

# **Key inspection report**

**CARE HOME ADULTS 18-65**

**Parkcare Homes (No 2) Ltd (Alexandra Road)**

**17 Alexandra Road  
Enfield  
Middlesex  
EN3 7DD**

*Lead Inspector*  
Wendy Heal

*Unannounced Inspection*  
3rd June 2009 10:00

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

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

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

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

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

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

## Reader Information

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# SERVICE INFORMATION

<b>Name of service</b>	Parkcare Homes (No 2) Ltd (Alexandra Road)
<b>Address</b>	17 Alexandra Road Enfield Middlesex EN3 7DD
<b>Telephone number</b>	020 8443 5240
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<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (If applicable)</b>	Parkcare Homes (No2) Ltd
<b>Name of registered manager (if applicable)</b>	Mr Arthur Snelson
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	10
<b>Category(ies) of registration, with number of places</b>	Learning disability (0)

# SERVICE INFORMATION

## Conditions of registration:

1. The registered person may provide the following category of service only:  
  
Care home only - Code PC  
  
to service users of the following gender:  
  
Either  
  
whose primary care needs on admission to the home are within the following categories:  
  
Learning disability - Code LD
2. The maximum number of service users who can be accommodated is: 10

## Date of last inspection

30th December 2008

## Brief Description of the Service:

Alexandra Road is managed by Craegmoor Healthcare services. It is a home, which is registered to provide a service to ten younger adults with a learning disability. Alexandra Road is located in Ponders End.

The home is purpose built and first opened in 1994. It is an attractive detached house. The accommodation is over two floors. On the ground floor there is a large lounge and dining room and a kitchen. The lounge leads out to a small-enclosed garden with chairs. Also on the ground floor there is a small second lounge, which offers an alternative quiet seating area. In a separate building accessed through the garden there is a laundry. On the ground floor there are bedrooms and an assisted bathroom for disabled people and two toilets, one of which is wheelchair accessible. On the first floor there are the remaining bedrooms, a bathroom, a shower room and the office. The house does not have a lift.

The stated aim of the service is to "treat the service users as individuals and to promote independence and ensure that privacy and dignity is maintained. The service promotes a holistic approach to care where physical, social and psychological needs are given equal importance and appropriate care plans and interventions are put into place".

The purpose and function document and last inspection report are available to

be viewed at the entrance of the home and in the staff office.

The fees range from £700.00 - £1200.00 per week.

# SUMMARY

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

The quality rating for this home is one star. This means that people who use the service experience adequate quality outcomes.

This was an announced inspection that took place as part of the inspection process. Compliance was checked against key standards and took place over several days. We undertook a tour of the building and spoke with the people that live in the home and members of the staff team. We gained further information from an inspection of the documents kept in the home. This included care plans and health and safety documentation. We would like to thank the people that use the service and the staff for their participation.

## **What the service does well:**

People living in the home have lived there for an established period of time which provides them with a sense of security.

The home has a service user guide that takes into account the needs of the people that live in the home. The document is user friendly and in a pictorial form. This means that it is accessible to the people that need to use it.

People have meals of their choice which are varied. This ensures their choices are respected.

Medication had been appropriately signed for on the medication administration records. This ensures that good practice is being followed.

The home has the adult policies including the procedures in relation to people's placing authorities available within the home. This ensures that the staff working in the home have the necessary information to protect people from potential abuse.

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

Environmental improvements have taken place. The identified person's bedroom window has been replaced. The hall carpet has been cleaned. The floor board that was raised in the hallway and identified person's bedroom has been replaced. The carpet in the identified person's bedroom has been replaced. The toilet that was leaking has been repaired. The excess garden furniture has been removed from the garden. This improves the environment for the people that live there.

The deputy manager had started working at the home during the time of the inspection. This will ensure the manager and staff team are provided with consistent support.

Staff had undertaken training in relation to choking, and epilepsy. This improved their knowledge and skills, which improves the quality of care provided to the people living in the home.

The identified person that has documented checks that are carried out to ensure the person does not smoke in their bedroom are complete and up to date. This promotes the health and safety of the person living in the home.

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

The inspection resulted in 24 statutory requirements and one good practice recommendation.

There were inadequacies in the documentation in the home. Care plans must be comprehensive and meaningful. They must be updated regularly and signed and dated. Risk assessments must be undertaken where necessary and updated regularly. Recording relating to health care must support good health care practice effectively. Health action plans must be reviewed regularly.

Medication must be stored at an appropriate temperature so that it is not caused to deteriorate. The list of signatures of staff who administer medication must be updated to be accurate.

Complaints should be clearly recorded with the details of actions and outcomes. The recording must be signed and dated.

Communication aids must be used effectively.

A number of environmental issues are identified in the report, including replacement, refurbishment and new flooring. The environment needs to be brought up to a safe and decent standard and the home needs to be kept clean.

Staff must not work overlong hours. They must have appropriate training and supervision.

Fire safety must be observed with an accurate evacuation and relocation list.

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 INSPECTOR FINDINGS**

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

# Choice of Home

## The intended outcomes for Standards 1 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

## The Commission consider Standard 2 the key standard to be inspected.

This is what people staying in this care home experience:

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

2.

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

People do have the information to make an informed choice about where they want to live, as a service user guide is available. No new assessments have been undertaken since the previous inspection, due to the fact that no new people have moved into the home.

### **EVIDENCE:**

The homes statement of purpose is up to date.

There is a service user guide that is in a pictorial format and is accessible to all of the people that need to use this information. The service user guide is in the process of being updated by the manager of the home. This ensures that accurate information is available in relation to this document about the home. The document is accessible to all of the people that may wish to read it.

Since the previous inspection there have been no new admissions to the home and no new assessments have been completed. The people living in the home have lived together for an established period of time and their initial assessments have been archived.

## Individual Needs and Choices

### The intended outcomes for Standards 6 – 10 are:

6. Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
7. Service users make decisions about their lives with assistance as needed.
8. Service users are consulted on, and participate in, all aspects of life in the home.
9. Service users are supported to take risks as part of an independent lifestyle.
10. Service users know that information about them is handled appropriately, and that their confidences are kept.

### The Commission considers Standards 6, 7 and 9 the key standards to be inspected.

This is what people staying in this care home experience:

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

6,7,9.

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

The care plans seen are not all being fully reviewed and kept up to date. The service does support people to take risks as part of an independent lifestyle but further improvements need to be made in relation to specific risk assessments to ensure that all risks are minimised.

### EVIDENCE:

The care plans are person centred which means they are more specific to people's needs. They covered areas such as personal history, relationships, social inclusion, health, personal care, and every day living skills.

The essential information section of the care plan states assessment of capacity is required and confirms that a member of staff had completed the

assessment. However there was no evidence available to indicate that the staff member had been trained to complete a capacity assessment. Having had further discussions with the area manager and manager of the home we were informed that the capacity assessment that the essential information section of the care plan refers to is completed by the local authority or the placing authority if the person living in the home has been placed from an out of borough placement. The essential information document needs to make reference to this document and indicate where it is located. This will ensure that all information is easily accessible to the staff that need to use this information to improve the quality of care for the people living in the home.

Another care plan states that the duty social worker will make all decisions for them. The manager of the home felt this refers to all major decisions. This document needs to also make reference to the mental capacity assessment and where it is located. This will ensure that professional practice is followed and the person's rights are respected. This person's care plan is signed by staff but they are not signing using their full name which would also further promote professional practice.

In relation to the evaluation of the care plan one document stated that a person was looking forward to a holiday at a certain time of year. Two further evaluations have taken place since this period of time and the remark is still remaining. Therefore thorough effective evaluation had not taken place. This does not ensure the most up to date information is documented on the care plan which is not in the interests of the people living in the home.

The care plans need to be signed by the person to whom they refer, to ensure they are fully involved in the process.

One person's care plan refers to using toiletries that are O.K. with my skin. However when this was discussed with a staff member, it was confirmed that the person has no adverse reactions to any toiletries that were used for personal care. The staff member did not know what this referred to. This matter was discussed with the area manager of the home in the absence of the manager and this document is going to be reviewed to ensure the information is accurate and reflects the person's individual needs.

One identified person had a communication care plan which referred to the use of the talking mat. However the board in the identified person's bedroom was blank. This needs to be completed to ensure the tools available to the people living and working in the home to promote good communication are fully effective.

We recommend that the out of date care plans are archived and only the current care plan is available in each identified person's file.

Risk assessments need to be further developed. One identified person had a risk assessment developed for the side effects of an identified medication which they then stopped taking. However the medication was then further prescribed and therefore another risk assessment needs to be put in place and regularly evaluated. This same person had a risk assessment for fire awareness and evacuation. This needed to be evaluated. This will ensure that all information in relation to the identified person is fully up to date.

# Lifestyle

## The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users' rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

## The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.

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

This is what people staying in this care home experience:

12,13,15,16 and 17.

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

Service users at the home have some opportunities to access the community and undertake appropriate activities. Contact with families is encouraged and given some support. Service users rights are respected and a varied diet is offered.

### EVIDENCE:

A number of people attend day care ranging from two days to five days per week. None of the people living in the home currently attend college courses.

People's activity records were inspected. An independent person attends the home to undertake movement and dance sessions within the home. A musician

also attends the home and conducts a music session. Various types of music are played. This is dependent on the wishes of the people living in the home.

Staff support people living in the home to undertake activities in the community such as shopping. One identified person likes to attend the cinema and likes being involved in cookery sessions. This increases the independence of the people living in the home. People also go to the pub for dinner which increases their social interaction. One identified person takes part in art and crafts when they are in the home. This person also lays the table for lunch which assists them to develop their skills.

One identified person's activity plan under the section 'what I do' states that one in three weekends the person goes on a bus ride and also attends church. However we were informed that the identified person will not go out on a bus. She used to go to the church but does not go now. We were informed there are not enough additional staff to facilitate outside activities. There was no evidence seen that this identified person attends activities outside of the home.

Arrangements must be made to support this person to attend an activity in the community which she enjoys, at least once in three weeks.

There was evidence of board games, darts and bowls, being available for people to use in the home and the garden.

On the day of the inspection all of the people living in the home were on holiday with the staff members that were allocated to support them. This improves the quality of life for the people living in the home as they have the opportunity to experience new things. One identified person that does not enjoy holidays continued to go to their planned day care. Another identified person that did not wish to go was at home on the day of the inspection.

A number of people in the home are in contact with their relatives which was recorded on their contact sheets. This benefits their emotional well being. One care plan section 'what I would like to happen' states the person would like to visit their relative. Although they speak on the telephone the person does not see their relative regularly. The home should make every effort to increase the personal contact between these family members.

The people living in the home have a key to their bedroom but due to their needs they do not use their keys to lock their bedroom doors.

The kitchen was inspected. All food was in its 'use by' date and properly labelled. This ensures that people are not eating food that could be harmful to their health. The menu of food available was inspected and people's dietary needs are being met.



## Personal and Healthcare Support

### The intended outcomes for Standards 18 - 21 are:

18. Service users receive personal support in the way they prefer and require.
19. Service users' physical and emotional health needs are met.
20. Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
21. The ageing, illness and death of a service user are handled with respect and as the individual would wish.

### The Commission considers Standards 18, 19, and 20 the key standards to be inspected.

This is what people staying in this care home experience:

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

18,19,20.

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

People's physical and emotional care needs are not fully met. Due to the fact that the recording systems are not fully effective. The process for recording and administering medication is effective. However the temperature at which medication is stored is too high.

### EVIDENCE:

The record of people's health care appointments was inspected. We could not find consistent evidence that people are being supported to receive all individual health checks. This does not ensure that people's health is being fully monitored. Information is not always fully recorded on the health care record but is noted in the homes diary. A consistent process with regard to the recording of information is not being used.

People's health action plans were inspected. We found evidence that one identified person had been taken to the general practitioner and referrals had been made to the ear nose and throat clinic, optician and dietician. However we could find no evidence in relation to how these appointments had been followed up.

One identified person had been invited for a particular examination and a member of staff confirmed this had taken place but the document to evidence this could not be located on the day of the inspection. This does not ensure that the most up to date information is available to the people working in the home.

There was evidence that an individual had had their weight monitored and lost three kilogram's over a period of three months. There was a reference to using a MUST nutritional tool but there was no evidence that the issue had been taken forward in this way. If a service user loses a significant amount of weight this must be followed up with a health professional.

A relative has expressed the wish that a person have laser eye treatment to improve their vision. The identified person had seen an ophthalmologist for this who said he would refer the person to their General Practitioner. The treatment has not taken place at the advice of professionals and the letter confirming this is in the process of being forwarded to the home. The area manager has confirmed that action will be taken to further request this letter so it is on file for inspection.

The medication and administration records were inspected. All medication was being signed for on the medication administration record. The controlled drugs book was inspected and found to be in order. There was clear documentation in relation to medication being delivered to the home and the book to evidence medication returned was seen and was found to be in order. This means that professional practice is being followed. The medication cupboard was inspected and found to be in order. However the medication cupboard is sited in a room that was very hot on the day of the inspection. The staff member confirmed that this is often the case. Medication should not be stored above 25 degrees Celsius. The manager should therefore ensure that medication is not stored above this temperature.

The specimen signatures list that records the names of staff that are trained to administer medication needs to be updated. The list recorded the names of some staff that no longer work in the home.

## Concerns, Complaints and Protection

**The intended outcomes for Standards 22 – 23 are:**

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

**The Commission considers Standards 22, and 23 the key standards to be inspected.**

This is what people staying in this care home experience:

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

22,23,

People using the service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service. The recording in relation to complaints needs improvement. All documentation to protect people living in the home from potential abuse neglect and self-harm is available in the home.

### **EVIDENCE:**

We examined the complaints book and no complaints had been entered for the current year. However a number of complaints had been entered for the previous year. A number of complaints did not evidence the outcome of the investigations being undertaken but noted the comment ongoing. Several investigations documented that they had been concluded or completed but did not have any date for when they had been completed. The details of the complaints made are not always very detailed in the identified section for the complaint to be recorded. This means that information is not recorded as effectively as possible. This does not ensure that clear information is provided to the people that need to have access to this information. This matter was brought to the attention of the area manager at the time of the inspection. We have been informed that the complaints book has been updated.

People living in the home have a pictorial complaints procedure. A copy of the complaints procedure is also available in the hall on the notice board.

The adult protection guidelines for the organisation were available. The adult protection procedures in relation to the relevant placing authorities were also available and made available to myself on the second day of the inspection.

The financial record for an identified number of people were inspected and found to be in order. The home also has a safe to ensure that people's money can be kept securely.

## Environment

### The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

### The Commission considers Standards 24, and 30 the key standards to be inspected.

This is what people staying in this care home experience:

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

24,30.

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

People living in the home would benefit from further improvements being made to ensure they live in a homely environment.

### EVIDENCE:

Alexandra Road is located in a residential area near to local shops and public transport. We completed a tour of the home with the assistance of a registered manager from another home.

A number of improvements had taken place since the previous inspection. One identified person's bedroom window has been replaced. The raised floor board in an identified person's bedroom has been replaced. The hall carpet had been cleaned. In relation to the lounge flooring attempts had been made to clean it.

This flooring is quite new but having had a further discussion with the area manager it is going to be replaced as it does not promote a good environment.

The staff office was very cramped and had many boxes that need to be archived. An item of furniture stored behind the office door obstructed it from opening fully. This is potentially a health and safety hazard as it would limit the access out of the office if an urgent exit of the home was required. This was removed and brought to the attention of the area manager. The area manager has also confirmed the boxes stored in the office have been archived. The office needs repainting as the paintwork is dirty. There is a hole in the wall near the light switch that needs to be repaired. This was shown to the maintenance man on the day of the inspection. This does not provide a nice environment for the manager and staff to work in.

A new fax and scanner had been obtained which enables staff to work more effectively as the appropriate equipment is available.

The top floor toilet needs to be refurbished and the tiles need to be replaced as they are covered in glue and have been drilled a number of times to add fixtures. Rawl plugs now remain. The toilet seat which was chipped needs to be replaced. The toilet flooring would also benefit from being replaced as it is looking worn and dirty. This does not promote a hygienic environment. The toilet area is fitted with a hand dryer. Soap was also available to enable people to wash their hands when they need to.

The bathroom needs to be re-tiled. The tiles are old and have been replaced in different stages and at different times so therefore some identified areas of the room are very patchy. This does not promote a positive environment for people to live in. The area manager has confirmed that this work has started and the maintenance man will be working at this home until both the bathroom and toilets have been re-tiled.

The top floor shower room needs the shower hose replaced and a small stand on wheels needs to be removed from this identified area. This would ensure the shower room is fully fit for use.

There was evidence that skylight windows had been left permanently open as there was rain damage from water had dripping down the walls in the shower room.

A discussion took place with the manager on the day of the inspection in relation to one identified persons bedroom sink, which they block up frequently as they put items down the sink. I was informed that the identified person does not use this sink to wash. A discussion took place with the area manager and manager of this service. It was agreed that the sink would be covered over as the service user uses the main bathroom in the home to meet their personal care needs.

One identified person's bedroom had a very strong odour coming from underneath the flooring. This flooring has recently been replaced. However this flooring needs to be replaced again with laminate flooring to. This will ensure that the identified person has a pleasant room to sleep in at night. This flooring had been replaced during the time that the report was being completed.

We were informed on the day of the inspection that the dishwasher was not working and needed to be replaced. This must be replaced to ensure that all equipment in the home is fit for purpose and working effectively.

It could not be said that the home is clean. Some cleaning is undertaken by the care staff but this does not include areas like paintwork. We have been told that the home cannot recruit a cleaner. In this case a deep clean must be undertaken once every three months.

## Staffing

### The intended outcomes for Standards 31 – 36 are:

31. Service users benefit from clarity of staff roles and responsibilities.
32. Service users are supported by competent and qualified staff.
33. Service users are supported by an effective staff team.
34. Service users are supported and protected by the home's recruitment policy and practices.
35. Service users' individual and joint needs are met by appropriately trained staff.
36. Service users benefit from well supported and supervised staff.

### The Commission considers Standards 32, 34 and 35 the key standards to be inspected.

This is what people staying in this care home experience:

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

32,33,34,35,36

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

People living in the home are being supported by qualified staff. However staff are working long hours which is not in the interests of the people living in the home. People living in the home need to receive regular supervision so that a consistent approach to work can be maintained.

#### **EVIDENCE:**

At the time of the inspection the manager was not working in the home. The deputy manager had been appointed but had not started. The home was being overseen previously by a manager from another home. At the time of the inspection a support worker was running the shift and had been designated as the senior person in charge, by the area manager, who was on call for the home. At the time of completing the report the registered manager was at the home and confirmed that the deputy manager is now working at the home. A senior support worker has also been appointed and is due to start work. A number of staff had left the home to work in other homes within the Parkcare Homes (No 2) Ltd (Alexandra Road)

organisation, due to the fact that a number of people living at Alexandra have moved to other homes outside of the organisation.

The staff rota was inspected and staff were working exceptionally long hours. This does not improve the quality of care for the people living in the home as staff are liable to be working when they are tired. This was brought to the attention of the area manager on the day of the inspection.

Staff had undertaken a range of training including choking and airway management, fire marshall training, appointed person for first aid, food safety, epilepsy, equality and diversity, secondary prevention, infection control, manual handling, fire safety health safety and COSHH, medication, epilepsy and Diazepam training. However, identified staff need refresher training in food hygiene, fire awareness and extinguisher training, manual handling, epilepsy, infection control, primary prevention, health and safety at work, COSHH, protection of vulnerable adults and non violent crisis intervention.

A number of staff had undertaken their NVQ level 2 and 3. This means that staff have the opportunity to expand their knowledge and skills to assist with their own personal development. This will improve the quality of care provided to the people living in the home.

Staff recruitment policies and procedures were not inspected as no new staff had been appointed at the home since the last inspection.

The staff supervision records were not available for inspection as they were locked away and the staff did not have access to them. The management team must ensure that staff receive regular supervision as this will assist to ensure that staff are supported to work with people living in the home in a consistent way.

# Conduct and Management of the Home

**The intended outcomes for Standards 37 – 43 are:**

- 37.** Service users benefit from a well run home.
- 38.** Service users benefit from the ethos, leadership and management approach of the home.
- 39.** Service users are confident their views underpin all self-monitoring, review and development by the home.
- 40.** Service users' rights and best interests are safeguarded by the home's policies and procedures.
- 41.** Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- 42.** The health, safety and welfare of service users are promoted and protected.
- 43.** Service users benefit from competent and accountable management of the service.

**The Commission considers Standards 37, 39, and 42 the key standards to be inspected.**

This is what people staying in this care home experience:

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

37,39,42.

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

The home is not being run in a way to ensure that it is fully effective. Temporary management arrangements were in place at the time of the inspection. The organisation needs to continue monitoring the review and assessment process that takes place within the home. The safety of the people living in the home is promoted.

**EVIDENCE:**

The registered manager was not working at the home at the time of the inspection. A deputy manager had been appointed but had not started to work at the home at the time the inspection took place.

The organisation has a Quality Assurance system in place. The home is in the process of obtaining feedback about the quality of care provided by the home. This enables the organisation to monitor the quality of care provided to the people living in the home.

The liability insurance was seen and found to be in order. This means that the staff working in the home are legally safeguarded in the event of an injury taking place whilst they are working at the home.

We inspected a range of health and safety documentation. Fire drills had taken place. The weekly bell tests were complete. The gas and electrical certificate were seen and were found to be in order. The portable appliance certificate were seen and found to be in order. This means that people's health and safety is protected.

The fire evacuation plan contact list and relocation plan had the names of people who were no longer in the home. Staff were also noted on the document who no longer work at the home. The document needs to be updated. This will ensure that accurate up to date information is available in the event that this information is needed.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

<b>CHOICE OF HOME</b>	
<i>Standard No</i>	<i>Score</i>
<b>1</b>	X
<b>2</b>	3
<b>3</b>	X
<b>4</b>	X
<b>5</b>	X

<b>INDIVIDUAL NEEDS AND CHOICES</b>	
<i>Standard No</i>	<i>Score</i>
<b>6</b>	2
<b>7</b>	3
<b>8</b>	X
<b>9</b>	2
<b>10</b>	X

<b>LIFESTYLES</b>	
<i>Standard No</i>	<i>Score</i>
<b>11</b>	X
<b>12</b>	2
<b>13</b>	3
<b>14</b>	X
<b>15</b>	3
<b>16</b>	3
<b>17</b>	3

<b>PERSONAL AND HEALTHCARE SUPPORT</b>	
<i>Standard No</i>	<i>Score</i>
<b>18</b>	3
<b>19</b>	2
<b>20</b>	2
<b>21</b>	X

<b>CONCERNS AND COMPLAINTS</b>	
<i>Standard No</i>	<i>Score</i>
<b>22</b>	2
<b>23</b>	3

<b>ENVIRONMENT</b>	
<i>Standard No</i>	<i>Score</i>
<b>24</b>	2
<b>25</b>	X
<b>26</b>	X
<b>27</b>	2
<b>28</b>	X
<b>29</b>	X
<b>30</b>	2

<b>STAFFING</b>	
<i>Standard No</i>	<i>Score</i>
<b>31</b>	3
<b>32</b>	2
<b>33</b>	2
<b>34</b>	3
<b>35</b>	2
<b>36</b>	2

<b>CONDUCT AND MANAGEMENT OF THE HOME</b>	
<i>Standard No</i>	<i>Score</i>
<b>37</b>	3
<b>38</b>	X
<b>39</b>	3
<b>40</b>	X
<b>41</b>	X
<b>42</b>	2
<b>43</b>	X

no

Are there any outstanding requirements from the last inspection?

**STATUTORY REQUIREMENTS**

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1.	YA6	15 (2)	The registered person must ensure that the care plan document that makes reference to where the mental capacity assessment is located is completed by the appropriate person and relevant authority and is linked to the care plan.	30/07/09
2.	YA6	15	The registered person must ensure that care plans are kept up to date and signed in full by both the person the care plan has been completed for and the staff member that has documented the information.	31/08/09
3.	YA6	15	The registered Person must ensure that the identified person that has a communication section in their care plan that refers to a talking mat being used as an aid to communication is effectively used. The and the talking mat must be completed and not left blank. This will ensure that the person's communication skills are promoted and their rights are respected.	30/07/09

4.	YA9	15	The Registered Person must ensure that the risk assessment for the identified person that is once again on a prescribed medication that has identified side effects has a risk assessment developed. This will minimise identified risks to the person and promote their well being.	30/07/09
5.	YA9	15	The Registered Person must ensure that the identified person that has a risk assessment in relation to fire awareness must have this reviewed and updated. This will ensure that all risks are minimised. This further safeguards the identified person.	30/07/09
6.	YA12	12	The registered person must ensure that a health professional is consulted should a service user experience a significant weight loss.	15/08/09
7.	YA14	12	The registered person must ensure that the identified person is supported to undertake an activity she enjoys outside of the home at least once in three weeks.  The registered person must ensure that this person is supported to increase the personal contact she has with her relative.	01/09/09
8.	YA19	12	The registered Person must ensure that health care appointments including the outcome of appointments are effectively recorded on the health action plans. These must indicate the dates when they are	25/07/09

			reviewed. This will ensure that people's health care needs are fully met.	
9.	YA20	13	The registered person must ensure that the medication is stored in an environment where appropriate temperatures can be maintained. This will ensure that medication is stored in a safe professional manner. This will safeguard the health and well being of the people living in the home.	27/07/09
10.	YA20	13	The Registered Person must ensure that the list of staff signatures to indicate the staff that can administer medication is accurate and up to date. This will ensure that clear accurate information is recorded for those people that need to use it.	27/07/09
11.	YA22	22	The registered person must ensure that when complaints are made they are recorded in detail with clear information in relation to what the complaint refers to, details of the action taken and outcomes. The document must be signed and dated. This will evidence that complaints are taken seriously.	26/07/09
12.	YA24	23	The Registered Person must ensure that the lounge flooring is replaced. This will ensure that people are provided with a homely environment in which to live.	20/08/09
13.	YA24	23	The registered person must ensure that the office is painted and the hole in the wall near the light switch is repaired. staff	15/08/09

			<p>working in the home have a pleasant environment to work in.</p> <p>The obstacle which is partially obstructing the office door must be removed.</p> <p>The boxes of paperwork which need to be archived must be removed from the office.</p>	
14.	YA24	23	The Registered Person must ensure that the identified person who blocks their sink has the top covered over. This will ensure that the person has a pleasant room to sleep in at night.	10/08/09
15.	YA24	23	The Registered Person must ensure that the identified person's bedroom flooring is replaced. This will ensure they have a nice room to relax in.	25/07/09
16.	YA24	23	The Registered Person must ensure that the dish washer is replaced. This will ensure that all of the equipment used by the people living and working in the home is working effectively.	15/08/09
17.	YA27	16	The Registered Person must ensure that the toilet seat is replaced, the walls are retiled the flooring is renewed in the top floor toilet. This will ensure that the home is well maintained for the people that live there.	20/08/09
18.	YA27	16	The Registered Person must ensure that the shower located on the top floor has the shower hose replaced. The small stand on wheels must be removed from the shower room. This will	26/07/09

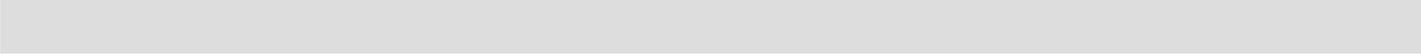
			ensure that the shower room is fit for use for the people living in the home.	
19.	YA27	16	Registered Person must ensure that the skylights in the shower and bathroom areas are in good order. Any marks on the walls as a result of water damage must be removed or painted over. This will ensure that people in the home live in a pleasant environment.	12/08/09
20.	YA30	23	The registered manager must ensure that the home has a deep clean every three months.	01/09/09
21.	YA33	19	The Registered Person must ensure that staff do not work exceptionally long hours. This will not promote the quality of care provided to the people living in the home.	22/07/09
22.	YA35	18	The Registered Person must ensure that staff receive refresher training in food hygiene, fire awareness, manual handling, epilepsy, infection control, protection of vulnerable adults, health and safety at work, cosHH, primary prevention and non violent crisis intervention. This will ensure that staff have the necessary knowledge and skills to meet people's needs.	10/09/09
23.	YA36	18	The Registered Person must ensure that staff receive supervision at least six times per year. This ensures that staff can support the people living in the home in a consistent way.	30/07/09
24.	YA42	23	The Registered Person must ensure that the fire evacuation	29/07/09

			plan and relocation plan are updated. This will ensure that accurate up to date information is available to staff and enables them to support the people living in the home effectively.	
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## RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	YA6	We strongly recommend that all out of date care plans are archived.



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