

Key inspection report

Care homes for adults (18-65 years)

Name:	Trinity House
Address:	Knarborough Road Murton County Durham SR7 9RQ

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

Lead inspector:	Date:
Kathy Bell	2 5 0 9 2 0 0 9

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.

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

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

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

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

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Trinity House
Address:	Knaresborough Road Murton County Durham SR7 9RQ
Telephone number:	01915173413
Fax number:	
Email address:	trinity@swantoncare.com
Provider web address:	

Name of registered provider(s):	Autism North Limited
Type of registration:	care home
Number of places registered:	7

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	7	0
Additional conditions:		
The maximum number of service users who can be accommodated is: 7		
The registered person may provide the following category of service only: Care home only - Code PC To service users of the following gender: Either Whose primary care needs on admission to the home are within the following category: Learning Disability - Code LD, maximum number of places: 7		

Date of last inspection									
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A bit about the care home

Trinity House is registered to provide care (but not nursing care) for seven adults over 18 with learning disabilities. It is a service specially for people with autism and was first registered in April 2007. Trinity House is a large detached building with a big garden. It provides plenty of space for residents, with two large living rooms and a dining room. All the bedrooms are single and each has its own bathroom with a bath or shower. The fees charged for this service range from 2078.72 to 2373.81 Pounds a week and

	include chiropody and other health-related services, but not toiletries.

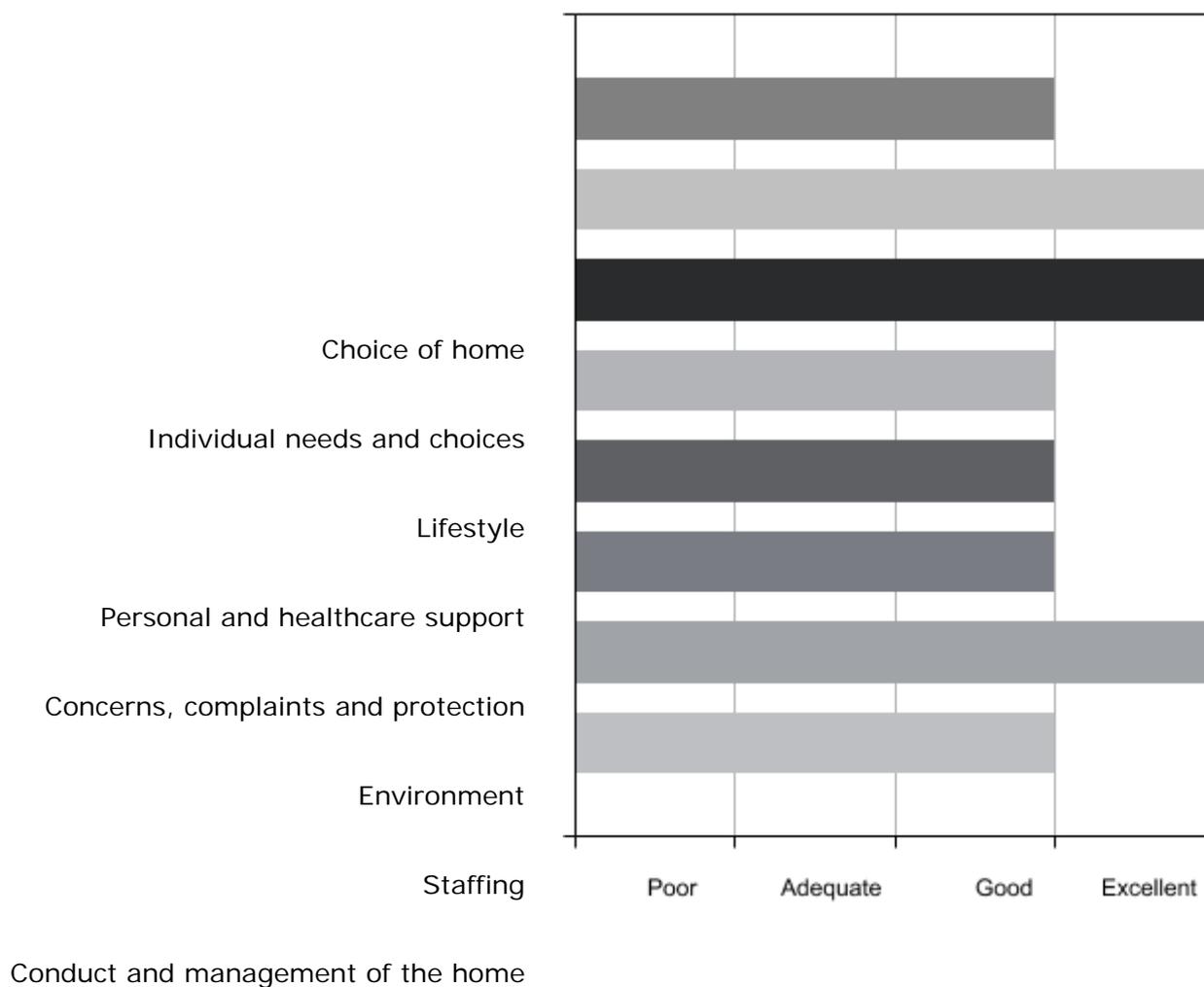
Summary

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

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

This is what the inspector did when they were at the care home

This inspection took place during one day in September 2009. Before the inspection we had received surveys back from six relatives, four staff and one care manager. We also spoke on the telephone to the mother of one of the people who live in the home. During this visit, we looked around the home, although not in every bedroom. We looked at records and we spoke with a resident. We also talked with three members of staff.

The manager sent us a report



(the AQAA). This report gives their view of what the home is doing well and what it could do better. We used this information when we did the inspection.

In the last report we may have told the home to improve what they do. We call this making Requirements or Recommendations. If the home hasn't done what we told them to, but this doesn't affect people's safety, we may not tell them to do it again.

In future, if we have to tell a home a second time, we will probably take action to make them do what we say. But Trinity House has done what we

asked them to in the last report.

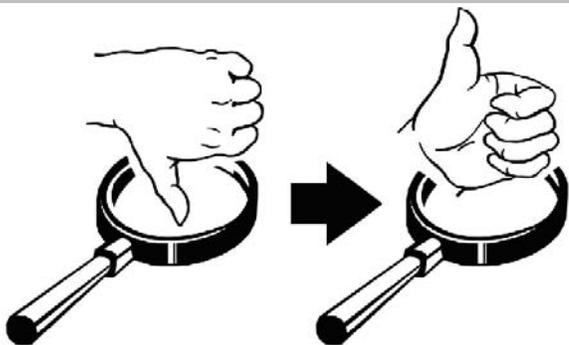


What the care home does well

The home provides a service designed especially for people with autism spectrum disorder. Staff are given very detailed guidelines on how people like to live and how they like to be cared for. People take part in a range of activities and are treated as individuals. Staff are well trained and most have achieved the qualifications expected of care home workers. Most parents praised the home: "I am pleased she went (to the home) as she is so



happy and content." "The service gives excellent care to my daughter ensuring she has a busy and happy time. The staff are very approachable and listen to any suggestions or worries I may have." "Always welcomed when you arrive. Always pleasant happy atmosphere. Spends time with service users but also respect they need time on their own."

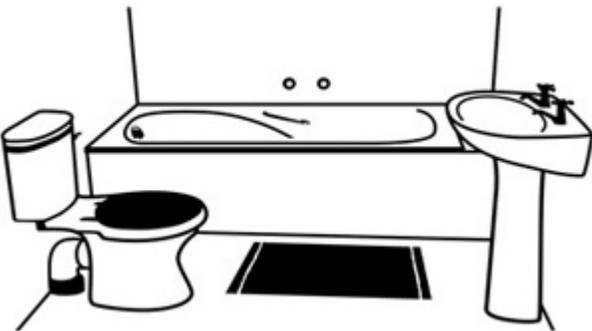


What has got better from the last inspection

Every person has a care plan which explains the help they need and how they like to live.



These are much better now because they contain more information. They include very detailed information on what staff must do to help people enjoy the activities they have chosen. The manager keeps clear records of the training staff have done. Staff have received both training they need in things like such as first aid and food hygiene, and also training they need to meet the special needs of the people they look after, such as challenging behaviour. The company which runs the home has provided more systems for checking on the quality of care. An assistant operations manager is providing more oversight and help for the manager.



What the care home could do better

The temperature of hot water at taps used by people who live in the home must be controlled to 43 degrees Centigrade. The manager must assess whether a window restrictor is necessary in the newest ground floor bedroom and if it is this must be fitted and maintained. All staff must take part in regular fire drills to make sure they are familiar and confident in what to do if there is a fire.

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	<p>If you want to read the full report of our inspection please ask the person in charge of the care home</p>
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	<p>If you want to speak to the inspector please contact Kathy Bell St Nicholas Building St Nicholas Street Newcastle upon Tyne Tyne and Wear NE1 1NB</p> <p>01912333300</p>
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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 set out 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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Requirements and recommendations from this inspection

Choice of home

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

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

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

This is what people staying in this care home experience:

Judgement:

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

The home obtains detailed information about each new resident so staff can be sure they will be able to meet their needs.

Evidence:

Only one new person has moved into the home since the last inspection. She came from another home run by the same company so had already had a full assessment. We saw the records of how the decision to move her had been reached, and that this had involved her family and care manager.

During the last inspection we found that the home obtained very thorough information from potential residents' parents, which were used as part of the home's own assessment.

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

Each person has a care plan which explains in detail the care they need and how they like to be cared for. Staff confirmed that they were always told of any changes in these. People can make choices in their daily lives and are kept safe.

Evidence:

Each person has a care plan which explains what staff must do for them. The care plans contain very detailed guidance about personal care, including information on what people can do for themselves, and how much help staff have to offer. They explain, for example, how someone will let staff know when they are ready for the next part of their care to be done. This is good because it gives people more control over how they are helped and helps maintain their independence as far as possible. The care plans are reviewed monthly to make sure they are up-to-date. A senior manager in the company is now checking them and reminding staff if anything needs to be updated or improved. The care plans also include information on communication needs, if people need a special diet or help with eating, and the activities each person likes. When we talked to staff in the home they explained how they were kept up-to-date with any changes in the care plans. There were records of the home asking for special advice about how to bath someone

Evidence:

safely. These showed that the manager knows it is important to respect people's wishes and also to protect them and staff from injury.

The care plans also explain how staff should offer choices in a way each person can cope with, as, for some people, too many choices can produce anxiety. A resident explained how he had looked at brochures and the Internet to help choose a recent holiday. This person had been able to fill in a survey himself and he confirmed he could always make choices about what he did. When we asked relatives in surveys if the home supported people to live the life they chose, five said always and one said sometimes.

There were written assessments of what staff must do to keep people safe. These risk assessments were done for every activity people took part in. They contain very detailed, precise information about exactly how the person concerned liked the activity to take place and what staff should do. They included how many staff were needed to support each person with each activity. The risk assessments were reviewed with the care plan, to make sure they were up-to-date.

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

People take part in a range of activities using specialist facilities or the local community. They can keep in contact with their families. People's rights and responsibilities are recognised. The home offers a satisfactory diet and takes care to meet special dietary needs.

Evidence:

The care plans and the daily records show people take part in a range of activities. These include activities at the company's day centre which includes a hydro pool. Some people enjoy a sensory room. They also use a special centre with adapted bicycles. Other activities are cookery, beauty sessions, walks, and visits to pubs. There are very detailed risk assessments for each person and each activity and these explain exactly what they like and what staff must do. Staff look at individual needs and ambitions-one person is to do a course in radio broadcasting with the aim of volunteering in a community radio station. Staff also help people enjoy spending time relaxing in their rooms, by knowing what music they enjoy. Relatives had different views about how well the home provided activities. One said, "the service gives excellent care to my daughter ensuring she has a

Evidence:

busy and happy time". Another thought the home could be better organised regarding leisure time and needed more staff to be drivers for the vehicle. When we asked a care manager in a survey, what the home does well, he said, " supports my client individually. Works flexibly with him and provides staff support to enable activities to take place that are important to my client".

In each person's care plan there is a section which explains who are the important people in their lives and their contact details. Staff have recorded how each parent likes to be kept informed. When we asked in the relatives' surveys if staff helped people to keep in touch with their relatives, and if they kept relatives informed, all six said they always did. "Listens to us. Keeps us informed of issues regarding X". One relative mentioned having lunch in the home and another said, "always welcomed when you arrive."

If possible, people can be involved in the running of the home. One person helps with the regular fire checks and on the day of inspection was involved in a full maintenance check of the fire system. We saw that the maintenance man spoke directly to this person when he explained when a light would be fixed. Records show how proper assessments have been made about whether people can make decisions for themselves or whether other people must make them for them. The home has followed the proper procedures to explain and justify when they have restricted someone's freedom. These decisions have been reached with the person's care manager and family.

There were records of specialist assessments when people had difficulties eating. For one person the care plan included very detailed guidelines on where she likes to sit, how staff should help her eat, and that she likes her food cooler. There was information on how food should be prepared for some people and for each person, a comprehensive list of likes and dislikes. The menu showed people had choices and staff tried to provide a balanced diet. But there was also understanding that some people choose a very restricted diet and staff must introduce changes slowly. A relative commented that the food was good, with generous portions.

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 a good standard of personal and healthcare. Medication is looked after safely.

Evidence:

Care plans provide very detailed guidance for staff on how to meet each person's personal care needs. They explain what each person can do for themselves and what staff need to do. Staff described how, for a new resident, staff from her previous home had worked with staff at Trinity house for a while, to make sure they were familiar with how this person liked to be cared for. The care plans said whether the person must be cared for by a man or woman, to respect people's dignity. Staff said that on each shift, the shift leader allocates staff so that it is clear who is responsible for looking after each person. We spoke to the mother of one person who lives in the home. She said that the staff were absolutely brilliant in the way they talk to her son, not patronising, and pitch the communication at the right level for his understanding. He is confident with staff. She believed the staff definitely know what to do if someone is agitated and had found they were successful in avoiding situations which upset her son now. In a survey, a care manager said that people's social and health care needs were always properly monitored, reviewed and met and that the home always asked for advice and acted on it to meet

Evidence:

people's social and health care needs and improve their well-being.

Clear records were kept of medical appointments and the action taken, and of regular checkups for teeth, eyes etc. The records showed that one person had been able to choose not to have a checkup at the optician. For each person, staff had completed a comprehensive health check document every year, to make sure they picked up any concerns about health and took action.

The home has satisfactory systems for looking after medication safely and giving it out as prescribed. Staff record when medication is taken in and out of the building so they can keep track of it and two staff record when it is given out as an extra safeguard. The files included letters from doctors confirming any changes in medication. The home had also asked a consultant to confirm when a medication could be crushed in food, to make sure that they were acting correctly. Staff have been doing refresher training in handling medication safely.

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 are able to make complaints and people living in the home are protected from harm as far as possible.

Evidence:

In the relatives' survey, all the relatives confirmed they knew how to make a complaint and said the service had responded appropriately if they had raised concerns. "The staff are very approachable and listen to any suggestions or worries I may have." All the staff confirmed in their surveys that they knew what to do if there were concerns. The home has a satisfactory complaints procedure which is available in a simpler form with pictures, to help people understand it. A very simple format is kept in people's rooms, to remind them. The manager had recorded a complaint properly, together with the action she had taken to respond to it.

The home has a procedure explaining the steps taken to keep people safe, which includes checking people before they are employed, to make sure there is nothing in their background suggesting that they should not work with vulnerable people. Staff have received training on recognising abuse and on what they should do if they were concerned about something. The company which runs the home has satisfactory procedures about what must be done if abuse is suspected. There is a whistleblowing procedure which requires staff to speak up if they think something is wrong. This home cares for people who may become angry or upset at times and occasionally have to be

Evidence:

restrained. All staff receive training (and yearly refreshers) in restraint which has been approved by the British Institute for Learning Disabilities. This is the standard of training which is recommended for care home staff. It explains residents' rights and how staff must do all they can to prevent someone becoming so upset in the first place. Records showed how restraint has been used less often as staff have become more familiar with people and can avoid situations which cause them stress. The manager said relatives act as appointees for people living in the home so the home only looks after small amounts of money. They keep proper records to account for this and receipts are kept for spending.

Environment

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

People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. People have enough privacy when using toilets and bathrooms.

This is what people staying in this care home experience:

Judgement:

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

The home provides a pleasant place to live, which meets people's needs. But more care is needed to maintain it as a safe place to live and work.

Evidence:

Trinity House is a large detached building, with an enclosed garden and plenty of space around it. There are two living rooms, dining room, kitchen office and laundry. A toilet has also been provided for the use of visitors who may have mobility problems. Each resident has their own bedroom with an ensuite bath or shower. Some of the bedrooms are very large and residents have been able to fill them with their own possessions and make them personal to them. There are plans to redecorate the communal areas and to replace some windows. Overall, the building provides a spacious and pleasant place to live.

The home seemed clean on the day of inspection. There was a cleaning schedule so that staff knew how regularly each cleaning task had to be done. Staff had received training on infection control.

There were some failures in making absolutely sure that the building was a safe place to live and work which are explained in the section of this report on the conduct and management of the home.

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

There are enough, trained and qualified staff to meet people's needs. The company which runs the home checks people before they are employed to make sure, as much as they can, that they will be safe and suitable to work there.

Evidence:

The manager said in her self-assessment that 80% of the staff have already achieved the National Vocational Qualification in care at level 2. This is the recognised qualification for care workers and the National Minimum Standards recommend that at least 50% of care staff in a home achieve this. 30% of the staff have NVQ level 3 or above. This means the home has done much better than the minimum standards required. In the surveys, relatives described as staff as, "very friendly and caring", and "friendly and seem to like the residents". Five said that staff always responded to the different needs of individual people, and one said they sometimes did.

The staff rota showed that there are a minimum of three staff on duty during the day (at weekends when some people who live in the home are at home with their families) rising to between four and six at busier times. These staffing arrangements include an extra care shift put on to make up for the long-term absence of the cook/housekeeper. Staff felt her absence had caused some problems but they were managing. Over time they have found out which care staff can and are willing to take over cooking duties and organise their duties on each shift accordingly. These high staffing levels make it possible

Evidence:

to take people out individually and to provide the one-to-one supervision required by one person. At night there are two waking night staff which is also satisfactory.

The company now has a training manager who ensures that people are booked in for the training they require. Training records now show clearly when training took place and when refresher training is due. Staff receive the standard mandatory training such as first aid, moving and handling people, safeguarding adults, and fire safety. They also receive specialist training, such as training in managing challenging behaviour and restraint, and this includes refresher training every year. They have also had training in person centred planning, which emphasises treating people as individuals. Most have had training in eating difficulties and they have also had training in epilepsy awareness, to make sure they have knowledge of people's individual conditions. Records are kept of the training people receive when they start work in the home. This includes a comprehensive list of topics which must be covered in this training. In the staff surveys, we asked if their induction had covered everything they needed to know. Three said it did this very well and one said it mostly did. When we asked relatives if they thought the care workers have the right skills and experience to look after people properly, 4 said always, one said usually and one said sometimes.

We looked at the records of the recruitment of two new members of staff. These showed that they had not started work until a Criminal Records Bureau/Protection of Vulnerable Adults List check had been done, and at least two references had been obtained. In the application process, the company which runs the home asks the right questions to see if people are suitable to work there.

Conduct and management of the home

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

People have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

This is what people staying in this care home experience:

Judgement:

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

The manager is qualified and experienced and in most ways the home is running well. But she has not always checked closely enough on health and safety matters. There are a number of systems to check on the quality of the care provided, including finding out the views of relatives etc.

Evidence:

The manager has worked at the home since it opened and previously managed another home for people with autism. She has completed the recognised qualifications for managers, the NVQ 4 in care and management. She is now receiving more support from a senior manager in the company. During the inspection, we found that some failings in health and safety checks and the processes for making sure repairs were carried out. When we discussed these, the manager responded positively and promptly considered practical solutions. She is aware that she may need to delegate some tasks to make sure everything is done properly. All three of the staff we talked to during the inspection felt that the home was running well. One commented that the manager supports staff and keeps them informed, they can talk to her about anything. In the surveys, all four said the manager regularly met with them to give them support and discuss how they were working.

Evidence:

The home has a number of systems to check on the quality of care. There are internal audits looking at specific areas, such as medication and infection control. The company which runs the home is part of a larger company, which generally runs homes for older people. Because of this, some of their audits, such as for activities, are not as helpful as they could be in assessing the quality in this home. Someone from the company has to visit the home every month and report on the quality of care (Regulation 26 visits). These visits have not always taken place every month in the past (although a senior manager has visited the home in between times) but the new assistant operations manager said that she would be doing these in future and understands they must be monthly. Surveys were sent out to relatives in 2008 and there was evidence of how the manager had responded to comments made in these. The home also receives feedback regularly from relatives and care managers in reviews.

Before this home opened, the building was renovated and fitted with features to protect people from harm such as low surface temperature radiators, thermostatic valves to control hot water temperature and window restrictors. A modern fire safety system was also installed. Staff were carrying out regular checks of the fire safety system and it was being maintained at regular intervals. There was a document which looked at the risks of fire and how these could be controlled (a fire risk assessment) but this had not been reviewed for over a year. But staff had looked at how individual people would respond if there was a fire and recorded what they needed to do to keep them safe. Not all the staff had taken part in a fire drill at least every six months (three months for staff who do night duty) as they should do. Fire drills are meant to remind staff what to do if there was a fire. But the manager said they do have short refresher sessions on fire safety as part of their monthly staff meetings.

There was a record of jobs which had been reported to the maintenance man to do and this enabled the manager to see clearly what had been done and what needed to be done. But jobs referred to outside contractors had not been included in this, so she could not easily keep track of when these were completed. Staff had recorded in the summer that a window restrictor on the ground floor was broken but the manager was not aware and no action had been taken. It was not clear whether a restrictor had been fitted. It would not normally have been thought essential for a ground floor window but should be in place because of the needs of another resident.

Staff were recording monthly checks of the hot water. But these showed that two showers had regularly been too hot and there was no record that they had done something about this. Staff may have thought this was not a risk because they always supervise baths and showers for everyone apart from one person who would not be at risk from too hot water, and they mix the hot and cold as they use the shower. But the temperature is controlled to avoid any chance of accidents so they must ensure that the thermostats are working as intended.

Evidence:

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	Description	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	Description	Timescale for action
1	42	13	The temperature of hot water at taps used by residents must be controlled to 43 degrees Centigrade. This is to avoid the risk of scalding.	30/10/2009
2	42	13	The need for a window restrictor in the newest bedroom must be assessed and if necessary, must be fitted and maintained. This is to ensure that a resident could not leave the building unnoticed.	30/10/2009
3	42	13	All staff must take part in fire drills at regular intervals. This is to make sure they are familiar with what to do if there is a fire.	30/10/2009

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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