

Key inspection report

Care homes for adults (18-65 years)

Name:	Lawn House Care Home
Address:	4 Lawn Road Portswood Southampton Hampshire SO17 2EY

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

Lead inspector:	Date:								
Janet Ktomi	1	1	1	2	2	0	0	9	

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

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

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

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

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

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

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

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

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

Reader Information

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Information about the care home

Name of care home:	Lawn House Care Home
Address:	4 Lawn Road Portswood Southampton Hampshire SO17 2EY
Telephone number:	02380584911
Fax number:	
Email address:	lawn.house@craegmoor.co.uk
Provider web address:	Craegmore.co.uk

Name of registered provider(s):	Park Care Homes (No 2) Ltd
Type of registration:	care home
Number of places registered:	10

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	10	0
mental disorder, excluding learning disability or dementia	10	0
Additional conditions:		
The maximum number of service users to be accommodated is 10.		
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) Mental disorder, excluding learning disability or dementia (MD).		

Date of last inspection									
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Brief description of the care home
Lawn House is a large detached home which provides long term residential care for up to 10 adults who have a learning disability. The home is close to local shops and amenities, there is also good public transport links to Southampton city centre.
The accommodation is organised over two floors with a third floor that is not used for service user access. There are 10 single bedrooms all with en-suite WC, shower or bath. Three bedrooms are on the ground floor and seven on the first floor.

Brief description of the care home

On the ground floor there is an entrance lobby and hall leading to the kitchen and dining room, which leads to the lounge area where there are French windows onto the garden. To the rear of the lounge is a small activities area.

There are four shared toilets for service users, one bathroom and one wheelchair accessible shower on the ground floor. The home has stairs and a shaft lift (not in use) to the upper areas of the accommodation. There are also two small mezzanine areas.

Staffing is provided 24 hours a day.

The actual fee charged depends on the assessed needs of individual service users and levels of support required.

Service users pay extra for their personal items and any outside entertainment they wish to attend.

Lawn House is run and owned by Park Care Homes (No2) Ltd of Craegmoor Healthcare who provides services to vulnerable children and adults across England and Wales. At the time of this key inspection the home did not have a registered manager.

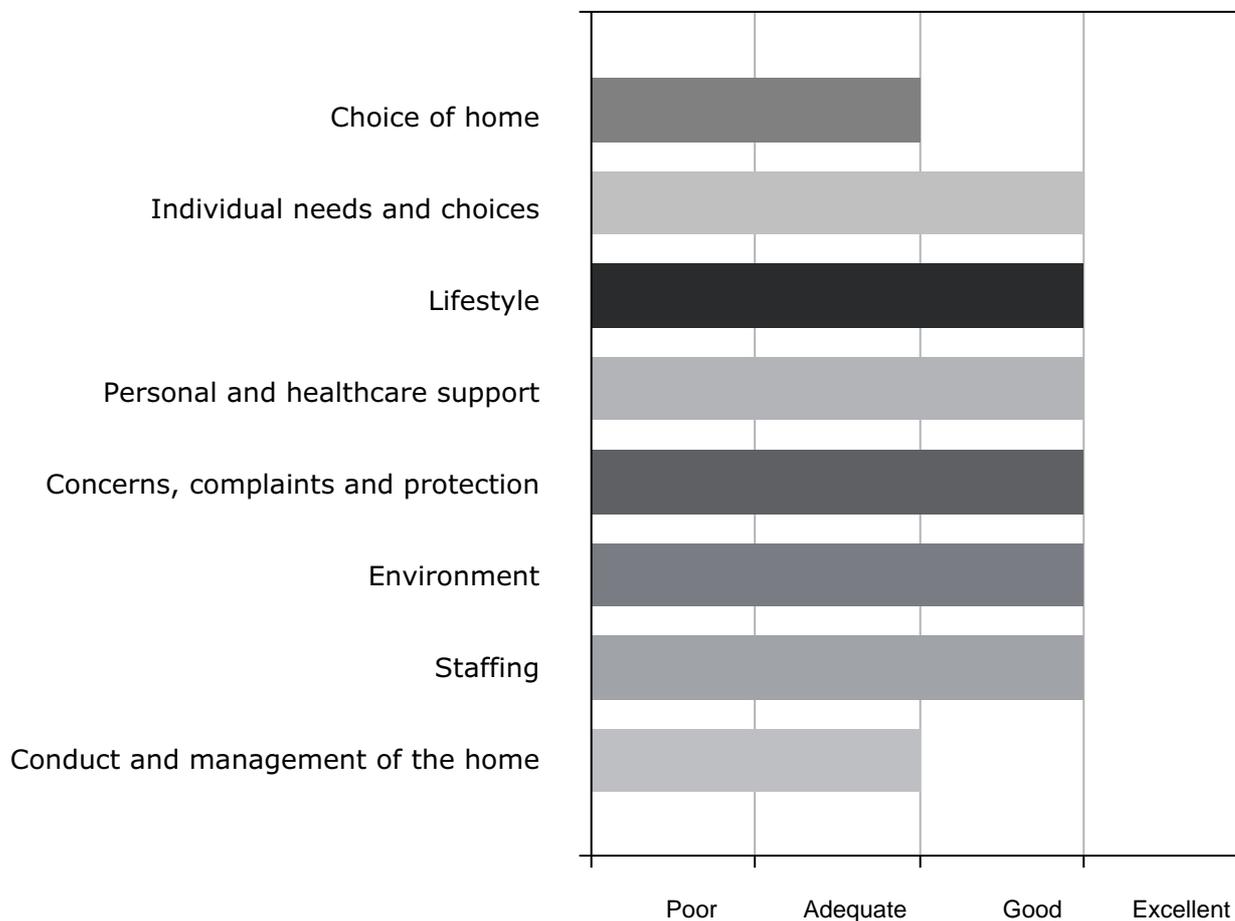
Summary

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

The quality rating for this care home is:

one star adequate service

Our judgement for each outcome:



How we did our inspection:

This report contains information gained prior to and during a visit to the home undertaken on the 11th December 2009. All core standards and some additional standards were assessed. The home was previously inspected on the 12th March 2008 and had an annual service review in January 2009.

Prior to the inspection surveys were sent to the home for staff, people who live at the home and for external health and social care professionals. Eight completed surveys were received from service users and a further eight from staff who work at the home.

The manager assisted by a senior member of staff completed the homes AQAA in November 2009 and reference to this and other information such as notifications received is also included in this report.

The visit to the home was undertaken by one inspector and lasted approximately eight

hours commencing at 11 am and was completed at 7 pm.

During the visit to the home the inspector was able to meet service users and staff on duty.

What the care home does well:

Interactions between the people who live at the home and the care team and the new manager were warm and positive.

The home provides a range of in house and community activities. These provide leisure and social opportunities that people enjoy. People are provided with choice about their lives.

Additional comments made in surveys by people who live at the home included 'the house is always clean, I get provided with nice food, we get choices and we help put the menu together, I love the activities here'. Another person stating 'its a nice place, staff are nice, the boss is nice, nice people here, its a nice place'. And another 'my house is always clean, we do great activities, we have lovely food and I can choose what I want to eat'.

What has improved since the last inspection?

There were no requirements or recommendations made following the previous inspection in March 2008.

Some bedrooms and communal areas have been redecorated with people who live at the home helping to choose colour schemes.

What they could do better:

Three requirements are made following this inspection. Additional areas that the home could improve are included in the evidence sections of the report.

The responsible person must ensure that the home has adequate staff to meet people's needs at all times. This is required to ensure that sufficient staff are available especially at weekends when all service users are at home to enable people to do what they want when they want to do it. The home must also ensure that it has sufficient staff so that staff do not feel that they have to work excessive hours to cover the duty rotas.

The home has been without a registered manager for in excess of two years and has been managed by a succession of managers who have not remained at the home long enough to effect any change or ensure that the home is being run in the best interests of the people who live there. The responsible individual must ensure that the home has a consistent registered manager to run the home in the best interests of the people who live there.

During the inspection visit several concerns about health and safety were identified. The responsible person must ensure that unnecessary risks to the health and safety of service users are identified and so far as possible eliminated.

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

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

Details of our findings

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Choice of home

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

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

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

This is what people staying in this care home experience:

Judgement:

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

The homes admission procedures should ensure that only people whose needs could be met at the home would be met however the admission form viewed could contain more detail and information. The service users guide is in the process of being updated.

Evidence:

Discussions with the manager, information in the AQAA, pre-admission assessment viewed and discussions with staff and service users are considered.

The AQAA detailed the procedure that would be undertaken prior to a new person moving into the home. This stated that a full assessment would be undertaken by the manager and deputy and information completed on a 'personal assessment form' which 'provides comprehensive information tailored to enable the management to make an informed decision as to whether the home can meet the prospective service users needs'.

Since the previous inspection in March 2009 the home has admitted one new person.

Evidence:

The pre admission assessment for this person was viewed. Whilst the assessment form covered all the necessary areas that would be expected this was predominately yes or no answers and did not contain the level of detail that would be required to enable a decision to be made as to whether the person's needs could be met and if staff would require any additional training to meet these needs. This was discussed with the person now managing the home and they agreed that they felt that more information should have been available. The admission occurred approximately eighteen months prior to this inspection when the home did not have a manager. The home has one vacancy and the new manager stated that were they in the position of admitting a new person more details would be obtained to ensure that only people whose needs could be met would be admitted to the home.

The manager stated that people would be invited to visit the home to help them decide if they wanted to move into the home. In the case of the person admitted since the previous inspection their relatives had visited the home but it had been felt inappropriate by people involved in their care for the person to visit prior to moving in.

Because the person now managing the home has not admitted any new people it is not possible to fully assess how the home would manage admissions or if sufficient information would be obtained to fully determine if people's needs on admission would be obtained.

People the inspector spoke with stated that they were happy living at the home and information viewed would indicate that their needs are being met. Most people have lived at the home for many years and discussions with the manager indicated that she was aware of how people's needs were changing due to increasing age of some people.

The AQAA identified that the home has improved the information that would be available to service users which is now available in easy to read and pictorial formats. Service user meeting minutes contained references to the new service users guides and that these would be provided to all people living at the home as soon as they were available.

Individual needs and choices

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

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

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

This is what people staying in this care home experience:

Judgement:

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

People living at the home are at the centre of the home's care planning system and are actively involved in their development however some care plans contained inconsistent information and staff were not aware of some information in care plans. Staff are committed to supporting people to lead purposeful and fulfilling lives as independently as possible. People who live at the home make their own informed decisions and have the right to take risks in their daily lives.

Evidence:

Three care plans were viewed. Risk assessments and the ways in which risks should be managed were seen in care plans. The inspector spoke with the manager, staff and the people who live at the home about care plans. The inspector also discussed how decisions are made and observed how people who live at the home are encouraged and supported to be active and independent.

The care plans viewed were person centred and followed a person centred format providing individual information as to how health, personal care and social needs

Evidence:

should be met. People living at the home were aware of their care plans and informed the inspector who their key workers were. People living at the home confirmed that they are involved in their care plans and monthly reviews, one person found the review forms for the inspector and showed where they had signed them in their care plan.

The care plans had been transferred into new files by key workers with older records remaining in the old files for archiving. A senior staff member was checking through the new files to ensure that they contained only information that was relevant and current. The inspector noted that one file stated that a person was allergic to fish and should not eat this as it would cause loose bowels and vomiting. Later when discussing meals, staff stated that nobody was on a special diet or had to avoid any foods. Staff were unaware that the care plan stated allergic to fish. This was discussed with the manager and another senior staff member who reported that the person had been ill after eating fish but had been unaware of the information in their care plan.

It was also noted that care plans stated that people should be weighed monthly however this was not recorded as having happened monthly for the people whose care plans were viewed. Also seen in the care plans was guidance from the provider stating that people do not need to be weighed monthly however a decision would need to be made on an individual basis as to how often people need to be weighed which should be recorded in care plans and complied with.

Therefore although care plans are present, are individualized and appear to reflect people's needs, the information in them may not be known by staff and people may have been placed at risk and made ill as a result. The manager stated that the issue re the person's food allergy would be investigated.

Care plans also contained a range of risk assessments which appeared relevant to the individual people living at the home. Risk assessments had been reviewed and appeared to identify relevant risks and ensure management plans without overly restricting people's ability to enjoy life and be as independent as possible.

Observations during the inspection visit and discussions with people living at the home confirmed that they are able to make decisions and that these are respected and acted upon by the home. Throughout the inspection visit people were observed making suggestions and their views being sought by the manager and staff. People confirmed they are involved in decisions about meals. Resident meetings are held and the inspector saw minutes of these. Records of what people had spent their money on confirmed that people are supported to make choices about their lives and what they

Evidence:

do.

Care plans contained individualized information about the support people require with their personal finances. People are able to choose what they spend their personal money on and bedrooms seen had been personalized reflecting the occupants interests. On the day of the inspection visit people had been out doing personal shopping with staff and showed the inspector what they had purchased. The procedures in place to support people with their personal finances are robust and records well maintained. People's personal finances are audited by the provider on a regular basis. A service user was observed sitting with a staff member whilst sorting out receipts and change and completing the records. Service users showed the inspector the safe where money is stored securely.

Lifestyle

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

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

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

This is what people staying in this care home experience:

Judgement:

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

People are supported to live the lifestyle they choose although this can be restricted by staff availability especially at weekends.

Evidence:

Information in the homes AQAA, records in care plans of activities undertaken and discussions with staff and people who live at the home about how they spent their time is considered. Information from comment cards is also included.

Care plans viewed contained weekly plans showing routine activities that people undertake. These were all different and included a range of day services, college and voluntary work. Discussions with people confirmed that they had been involved in the formation of their individual plans and that they were happy with their weekly routine activities.

Evidence:

Discussions with staff indicated that during the week when some people are out at day services, college or work they are able to provide individual activities for those who are having a home day or who do not have organized external activities. People confirmed to the inspector what they had done on the day of the inspection and this included the organized weekly activities and for others shopping and community participation. Staff did identify that at weekends it was harder to organize external activities as there were nine people living at the home and only three staff therefore people could not always do what they wanted when they wanted to do something. The inspection was completed at about 7pm and the inspector noted that when saying goodbye to people living at the home at least three were in their nightclothes. It was not clear if this was their choice however it would indicate that people do not regularly go out in the evening.

The inspector was informed that one person plays football weekly with people and staff from a nearby home owned by the same provider and that others are supported to attend a weekly evening wheelchair dancing group. One person had been shopping for a football top from the local football team and several people informed the inspector that they were season ticket holders and going to a match the day following the inspection.

Eight people who live at the home completed a questionnaire. Five stated always, one usually and two sometimes that they are able to make decisions about what they do each day. All eight stated that they could do what they wanted to do in the day, evening and at weekends.

People added additional comments about the things they did at the home stating 'I get provided with nice food, we get choices and we helped to put the menus together, I love the activities here. I like music, singing, playing bingo and I like the prizes'. Another person added 'we have lovely food and I can choose what I want to eat'.

Bedrooms viewed contained a range of home entertainment systems and people stated they could spend time where they wanted in the home either their bedrooms or the communal rooms. At one end of the lounge there is an activities area which was seen to contain a range of craft and games equipment.

Service users did not have a holiday this year. The inspector was informed that this was because the home did not have sufficient staff. The inspector was informed that some special days out had been organised as an alternative.

People are encouraged to participate in the general running of the home with some

Evidence:

people seen helping with preparation of the evening meal and others putting their laundry away.

The home has a house car which is paid for by the provider. The home is located within a reasonable walking distance of local shops, amenities and public transport. People showed the inspector their bus passes.

The home has a good sized garden however this is mainly laid to lawn and not accessible to people with mobility needs. There is a small patio area outside the lounge however this would be too small for all service users and staff on duty to access at one time. People who smoke explained to the inspector that they must do so outside and that they do so on the patio area outside the lounge. People who live in the home are not involved in the homes garden which is maintained via the providers maintenance team. The new manager stated that next year they would hope that the patio could be extended to increase space available for people with a physical disability and that people could be encouraged to undertake some gardening.

People are encouraged to continue contact with family members with some explaining to the inspector their plans for visiting family over the Christmas holidays. Information about families and friends was seen in care plans.

Care staff undertake the cooking of the main meal which is eaten in the evening. The home has a large separate dining room. Everyone spoken with said the food in the home was good and that they always have sufficient amounts. People stated that alternatives are available if they don't want what is on the menu although as identified staff were unaware of information in a care plan that a person should not have fish as this may make them ill. Staff stated that they have organized various cultural evenings with meals from around the world.

The home is undertaking some work with service users to identify their goals and aspirations in life with posters seen produced by service users to reflect their social networks and things that are important to them. This work is just starting and it was explained to the inspector that once people have identified what they want from life then key workers will be helping them identify how goals can be achieved.

Personal and healthcare support

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

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

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

This is what people staying in this care home experience:

Judgement:

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

People receive personal care and support in the way they prefer and their health needs are generally met. Medication is appropriately managed in the home although the home should record the exact time that as required medication is administered.

Evidence:

Information about personal and health care needs and that provided was viewed in care plans. Surveys and discussions with the people who live at the home and staff is also considered. The arrangements for the storage and administration of medication were viewed with related records.

The home operates a key worker system and people told the inspector who their key worker is. The home has predominately female staff however the manager stated that the home was in the process of recruiting new staff and it was hoped that more male staff would be appointed. This would provide choice for service users who require support with personal care. Information was seen in care plans providing detailed individual guidance as to how people's personal support and care should be provided. Care plans contained information about people's health needs and related activities such as dentists, opticians and chiropodists. People stated that if they were ill the staff

Evidence:

would take them to the doctors surgery.

The home provides a service for some people with potentially complex behaviour needs. Information supplied by the manager and discussions with the staff confirmed that they have undertaken training to meet people's needs and support them and other people living at the home should incidents occur. The manager stated that if new health needs were identified then training to meet people's needs, especially as people age, would be organised.

Some people living at the home also have mobility needs. The home has the necessary equipment to meet their needs however the assisted shower room is not pleasant and would appear to have a damp problem placing people at risk from mould spores.

At the time of the unannounced inspection all medication was found to be stored correctly. The medication administration records were viewed and had been fully completed. Medication coming into the home and that returned unused had also been recorded. None of the people living in the home self medicates, therefore all medication is administered by care staff who have received training and been deemed competent.

The home uses blister packs dispensed by a local pharmacist for most medications. Some medication is prescribed for use on an 'only when required' basis. Guidelines and information about when this should be given was seen. The home records when as required medication such as pain relief are administered however they are not recording the exact time that the person has received it. This could result in people receiving another dose before a sufficient interval has elapsed placing them at risk. This was discussed with the manager who stated that staff would be instructed to record the exact time of 'as required' medication administration.

Medication was stored securely however the keys to the medication cupboards are held on a key board in the cupboard where medication is stored. During the inspection the inspector observed that the cupboard was not secure and that a service user got the key to take out the rubbish bags from the key board without staff support. Potentially they could have taken the medication keys and accessed the medication storage. The home does not have any controlled medications however the storage cupboard shown to the inspector for controlled medications will need to be replaced should the home ever be in the position of having controlled medications as it does not meet the safe storage of medications regulations as it is made of wood.

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.

People living at the home are able to complain and should be protected from abuse.

Evidence:

The home has a policy and procedure in place for complaints and would record any received. The manager stated in the AQAA and to the inspector that there had been three complaints in the past twelve months. The records in relation to these were viewed with the manager during the inspection visit. These showed that the complaints had been recorded and action taken by the manager and area manager to investigate and resolve the complaints.

People who live at the home confirmed to the inspector that if they had any concerns they would say to the staff or the manager. Interactions between people living at the home and care staff and manager were warm and friendly and people seemed able to say what they thought. Comment cards from people who live at the home and from staff confirmed they knew how to complain and what to do if someone raised any concerns. Staff stated they would try to sort out any issues and if they were not able to do so would report these to the manager. A representative of the manager visits the home monthly and people present during these visits would also be able to raise issues to the area manager. People who live at the home have a monthly meeting with their key worker and records are kept of these providing further opportunities to raise issues.

Evidence:

Training records evidenced that staff have undertaken safeguarding training. The home has notified the commission about some incidents in the home when service users were placed at risk by other people living at the home. The manager has since arranged additional training for staff to manage challenging behaviour and explained to the inspector other steps involving external professionals that have been taken to prevent recurrences. The information viewed during the inspection would indicate that the manager has taken appropriate action to ensure the safety of people who live at the home.

The inspector spoke with staff who confirmed training in safeguarding and supporting people who may present behaviors that place themselves and others at risk. During discussions with staff it was evident that they would not tolerate abuse and were clear about the providers whistle blowing procedures however they did not say that they would report possible abuse to the local safeguarding team without prompting from the inspector. This was discussed with the manager who stated that they would raise this at the next staff meeting to ensure that all staff were aware of local reporting procedures.

The concern that a service user has been placed at risk by staff not being aware of their allergy to fish has been identified in a previous section of this report.

The homes procedures in respect of people's personal finances and recruitment are robust and appropriate to protect people.

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.

People live in a comfortable, homely house which overall meets their individual and collective needs.

Evidence:

The home is located in the residential area of Portswood a short walk from local shops and amenities with public transport (bus) available close by with frequent buses to the town centre of Southampton. The home is an extended older detached house offering ten single bedrooms (three on the ground floor and the remaining seven on the first floor) all with en suite facilities. The home has a communal dining room, lounge and activities area. Appropriate kitchen, laundry and bathroom facilities are also provided.

The manager showed the inspector round the communal and bath rooms and some people who live at the home showed the inspector their bedrooms. The home does not employ cleaners and care staff support by service users undertake cleaning tasks. The home was generally clean and free from offensive odours however it was noted that greater attention to cleaning in bathrooms is required as there was dust around the edges of one bathroom. The ground floor shower room also requires attention as this smelt quite damp and there is a need to address signs of damp in the room. The room although functional was not homely or comfortable. All service users stated in comment cards that the home was clean and some added additional comments

Evidence:

expressing their view that the home was clean.

The home is generally well maintained and there is a program of redecoration. It was however noted that the furniture in the lounge is looking old and worn and does not present as inviting or pleasant. This was also noted in several staff comment cards. This was discussed with the manager who stated that service users had also expressed a wish to have new lounge furniture approximately two years prior to the inspection and this had been passed onto the provider however she was unsure when this would be provided.

Several service users have bedrooms on the ground floor and have mobility needs. One room was noted to have an automatic door closure however other rooms did not. One person would have difficulty accessing or exiting their room and it was reported that the person likes to have their bedroom door open and will often wedge this open with various items. This presents a safety risk and the provider should ensure that an automatic door closure is fitted to this person's room and any others where there is a need from either a mobility need or preference to have the door open. Bedroom doors are fitted with locks and people confirmed that they could have a key to their bedroom however most seem to have chosen not to do so.

Some people showed the inspector their bedrooms and these were seen to be individualized and contained many personal items. Bedrooms had been decorated to reflect the wishes of the service user and one person had chosen the colour for the bathroom located close to their bedroom. All bedrooms have en suite facilities.

The home has reasonable sized gardens however these are mainly laid to lawn and therefore not fully accessible to people with mobility needs. There is a small patio area however this would be inadequate should all people who live at the home wish to sit on the patio at the same time. The patio area is located outside the home's lounge and kitchen and is also the area that people who smoke may do so. The home should consider how it will ensure that all people may safely access outside areas including the garden.

Certificates were seen to confirm that the home undertakes all the necessary checks on services such as water, gas and electricity. The AQAA stated that the home was rewired in July 2009. The records of the routine checks on the home's fire detection equipment were viewed and confirmed that they are undertaken weekly.

Staffing

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

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

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

This is what people staying in this care home experience:

Judgement:

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

People are supported by a consistent staff team with the necessary skills to meet their individual and collective needs. The responsible person must ensure that the home has adequate staff to meet people's needs at all times.

Evidence:

Information in service user and staff surveys, observations and discussions during the inspection visit and records viewed during the inspection visit are considered.

Interactions observed during the visit indicated that people and staff have a warm friendly relationship with people feeling able to express themselves in all respects. Surveys received from the people who live at the home stated that staff treat them well and act on what they say. One added an additional comment stating 'staff are nice'. This was also the opinion expressed to the inspector during the inspection visit to the home.

Staff on duty at the time of the inspection visit were all friendly and stated they get on well with each other. Additional comments in staff comment cards included that 'staff work well as a team' and 'for the period of time I have worked at lawn house I find it nice to work - staff are friendly and supportive'.

Evidence:

Duty rotas were viewed and these confirmed the manager's statements that three staff are on duty throughout the day and two sleep in at night. The manager is not generally included in staffing numbers. Care staff also undertake all cleaning, shopping, laundry and food preparation involving where possible service users.

Care staff included some additional comments on comment cards in relation to staffing levels stating 'need more staff to cover shifts and that if more staff then service users would have more opportunities to do what they want when they want'. During discussions with care staff it was evident that three staff are sufficient during weekdays as some people are not at home but attending external activities such as college or day services leaving fewer people at home and enabling staff to provide activities and outings for people. However at weekends, when all people are at home, three staff is insufficient to enable people to do what they want when they want to do it. With nine people living at the home, some with mobility needs and some with complex behaviour needs three staff at the weekends would be insufficient to enable all people to do what they want when they want.

It was also identified that in the months prior to the inspection there had been some occasions when fewer staff had been on shift due to pressures of training at short notice leaving only two staff and reportedly only one staff member in the home.

There was also a discussion as to how people are supported to go out in the evenings, staff stated that they do take people out in the evenings however they return home early to enable staff to go off duty. Discussions with the manager showed that staff would be able to work later if there was a specific event such as a party. As the inspector was leaving the home at 7pm at least three of the people who live at the home were seen in their night clothes indicating that they did not expect to go out in the evenings.

The home has nine care staff not all working full time. This is insufficient to ensure that adequate staffing levels are maintained. Duty rotas and discussions with staff showed that care staff are doing extra hours to cover the rotas and that agency staff are also being used. The manager stated that where possible consistent agency staff are provided who have previously worked at the home and know the service users. The manager confirmed that the home is in the process of recruiting two new full time and one part time staff members and that they are waiting for the pre-employment checks to be returned on staff before they can commence working in the home. The paperwork concerning the new staff was seen and confirmed this.

The manager explained the home's recruitment process. The process described and

Evidence:

recruitment file for a new staff member seen confirmed that all the necessary pre employment procedures are undertaken. There was no information in the AQAA as to how service users are involved in the recruitment of new staff. Discussions during the inspection indicated that service users informally meet potential new staff if they are at home when staff come for interview however it was not clear that their opinions are sought in a formal way as part of the decision making process as to whether people are offered a job as their carers. Once employed the manager stated that new staff will work shadow shifts whilst getting to know service users and the home until they are competent to be included in the rota numbers. The manager also stated that new staff completed a structured induction covering all mandatory training.

The manager showed the inspector the homes training matrix which evidenced that all staff (except the manager) had completed all mandatory training. Other training relevant to the needs of the people who live at the home had been organised with all staff undertaking challenging behaviour training and some autism and epilepsy awareness. All staff stated in comment cards that they receive training.

The manager stated that of the nine staff employed at the home eight have an NVQ level 3 in care. Some staff files were viewed and certificates confirmed the information in the homes training matrix and that staff had NVQ level 3. All staff on duty confirmed to the inspector that they had an NVQ level 3.

Eight staff completed surveys. All stated that they have lots of training and those on duty at the time of the inspection visit confirmed this opinion. Most stated on comment cards that they felt they had enough support, experience and knowledge to meet the different needs of the people who live at the home.

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

The responsible individual has failed to ensure that the home has a registered manager and succession of unregistered managers has resulted in the home not being consistently managed for the benefit of the people who live there.

Evidence:

The previous report, information held by the commission about the home, the AQAA, surveys completed, discussions during the inspection and records viewed are considered.

The previous inspection was undertaken in March 2008. This identified that the home did not have a registered manager and that the home had been without a registered manager for a number of months prior to that. Since the previous inspection the home has had a number of people appointed to manage the service, some have commenced the process of registering with the commission however none completed the process and therefore the home has been without a registered manager for in excess of two years.

Evidence:

The person currently managing the home has been doing so for two months at the time of the inspection. The person stated that they have completed all the registration paperwork and this is now with the provider and once the CRB with the commission has been returned this will be forwarded and an application to register will be made with the commission.

The person managing the home stated that they have an NVQ level 4 in care and the registered managers award. The person previously managed a home for older people and stated that they intended to undertake a course to provide them with the skills and knowledge in respect of working with people with a learning disability.

Staff made positive comments about the new manager in comment cards stating the 'new manager is a delight after the previous ones that were awful', and another stating 'up until recently we have had a succession of managers that have left rather quickly, we have recently had a new manager instated and she appears to be supporting the staff team and leading us forward, staff moral has started to improve'.

The provider undertakes a range of quality assurance audits and records of these were viewed. The area manager undertakes a monthly visit to the home and produces a report as required under regulation 26. Reports were seen for 2/10/09 and 20/10/09 however the manager could not find a report for a visit in November although she stated that one had occurred. The purpose of the report is to ensure that managers are aware of issues that may be identified in the monthly visit and if managers are not provided with reports then they are unable to action issues raised and improve the service or ensure the safety of service users. Where services do not have a registered manager the responsibility for the service rests with the responsible individual therefore the need to complete Regulation 26 visits and reports to monitor the quality of the service is even more important.

The home has service user meetings with minutes seen for meetings held in July and November 2009. A representative of the service users also attends 'your voice' meetings with people from other homes owned by the provider. These should provide an opportunity for the views of people who live in the home to raise issues and influence the way the home is run. It was noted that service users have raised issues such as the lounge furniture and patio areas however nothing has been done to provide new lounge furniture to improve the homes environment. This was discussed with the manager who stated that she was aware that the issue of furniture had been raised as much as two years previously but was unsure what action was being taken in respect of this. The manager stated that issues are raised to the head office such as the need for furniture, new freezer and patio however nothing seemed to be done in

Evidence:

respect of these.

Had the home more consistent management over the preceding two years it is likely that these issues would have been followed up.

The AQAA was completed to a good standard by the new manager and another senior staff member. AQAA's should be completed by a registered person and in the absence of a registered manager this should be completed by the responsible individual.

The inspector viewed a number of records throughout the inspection visit and these were generally well maintained and stored appropriately with access only to those who should have access.

Some concerns in respect of health and safety were noted during the inspection visit. During the inspection the inspector noted that the lockable drawer in the kitchen that contained sharp kitchen knives had not been locked. On pointing this out to staff they immediately locked it however people may have been placed at risk. It was also noted that the room housing the medication storage cupboards and keys for the cupboards was not secure during the inspection visit. The manager stated that this was because the radiator repair men required access however in this situation the keys to medication should have been removed. Staff were aware that one service user wedges open their bedroom door and a suitable automatic door closure device had not been provided to ensure their safety in the event of a fire. A care plan stated that a person was allergic to fish but staff were not aware of this and the person had eaten fish and become ill.

The lack of a consistent and registered manager has placed people at risk and resulted in the home not being run in the best interests of the people who live there.

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	33	18	The responsible person must ensure that the home has adequate staff to meet people's needs at all times. So that people are safe and their needs are met.	01/02/2010
2	37	8	The responsible individual must ensure that the home has a consistent registered manager to run the home in the best interests of the people who live there. So that people are safe and they receive the best possible service.	01/03/2010
3	42	13	The responsible person must ensure that unnecessary risks to the health and safety of service users are identified and so far as possible eliminated. So that people are safe and not placed at risk.	01/02/2010

Recommendations

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

No	Refer to Standard	Good Practice Recommendations

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