

Key inspection report

CARE HOMES FOR OLDER PEOPLE

Laurel Court Nursing Home

**1a Candleford Road Off Palatine Road
Didsbury
Manchester
M20 3JH**

Lead Inspector
Helen Dempster

Unannounced Inspection
27th October & 3rd November 2009 09:00

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 homes for older people 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.

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.

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SERVICE INFORMATION

Name of service	Laurel Court Nursing Home
Address	1a Candleford Road Off Palatine Road Didsbury Manchester M20 3JH
Telephone number	0161 446 2844
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Email address	laurelcourt@SouthernCrossHealthcare.co.uk
Provider Web address	
Name of registered provider(s)/company (if applicable)	Ashbourne Homes Ltd
Name of registered manager (if applicable)	Ms Lindsey Clarke
Type of registration	Care Home
No. of places registered (if applicable)	86
Category(ies) of registration, with number of places	Old age, not falling within any other category (75), Physical disability (11)

SERVICE INFORMATION

Conditions of registration:

1. The maximum number of service users requiring nursing care shall be 61.
2. The service users requiring nursing care by reason of physical disability shall be accommodated on the lower ground floor. The service users requiring nursing care by reason of old age shall be accommodated on the second and third floors.
3. The maximum number of service users requiring personal care only shall be 25, accommodated on the first floor.
4. Registration is subject to compliance with the minimum nursing staffing levels indicated in the Notice of Variation of Conditions of Registration dated 8th March 2005.
5. Personal care staffing levels will remain in line with those currently in place.
6. One named service user requiring personal care is accommodated within a nursing unit. This place will revert to nursing care once this service user no longer requires this accommodation.

Date of last inspection 17th October 2008

Brief Description of the Service:

Laurel Court is a care home providing nursing care, personal care and accommodation for 75 older people and nursing care for 11 adults who require care by reason of physical disability.

The registered provider is Ashbourne Homes Limited, which is owned by Southern Cross.

The home is located in a residential area of Withington, South Manchester. Local amenities are available in Withington village and the area is served by an excellent bus network into the city centre.

The home is purpose built, consisting of accommodation on four floors. Each floor is served by two passenger lifts. The ground floor has been adapted for people requiring care by reason of physical disability. The home has extensive gardens that were well maintained and were readily accessible for residents. Ample car parking is available at the side and rear of the home.

Fees are set in accordance to the assessed needs of individual residents and

the service being referred to.

Information about the service can be obtained from the manager, either in person or by telephone.

SUMMARY

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

The quality rating for this service is 1 star. This means that people who use the service experience adequate outcomes.

This key unannounced inspection included a site visit, which took place on 27th October 2009. The manager and staff at the home did not know that this visit was going to take place. A second visit was arranged to complete the gathering of information and this took place on 3rd November 2009.

Prior to this inspection, the manager of the service completed an annual quality assurance assessment (AQAA). This form gave the manager the opportunity to tell us what they felt they did well, what they needed to do better and what had changed since the last key inspection. This helped us to determine if the management of the service saw the service they provided in the same way that we saw it. The form was well completed and the manager was able to tell us what plans there were to develop the service. We have quoted some key information from the AQAA in this report.

Prior to the inspection we also sent surveys out to people who use the service and staff so they could tell us what they thought about the service. We received completed surveys from seven members of staff, but we did not receive any completed surveys from people who use the service. We have included some information from the staff surveys in this report.

All of the key inspection standards were assessed at the site visit and information was taken from various sources. This included observing care practices, talking with people who use the service, their relatives, the manager and management team, a senior manager and members of the staff team. Four people were looked at in detail to learn about their experience of the service from when they first used it to the present-day. A selection of records were looked at, including medication records, training records and care records.

Throughout this report we use the terms, "us", and, "we", and "our", when we are talking about the Care Quality Commission.

What the service does well:

People's needs were assessed before they moved in. This meant that they knew that their needs could be met.

People looked neat, well dressed and well cared for.

People's health care needs were met by a range of healthcare professionals.

Visitors were made welcome at the home, which is good as it enables people to maintain relationships with their family and friends.

People were pleased with the food at the home and were offered choices.

People's complaints were taken seriously and investigated.

Fire safety arrangements at the home were good.

What has improved since the last inspection?

The information people received before an admission, and at the point of admission, had improved so that people could make choices.

The assessment process had improved so that people knew that their needs could be met at the home.

Care plans and the way that people were supported to take their medication had improved. Care plans demonstrated that people's choices had been taken into account.

Activities had improved through the recruitment of an activities organiser. All the people we spoke to were very positive about the activities organiser, who was described by one person as, "lovely".

The manager had improved the premises by arranging some refurbishment and better maintenance arrangements, creating garden areas on verandas and creating a bar and social area in one unit of the home.

A more stable staff team was beginning to be established following a period of high staff turnover and people using the service had noticed this.

The manager had worked hard to improve the service and had been well supported by the organisation. People were positive about the manager including one health care professional who said that the manager was a, "good communicator", "very caring", "motivates the staff", "is working very hard", is "very cooperative" and, "is working closely in partnership with health and social services". This nurse concluded that the manager had, "worked hard to turn the home around". The manager was very honest with us and said that there were, "lots of things to improve", and that there was, "no quick fix". The manager concluded, "we had to prioritise the most important thing which was to make sure that residents were getting the care they needed, to keep them safe and well".

What they could do better:

Although we saw that improvements had been made since the last inspection, we felt that we needed to see more sustained improvement as the service began to take admissions again, after a period in which they were closed to admissions.

The reviews of people's care needs should include the date the review took place and who was involved in the review.

Staff needed further guidance in monitoring and meeting the nutritional needs of people.

Alternative methods of monitoring a vulnerable person's body mass index needed to be sought when people refused to be weighed. Their food and fluid intake needed to be consistently monitored and recorded.

Staff, including senior staff, would benefit from further training/guidance in the practical steps they would need to take in the event of an allegation of abuse being made to them personally.

As many staff as possible should train towards the National Vocational Qualification (NVQ) and staff should have further guidance in meeting the needs of people with dementia.

Aspects of the recruitment procedure needed to improve to better protect people.

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 INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

- 1.** Prospective service users have the information they need to make an informed choice about where to live.
- 2.** Each service user has a written contract/ statement of terms and conditions with the home.
- 3.** No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
- 4.** Service users and their representatives know that the home they enter will meet their needs.
- 5.** Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
- 6.** Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 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):

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 had access to an improved range of information to enable them to make a choice and their needs were assessed before using the service. This meant that they knew that their needs could be met.

EVIDENCE:

In the AQAA the manager stated, "we encourage people to visit the home at any time and ensure that they receive an informative and comprehensive visit". The manager added that, "all service users have a pre admission assessment conducted by the manager, and where possible, a unit manager, which ensures that care needs are identified and can be met". To find out whether this was the case, we looked at a range of documents and we looked

carefully at the care provided to four people from the point of their admission to the present time. We also talked to people using the service and staff.

People obtain information about the service from the service user guide. This is a booklet which contains all the information a person would need about what the service could offer to them. The manager had updated this booklet since the last inspection in response to a recommendation we made at that time. We saw that copies were available in the reception area.

The manager told us that when they receive an enquiry about the service, they complete an enquiry form with basic information about the person's needs, obtain as much information as possible from social workers and health care professionals and then visit the person at home, or in hospital, to complete a pre-assessment. We saw evidence on the files of the four people we looked at closely to demonstrate that this was the case. We also saw examples of the, " pre-admission draft care plan", completed by the manager or a nurse, which provided staff with information about an individual's specific needs before the admission of the person took place. The pre admission assessments we saw were helpful and detailed and identified key areas of risk and issues that needed to be included in the care plan.

At the last inspection, we recommended that unit managers from the units where people were about to be admitted were involved in the assessment process. We saw that the manager had improved the admission procedure since the previous inspection by ensuring that wherever possible, two managers completed the assessment. We also saw evidence to demonstrate that the manager endeavoured to be personally involved in the assessment process.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 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):

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 privacy, dignity and right to choice was respected and the way that individual's health and personal care needs were met and reviewed had improved. People would benefit from staff consistently following individual's care plans.

EVIDENCE:

In the AQAA the manager stated, "each service user has a comprehensive care plan drawn up using a range of needs and risk assessments, information is gathered from the service user, family, social worker, hospital staff and allied professionals". The Manager stated that improvements to the service since the previous inspection included the development of relationships with all visiting professionals, including healthcare professionals, and, "taking advantage of the

training provided by them and their experience to enhance staff skills and therefore improve the service". To find out whether this was the case, we looked at a range of documents and we looked carefully at the care provided to four people from the point of their admission to the present time. We also talked to people using the service, the manager and staff.

The assessments we saw were person centred, which means that they identified people's preferences, e.g. preferring to use a face flannel when washing their face and reminding staff to always explain what they were doing to support people with personal care.

We received seven completed surveys from staff. Six of the staff said that they were always given up-to-date information about the needs of people they supported and the remaining member of staff said that they usually were given this information. Six of the staff also said that the way in which information about the people supported was shared with other carers and the home manager always worked well and the remaining member of staff said that it sometimes did. When asked whether they have enough support, experience and knowledge to meet the different needs of people living at home, six staff said that they always did and one staff member said that they sometimes did.

We observed that many of the people using the service had high dependency levels. This was confirmed in the AQAA where the manager noted that of the 54 people accommodated, four were bed fast and all needed help with the activities of daily living, including washing and bathing. Almost half the people accommodated also had dementia or other mental health needs and approximately half of the people had a physical disability. This meant that almost half the people using the service normally needed two or more staff to help with their care needs with obvious implications for staffing levels. (See staffing for details).

The manager had improved the standard of care plans by meeting requirements made at the last inspection, including demonstrating that people's choices had been taken into account. The level of detail in the four care plans we looked at varied considerably. One care plan we saw was of a high standard and contained much more helpful and detailed information to support staff to meet the needs of this person in the way that they preferred than that of the others. We were told that the care plan had recently been re written by a unit manager who had recently been involved in a, "train the trainer", program. The person receiving the care confirmed that they had been fully involved and consulted when the care plan was written. It was strongly recommended that staff were provided with training in writing care plans of a similar standard which may usefully include using the skills of this individual to support other staff.

Overall, we saw that people's needs were regularly reviewed and updated, including the needs of some individuals whose dependency levels were high.

Some of the reviews we saw were not dated and people involved in the reviews were not always identified. It was recommended that this was addressed.

We observed that people using the service looked neat, well dressed and well cared for. Overall, interactions between staff and people using the service were seen to be positive. This included the observation of a member of staff talking to and reassuring a person about the use of a hoist for moving and handling. One interaction between a staff member and a person using the service that was less positive was a comment that, "it's up to you", when asking the person to go to the table for lunch. While this was accurate, we observed that it didn't demonstrate full understanding of this person's dementia. A recommendation was made about this.

We saw evidence which demonstrated that people's health care needs were met by a range of healthcare professionals. This included holding detailed records of the outcomes of assessments and visits from healthcare professionals including the tissue viability nurse and occupational therapists. The manager talked about having a good relationship with the, "Nursing Home Team", who are a team consisting of a consultant, GP, and a nurse specialist which is funded by the NHS to support people with their healthcare needs. and the manager explained that the nursing home team, "case manage", all the people on the nursing units from 9am to 4pm Monday to Friday. People living on the other units, and all people during the evenings and weekends, had their healthcare needs met by their own GP. We were told that the Nursing Care Team see their patients on a weekly basis. The manager said that this was a valuable resource. However, a senior manager stated that there was concern that the nurses employed at the home sometimes, "devolve their responsibility", to this team. While this was not good practice, it was clear to us that management had identified this problem and were endeavouring to address it.

We saw evidence in records to demonstrate that when people did have pressure sores, detailed records ensured that they were consistently monitored and treated and improvements and healing did occur.

Risk assessments were in place concerning a wide range of risks to individuals. These included risks relating to moving and handling, nutrition and other risks associated with daily living. In some of the records we saw, risk assessments were clear and detailed and provided staff with comprehensive information as to how they could reduce risk. However, one risk assessment we saw did not take into account the impact of a person's increased ageing and changing needs. We were told that this person refused food and we observed that this person seemed to have trouble chewing, yet they were offered roast pork with apple sauce and vegetables. We saw little evidence to demonstrate that this person was offered food that they liked or a softer diet. We also noted that when this person refused to be weighed, no other method was in place to

monitor the person's body mass index (BMI) and information in daily records about food taken and fluid intake were limited. This was discussed with the manager due to the concern that this could place this individual at risk. The manager said that food and fluid charts were in place and that efforts had been made to offer this person a varied, culturally appropriate, diet. It was recommended that staff receive further guidance in monitoring and meeting the nutritional needs of people who need support to maintain adequate nutrition.

We looked at the way that people were supported to take their medication. We saw that this had improved in response to requirement made at the previous inspection. In particular, medication administration records that we sampled were accurate and some staff had received medication training.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

- 12.** Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
- 13.** Service users maintain contact with family/ friends/ representatives and the local community as they wish.
- 14.** Service users are helped to exercise choice and control over their lives.
- 15.** Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above 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):

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 benefit from choices to enable them to exercise day to day control over their lives and enjoy good food.

EVIDENCE:

In the AQAA the manager stated, "the atmosphere in the home is warm, relaxed and friendly; service users are encouraged to live as they wish, making choices about how they spend their day, access to activities, events and visitors. A broad range of activities is available for either group or individual participation, which has been developed after consultation with residents". The manager added that improvements had been made since the previous inspection, which included the provision of a bar and social area in one unit, veranda gardens for people unable to access the garden outside and improved food. To find out whether this was the case, we talked to people, the manager and staff, saw meals being served and looked at the program of activities.

We saw that some details of people's interests and hobbies were recorded on their care plans. One example was recording one person's interest in their family, cricket and listening to the radio.

We saw evidence to demonstrate that a range of activities was provided and that these were advertised on notice boards. One improvement made since the previous inspection was the recruitment of a full-time activities organiser. People using the service and staff talked about how this had improved access to activities. All the people we spoke to were very positive about the activities organiser, who was described by one person as, "lovely".

People's comments about the level of activities offered varied. One person was very positive about activities and talked about being involved in "interesting" activities, including painting and poetry and having the opportunity to have an excursion to the shops. This person added that sometimes people did things they wouldn't have chosen, but that this was okay. Another person said that the level of activities tended to alter, as not all staff took responsibility for activities. This person explained that if the activities organiser was not on duty, then nothing happened, and that the activities organiser was employed to provide activities for the whole building. We observed that staff may not have enough time to supplement these activities due to meeting the personal care needs of people they supported.

We were told that visitors were always made welcome at the home. This is good for people using the service as it enables them to maintain relationships with their family and friends. One person talked about a local Anglican minister visiting monthly to provide Communion and a service and commented on volunteers coming to run the bingo at the home.

We saw evidence to demonstrate that people were offered alternative choices of food. We also observed a meal being served and saw that people's choices had been noted and their preferences met. The food smelled good and was served from heated trolleys to ensure that it remained hot. People expressed satisfaction with the food served at the home. One person said that this was one of the best things about the home.

Nutritional assessments were in place for the people whose care we looked at closely. Some of these were very detailed and one person talked about being provided with the culturally appropriate food of their choice, which they said was good. We talked to the Cook who said that they were trying to introduce more culturally appropriate food. We observed a meal being served to one individual and felt that there was not enough attention paid to what this person really wanted to eat. In particular, this person had a poor appetite and was struggling with certain foods. We discussed the need for consistency in meeting each person's individual needs concerning food. (See Health and Personal Care for details).

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

This is what people staying in this care home experience:

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

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.

Overall, people were confident that the manager and staff would listen to their concerns and there was commitment to safeguarding vulnerable adults. However, inconsistent staff understanding of the practical process of implementing the safeguarding vulnerable adults policy did not always ensure that people were fully protected.

EVIDENCE:

In the AQAA the manager stated, "the complaints procedure is displayed in reception and is contained within the service user guide. All complaints are dealt with swiftly and effectively". The manager added that, "the Company has a zero tolerance of any kind of abuse. This is in the staff handbook and all staff receive training in abuse awareness and whistle blowing". The manager also described the improvements made since the last inspection. In particular, she stated, "we are more proactive when dealing with issues and are anticipating potential issues and action planning to avoid escalation of situations. We have also provided improved training for all staff". To find out whether this was the

case, we looked at records of complaints and safeguarding referrals and we talked to people using the service, the manager and staff.

We saw that the complaints procedure was displayed. When asked in surveys whether staff knew what to do if someone had concerns about the home, six staff said that they did and one member of staff said that they didn't.

We saw that a detailed record of the investigation and outcome of complaints was held. We also saw some good practice which included recording and monitoring the outcome of less serious complaints including a complaint about the consistency of gravy and custard.

The views of people we spoke to concerning the management of complaints varied. One person said that if they had a complaint they would tell their relative and that the relative would speak to the nurse in charge. This person said that they knew the nurses and the manager and added that they had talked to the manager about having their tea too early sometimes. The relatives of another person using the service talked about making a number of complaints to the manager. We saw evidence on the complaints record that these complaints had been investigated and an outcome reached, but this person remained unhappy.

Access to the safeguarding adults from abuse policy had improved since the last inspection by the manager ensuring that a copy was held on every unit. We also saw evidence to demonstrate that many of the staff had received training in safeguarding adults from abuse. The manager had ensured that staff had signed to indicate that they had read the safeguarding adults guidance. Despite this, while the manager demonstrated a clear understanding of the policy and its implementation, a senior member of staff had not appropriately reported an allegation of abuse to Manchester City Council's safeguarding adults team. The manager had noted this and action had been taken to resolve this matter. However, we were concerned that signing to indicate that they had read the procedure did not always mean that staff, including senior staff, were confident in its implementation. It was strongly recommended that all staff receive further guidance in the practical application of the policy and that their understanding is assessed. This is necessary to ensure that in the absence of the manager, all staff are confident in what they need to do to safeguard people from abuse.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 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):

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 benefited from a warm, clean, safe, well equipped and well maintained environment.

EVIDENCE:

In the AQAA the manager stated, "Laurel Court Care Centre is a modern, purpose-built home, with wide corridors, attractive lounge space on each floor and well maintained gardens". She added that improvements made since the previous inspection included having an, "ongoing plan for redecoration of all areas" and ensuring that, "a robust cleaning programme has been put in place to ensure a high standard of cleanliness". To see if this was the case we looked

around the home, looked at records, including fire safety records, and we talked to people, the manager, and the staff.

The environment is designed to provide four separate group living units, each with its own lounge, dining room and kitchen area. Bedrooms have en suite facilities, and plenty of toilets and bathrooms were located close to bedrooms and communal areas.

One health care professional told us that there had been some problems with the standard of the premises, but that refurbishment had resulted in some improvements. We saw evidence of ongoing maintenance and refurbishment .

We observed that the environment was clean, and free from unpleasant odours. One person said that they chose the home because the rooms were "nice", "large", and convenient for visiting.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are 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):

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 who use the service benefited from support provided by the staff. Aspects of the recruitment procedure and training were not always robust enough to protect people.

EVIDENCE:

In the AQAA the manager stated that the service had, "robust recruitment policies and procedures", that, "each of the four units is staffed separately; residents numbers and activity is reviewed daily to ensure adequate staff numbers and appropriate skill mix are on duty". In the AQAA the manager also described improvements made since the last inspection which included, "Reduced agency staff usage, developed a sense of ownership among staff and a willingness to learn/develop. We have recruited new staff will share the philosophy of person centred care and demonstrate best practice clinical skills". To see if this was the case we looked at staff files, training records and the recruitment procedure and we talked to people, the manager, and the staff.

We looked at the recruitment files for the two nurses and two care staff who had been recruited most recently. We saw that application forms were completed, notes of the interview were held and job descriptions, contracts, induction records and training records were held on these staff files. We saw a number of examples of gaps in employment histories for which there was no evidence of an explanation for the gap being sought. We could not find evidence of a current Criminal Records Bureau (CRB) check on two of the files. It appeared that both these individuals (a nurse and a carer) had been having unsupervised access to people using the service. Evidence of the CRB check for the nurse was later obtained from the organisation. However, the outcome of the CRB check for the carer, who had commenced employment in May 2009, had not been obtained. The manager explained that there had been a delay in receiving the CRB check which was beyond the control of the organisation. A POVA first check was in place for this person, which would be acceptable until the CRB check was returned, if the person was not having unsupervised access to vulnerable people. However, this member of staff had been providing one-to-one care to people at the home. When we expressed our concern about this, the manager took steps to ensure that this person was always shadowed by a second member of staff until the CRB check was in place. We were concerned that we had received conflicting information from the manager and senior manager about the company policy on obtaining a CRB check. The senior manager said that staff would not receive any salary until an appropriate CRB check was in place. This was evidently not the case for this person who had been employed for some months. The need to ensure that recruitment practice was consistently safe in accordance with the organisation's own policies and procedures was discussed and a requirement was made.

A full audit of staff training was provided. Recent training included infection-control, moving and handling, fire safety and food hygiene. A senior manager explained that the organisation's policy is that all training is renewed every year. Nevertheless, concerns were raised by a nurse from the health authority about the delay in implementing essential training in moving and handling which had been required by the local council and health authority who had been monitoring the service. This nurse also said that while the manager had recently completed training concerning mental capacity, deprivation of liberty and the protection of vulnerable adults, the staff had not all received this training and the manager was only recently in the process of cascading this learning to staff through supervision.

In the AQAA the manager stated that 13 of the 54 permanent care workers employed held the National vocational qualification (NVQ) level II or above in care or health and social care and six staff were working towards this qualification. It was recommended that the manager prioritised this level of training. The manager told us that the majority of the 60 registered nurses/care assistants had completed the Skills for Care Induction training.

Staff were positive about access to training. In particular, six of the seven staff who had completed surveys said that their induction covered everything they needed to know to do the job when they started very well and one said it mostly did. In addition, all seven staff said that they were being given training that was relevant to their role. When asked whether the manager gives them enough support and meets them to discuss how they are working six of these seven staff said that this happens regularly or often.

When asked whether there was enough staff to meet individual needs of all people using the service two staff said that there always was, three staff said that there usually was and two staff said that there sometimes was. One staff member commented on the need to, "have more staff so we can get to know the service users better". As noted earlier, many of the people using the service had high dependency levels, and for many of these people, this resulted in the need for 2 staff to support them with their needs. This was particularly noticeable on one nursing unit and in the young disabled persons unit. We observed a member of staff on the nursing wing searching for someone to assist with a moving and handling procedure. We were told that minimum staffing levels on this nursing wing were 3 staff in the morning and afternoon and 2 staff at night to care for the 11 people accommodated and that the minimum staffing levels on the young disabled persons unit were two staff at all times. Given that the dependency levels of many people were high, it was strongly recommended that staffing levels were consistently kept under review to ensure that there was always sufficient staff to meet the individual needs of the people accommodated on all four units at the home. This would be of particular importance as the home began to take more admissions to ensure that the manager could demonstrate that the ratio of staff to people using the service was sufficient to meet their individual needs.

In the AQAA the manager stated that 33 registered nurses/care staff had left the employment of the home in the last 12 months. The manager commented that this has been influenced by the management of change and in many cases was positive. One person's relative said that there had been a lot of staff changes and commented that, "every visit there's new care staff, although the trained nurses have remained the same". One person using the service and their relative also said that there had always seemed to be different staff, but usually the same nurse. However, this person concluded that recently they had begun to recognise the carers and had the feeling that the staff team was much more stable than in the previous year. This is good for people using the service.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 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):

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.

The manager had improved management arrangements at the home to ensure that the home considered the best interests of people who lived there and that their safety and welfare were promoted.

EVIDENCE:

In the AQAA the manager stated that she had, "strong leadership qualities, an open and inclusive style and has much day-to-day involvement with the care and well-being of the service users". The manager added that the home is audited by the company's operations manager and that every aspect of running the home was sampled and scored. The manager stated that

improvements made since the last inspection included, " communication and morale". To see if this was the case we looked at records and spoke to people, the manager and staff.

A senior manager from the organisation, told us that the home had been under, "close scrutiny", for some time and added that there had been "problems with the culture in the home". The manager told us that Manchester City Council and Health Authority had been working closely with the home for the last year as a result of a number of concerns. The home had been closed to admissions in March 2008 following concerns and incidences. However, at the time of the visit, the health authority and council felt that the service has improved and admissions had been made prior to our inspection visit. At the time of our visit, occupancy levels at the home were low. A nurse from the health authority felt that this had enabled standards to be maintained, but that ongoing evidence of higher standards continuing to be maintained when occupancy levels rise would be useful.

A health authority nurse who had been involved in the monitoring of the service was very positive about the manager who was said to, "know residents and relatives", and was described as a, "good communicator", "very caring", "motivates the staff", "is working very hard", is, "very cooperative" and, "is working closely in partnership with health and social services". This nurse concluded that the manager has had lots of praise from adult social care and health on the way that she has, "worked hard to turn the home around".

It was evident that the organisation were also working hard to support the manager to make improvements to the service in the interests of people living there. The manager said that she did feel that she was making improvements, but that there were, "lots of things to improve", and that there was, "no quick fix". The manager added, "we had to prioritise the most important thing which was to make sure that residents were getting the care they needed, to keep them safe and well". She stressed that, "we had to build good multidisciplinary relationships and work on the environment, staffing etc".

When asked in staff surveys what the home does well, comments from staff included, "The manager is doing a really good job in running this home", "I think this home has got a lot better since the manager has been here", "the home is improving very well, we do care about our residents' needs", and, "the home is improving all the time". Other staff comments included, "we are almost always informed of any changes that need to be made in order to provide the best possible support for the residents in our care, and when this does not happen it is quickly remedied". One staff member commented on a more positive atmosphere at the home and added, "this is picked up by the residents who are generally happy with the support they receive".

We looked at fire safety arrangements at the home and these were found to be good. In particular, there was clear evidence of regular safety checks, staff

involvement in fire drills and an up-to-date fire risk assessment. This is good as it protects people from the risk of fire.

We saw evidence to demonstrate that the organisation has quality assurance arrangements and that surveys had recently been sent out and that the outcomes were about to be collated.

The manager explained that the service holds money on behalf of some people using the service and that the balances of money were checked every week and the records were audited every month. There was a safe to store valuables, and each person had a lockable unit in their room. The manager explained that all bills/fees for the service were dealt with centrally by the organisation's finances department.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People 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

CHOICE OF HOME	
Standard No	Score
1	3
2	X
3	3
4	X
5	X
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	2
8	2
9	3
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	2

ENVIRONMENT	
Standard No	Score
19	3
20	X
21	X
22	X
23	X
24	X
25	X
26	3

STAFFING	
Standard No	Score
27	2
28	2
29	2
30	2

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	3
34	X
35	3
36	X
37	X
38	3

Are there any outstanding requirements from the last inspection? No

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	YA33	19	The manager must make sure that a complete employment history is consistently taken and that staff who had not yet received CRB clearance do not have unsupervised access to vulnerable people. This is necessary to ensure that people who use the service are supported by staff who are being vetted to ensure the protection of people.	27/11/09

	Refer to Standard	Good Practice Recommendations
1.	YA12	It is strongly recommended that all staff be provided with training/guidance in person centred care planning. The service could usefully utilise existing, "train the trainer", staff who had already demonstrated their skills in care planning.

2.	OP7	It is strongly recommended that the reviews of peoples care needs are consistently dated and include the details of all people involved in the review, so that there is an audit trail of the changes in need.
3.	OP8	It is strongly recommended that staff receive further guidance in monitoring and meeting the nutritional needs of people who need support to maintain adequate nutrition. This is necessary to promote a person's health and well-being.
4.	OP8	It is strongly recommended that when a vulnerable person is not willing to be weighed, an alternative method of monitoring the person's body mass index (BMI) is identified and that consistently detailed food and fluid intake charts are always held. This is necessary to promote a person's health and well-being.
5.	OP18	It is strongly recommended that all staff, including senior staff, are provided with further training and guidance concerning the practical steps they would need to take in the event of an allegation of abuse being made to them personally. This is necessary to ensure that all the staff are confident and knowledgeable in the implementation of the safeguarding adults process, so that people are always protected from harm.
6.	OP30	It is strongly recommended that the manager ensures that as many staff as possible hold the National Vocational Qualification (NVQ) in care, or health and social care.
7.	OP30	It is strongly recommended that staff understanding of supporting people with dementia is regularly assessed and guidance provided through training and through group and one-to-one discussions.



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