clear that if an alert were to be made then it would be the local office that would be contacted. Guidelines seen in one of the houses were the old East Sussex guidelines on adult protection and prevention of abuse. However the manager stated that she has obtained copies of the up to date version and each of the homes has been given a copy.

## 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.

Accommodation provided is homely, comfortable and has been decorated to a good standard.

Evidence:

On the site of Osborne House there are currently four houses, two of which are currently uses as supported living units. As stated previously these units are not regulated were therefore not seen as part of this inspection. As part of the residential care accommodations there are three units with two of the units on the one site, that is ground floor and first floor. The main house, ground floor is known as flat one and is home for five of the older and more dependant residents. This has level access throughout, with ramping into the garden. Accommodation comprises entrance hallway, lounge/ dining area, refitted kitchen, utility room and two assisted bathrooms with toilet.

The main House, first floor is known as Maple View and although not seen on this inspection, accommodation is provided for eight residents, having access via the main stairway from the ground floor entrance hall and a second back-stair, fire exit to courtyard. Included are the separate communal lounge and dining rooms, newly fitted kitchen, office, laundry room, three bathrooms with toilets and the eight private rooms.

Evidence:

Accommodation in Holly Cottage, for six residents, is all at ground floor level. Included are the communal lounge and dining areas, a refitted kitchen, a utility room, a wet room shower with toilet, two bathrooms with separate toilets, an office and seven residents' private rooms, two of which are undersized, though being adjacent have been allocated as bedroom/ sitting room for a single resident.

The above accommodation was refurbished and redecorated in advance of registration and is seen as temporary accommodation until residents move into single person supported living flats that will be built in 2010. The current accommodation has been decorated to a good standard. Staff advised that those residents who chose to, and were able to, were involved in the choosing of the decor and refurbishment of the properties. All bedrooms have been personalised and reflect the personalities of the residents. All areas were clean and there were no odours present.

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

Staff are not provided in sufficient numbers on all shifts in line with the home's statement of purpose to enable meaningful activities and to meet individual residents' needs. Staff have not had opportunities to update mandatory training or to have regular supervision.

Evidence:

Staff rotas were examined in two of the units. In Holly Cottage it was reported that arrangements were being made to change the night staff arrangement from one waking staff member to a sleep-in position. Records seen in relation to night time for two of the residents showed that they are up regularly through the night and that in one case it was reported by staff that a resident has a tendency to 'fiddle with electrical items'.

In flat one it was noted that two of the residents require the support of two care staff for the provision of their personal care. However there are regular times on the rotas seen when there are only two staff on duty, meaning that there are times when there is no one available for the remaining residents. In addition to caring duties staff also have responsibility for cooking and cleaning the units.

It was also reported that since the closure of the 'tanner centre', which was the day

## Evidence:

centre on site, a number of residents have reduced activities. The centre was a meeting point and even if they didn't always particularly participate in activities it was an area that they could pop into, meet friends and be independent in walking to and from the home. Staff stated that staffing levels do not enable residents to make as much use of their community as they would like.

It was reported that following a recent review of the staffing establishment carried out by Sutton and Merton PCT, MCCH were advised that they were over staffed. They are currently challenging this. Six staff are currently on maternity leave and one staff member is on long-term sickness. It was reported that five staff who were on a one year contract had had their contracts terminated early. However, following the inspection it was confirmed that contracts were not terminated early and that all were offered and accepted relief contracts. It was reported that a large percentage of the staff have worked at the home for a number of years and they know the residents very well.

Each unit has a small set number of staff that work there. In addition there is a large relief team that are employed full time hours and work flexibly to fit in where needed. On top of this there is a relief team that are used to work as and when needed. The manager stated that they are also able to use agency staff as required to maintain safe staffing levels.

Information provided in advance of the inspection showed that 20 of the 29 staff team have completed NVQ at level two or above. The manager advised that a large number of the staff have also completed level three and three of the staff have completed the Registered Manager's Award (RMA).

Recruitment procedures were not examined on this occasion as the manager advised that records are now stored in the office at Maidstone. She confirmed that all staff had a CRB (criminal records bureau) check as part of the transfer of ownership. No new staff have been appointed since this date.

In both units it was noted that staff supervision records are not stored confidentially and staff have access to each others' records. In all of the files seen staff had had an annual appraisal of performance. The homes were not on target for ensuring that all staff receive six supervisions a year.

It was reported that with the exception of four staff who attended a SPELL (SPELL is an autism specific training course run by the National Autistic Society) course in August this year no other training has been provided in the past twelve months. Staff are

Evidence:

therefore out of date with mandatory training in a number of areas and in some cases by more than two years. A list of the training courses now available had recently been circulated to the homes and the manager advised that staff have been signing up to these courses. She was confident that action is now going to be taken to ensure that all staff received up to date training. It was noted that Deprivation of Liberty training was not highlighted as one of the training courses available to staff.

The lack of training particularly in relation to the management of medication has led to a disparity in the systems in each of the units, which are in some cases operating outside of pharmaceutical guidelines and this places residents at risk.

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

No effective managerial systems are in place for auditing and monitoring medication and care practices in the home. This lack of auditing, coupled with unsafe medication practices places residents at risk of harm. A more robust quality assurance system would assist in improving outcomes in all areas.

Evidence:

Mrs Gill Concannon is the registered manager. She has been in post for several years and is a qualified nurse holding the RNMH qualification along with several other qualifications that equip her for this role. She is assisted in post by a deputy manager who is also a qualified nurse. The deputy has a dual role in that she also manages two houses on site where the tenants are part of a supported living scheme. These two houses are not registered with CQC. Each of the residential units on site have a team leader who manages the day to day running of the units.

The responsible individual or a representative on their behalf should visit the home unannounced on a monthly basis and report to the organisation on the running of the home. It was noted that since registration in May 2009 there was one written report of

## Evidence:

such a visit and that had been carried out in September 2009. The report was not detailed and concentrated on how the home was operating in relation to six of the forty three national minimum standards. Views expressed by staff and residents were also stated. Recommendations made as a result of the visit were discussed with the manager who was not clear of the action they were required to take to meet them. The senior manager confirmed that a second monthly visit was carried out the week prior to the inspection when the manager was on leave. The manager was not aware that that visit had occurred. The report of that visit is yet to follow. The home was advised that the Commission has a format that could be used/adapted for these purposes and how to obtain the form.

The manager advised that annual surveys are carried out with relatives, staff and residents. It is thought that the last surveys with relatives were carried out in January 2009 by the PCT. MCCH is currently conducting a survey of staff views. The manager advised that as part of their quality assurance system she discusses progress with care plans during supervision with individual team leaders. A system for regularly auditing practises for example in relation to care plans, medication, training, activities and health and safety arrangements needs to be introduced to ensure that the units are running effectively. Lack of effective auditing places people at risk.

In each of the units inspected there are no residents' meetings held. However, a Friday group meeting is carried out where representatives from each of the units including the supported living schemes attend a meeting to discuss issues relevant to them. An independent advocate chairs the meeting and the manager takes minutes of the meeting. On the second day of the inspection the weekly meeting was being held. It was noted that one of the topics for discussion was the plans for the supported living and there was a photograph of what the individual flats are expected to look like.

Staff meetings are held in each of the units. It was noted that staff are being briefed as and when changes occur and plans for the future are being shared.

Information provided in advance of the inspection showed that a number of the the policies and procedures were out of date. However, it was reported at inspection that the policies and procedures have been updated and are currently with the responsible individual for the company. Once approved, copies will be made available to each unit.

In Holly Cottage the management of residents' finances were examined. There are clear procedures in place showing money received on behalf of residents and records are kept of all expenditure made on their behalf. Staff were asked about the

Evidence:

procedure regarding large expenditures and it was reported that the team leader would agree this with the manager.

In flat one it was noted in one care plan that a resident had purchased a chair from another resident in February 2009 and that they had also purchased a dining chair in June 2009. This was discussed with the registered manager who advised that she would look into the matter. The procedure for large expenditures on behalf of residents was also discussed and the home needs to clarify their procedure in relation to spending money on behalf of residents particularly where a resident would be unable to give consent to such expenditure.

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	6	15	<p>The Registered person must ensure that following reviews, care plans are updated to include information about the current physical, social and emotional needs of residents and advice on how they are to be met.</p> <p>Residents must know that their assessed and changing needs are reflected in their care plans.</p>	31/12/2009
2	9	13	<p>Regulation 13(4a,c)The registered person must ensure that risk assessments be reviewed and where appropriate new risk assessments put in place following a change to the needs of residents.</p> <p>The risk of accidents and harm happening to residents and staff must be minimised.</p>	18/12/2009

## 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	Requirement	Timescale for action
3	17	16	16 [2] [i] The Registered Person must devise menus that reflect the dietary needs, choices and preferences of service users living in the home. To ensure service users receive a balanced, healthy and nutritious diet.	31/12/2009
4	19	13	Regulation 13(4) The registered person must ensure that there are detailed guidelines in place for the management of epilepsy and that there are specific instructions that have been agreed with residents' GPs around the administration of medication in an emergency situation.  Residents physical needs must be met.	15/12/2009
5	20	13	Regulation 13(2) The registered person must having consulted with their pharmacy and general practitioners put in place a system for ensuring that medication is ordered, stored and administered and recorded correctly at all times.	15/12/2009

## 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	Requirement	Timescale for action
			Residents must be protected by the home's policies and procedures for dealing with medication.	
6	33	18	Regulation 18(1a) The registered person must have regard to the assessed needs of service users and to the home's Statement of Purpose to ensure that at all times suitably qualified, competent and experienced persons are working at the care home in sufficient numbers to provide effective care and meet residents' individual preferences. Residents must be supported by an effective staff team.	31/12/2009
7	35	18	Regulation 18(2) The registered person must ensure that all staff receive regular supervision. Residents benefit from well supported and supervised staff.	31/12/2009
8	35	18	Regulation 18(1) the registered manager must ensure that all staff receive training suitable to the work they have to perform.	15/01/2010

## 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
			Residents must be supported by qualified and competent staff.	
9	39	25	<p>The Registered Person must arrange for the home to be visited once a month unannounced and prepare a written report on the conduct of the home. A copy of this report must be available in the home and a copy given to the registered Manager. There must be evidence to show how action points identified have been addressed.</p> <p>So that the service is regularly audited.</p>	31/12/2009
10	39	24	<p>The Registered Person must introduce more robust quality assurance systems. The views of service users, professionals, relatives where appropriate and other interested parties should all be sought and the information collated, published and findings actioned.</p> <p>So that the home is run in the best interests of service users.</p>	31/12/2009
11	40	12	The Registered Person must ensure that there are clear	31/12/2009

### 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	Requirement	Timescale for action
			<p>procedures in place for the management of residents' finances with particular reference to expenditure made on behalf of those residents who lack capacity to consent.</p> <p>Service users rights and interests must be protected by the home's policies and procedures.</p>	

### 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

## Helpline:

**Telephone:** 03000 616161

**Email:** [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

**Web:** [www.cqc.org.uk](http://www.cqc.org.uk)

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

Copyright © (2009) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.