

# Key inspection report

## Care homes for older people

<b>Name:</b>	Spratslade House
<b>Address:</b>	Belgrave Avenue Dresden Stoke-on-trent Staffordshire ST3 4EA

**The quality rating for this care home is:**

one star adequate service

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

<b>Lead inspector:</b>	<b>Date:</b>
Joy Hoelzel	1 4 0 7 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 Older People can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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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:	Spratslade House
Address:	Belgrave Avenue Dresden Stoke-on-trent Staffordshire ST3 4EA
Telephone number:	01782311531
Fax number:	01782311532
Email address:	
Provider web address:	

Name of registered provider(s):	Pearlcare (Spratslade) Ltd
Type of registration:	care home
Number of places registered:	30

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	10	0
old age, not falling within any other category	0	30
Additional conditions:		
The maximum number of service users who can be accommodated is: 30		
The registered person may provide the following category of service only: Care Home Only (Code PC); To service users of the following gender: Either; Whose primary care needs on admission to the home are within the following categories: Dementia (DE) 10, Old age, not falling within any other category (OP) 30		

Date of last inspection	1	8	0	2	2	0	0	9
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Brief description of the care home
Spratslade House is located in Stoke On Trent, Staffordshire. The home is accessible via public transport, and is close to local amenities. The large detached property provides residential accommodation for up to 30 older people. The home's can also accommodate people with dementia needs and or have a physical disability. Corridors and door frames are of a suitable width to accommodate people who use wheelchairs. Ramp access is also provided. The two-storey property offers 30 single occupancy bedrooms, 28 of which are equipped with an en suite facility. Bedrooms are located on

### Brief description of the care home

both the ground and first floor. The installation of two passenger lifts allows access to all facilities within the home. Bathrooms and toilets are situated on both the ground and first floor and are found close to bedrooms and communal areas. All bathrooms are equipped with an assisted bath to promote the independence of people who have restricted mobility. The home is divided into units, having a small kitchen adjacent to each, allowing people access to drinks and light snacks. Three lounges are provided on the ground floor that are pleasantly decorated and equipped with essential furnishings and items to allow relaxation, and to enable people to socialise with other people living in the home. There are sufficient dining areas within the home. There is a pleasant and safe garden area. Sufficient parking is available at the front of the property.

Information of the home and the provision of the service are available in the statement of purpose and service user guide, both documents are available directly from the home.

The service user guide does not include information on the current level of fees for the service. The reader may wish to obtain more up to date information from the care service.

Care Quality Commission reports for this service are available from the provider or can be obtained from [www.cqc.org.uk](http://www.cqc.org.uk)

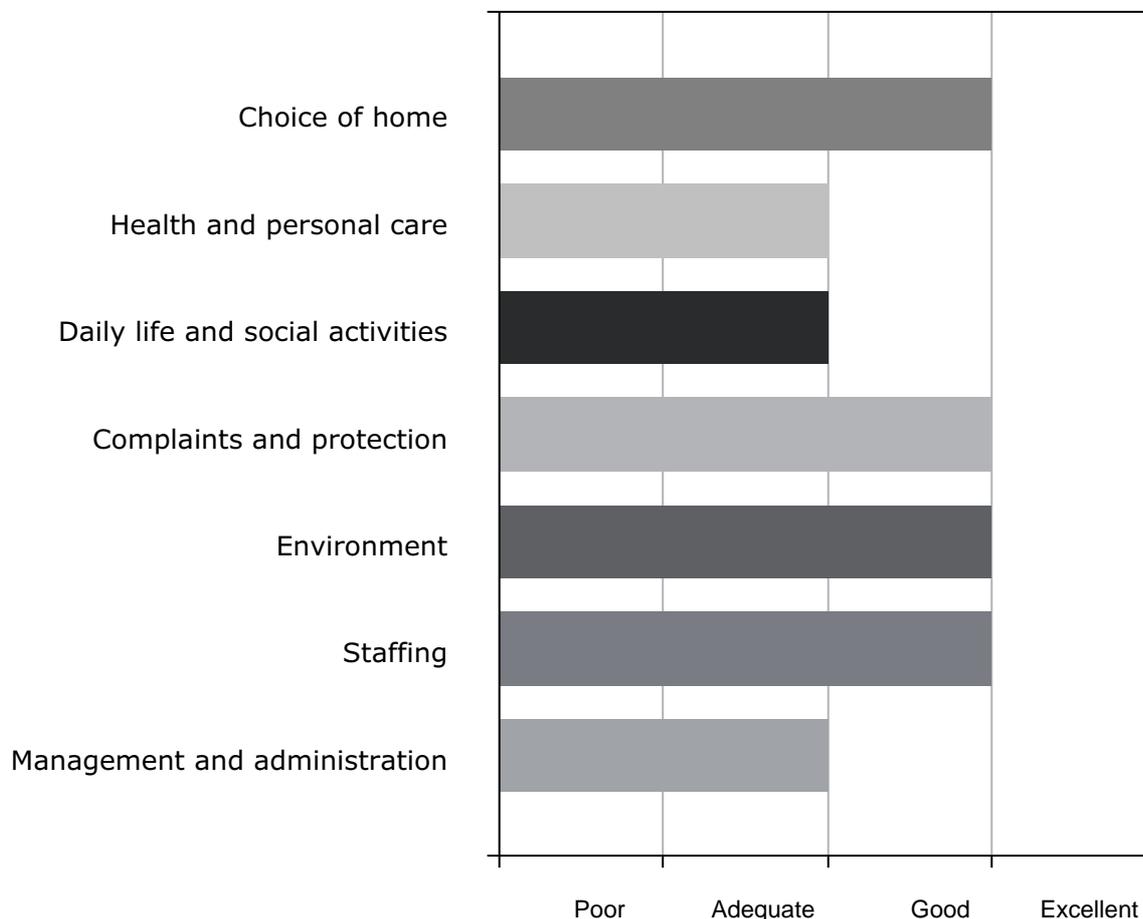
## Summary

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:

The last key inspection was carried out on 18th February 2009, where the service was rated a 0 star poor service. Statutory requirement notices and requirements were made to ensure the safety and well being of the people living at the home. A random inspection was carried out on 27th May 2009 and found that the home had complied with the notices and requirements.

On this occasion the home did not know that we would be visiting to conduct a full inspection of the service.

A look around the home took place, which included a number of bedrooms as well as communal areas. The care documents of a number of people using the service were viewed including care plans, daily records and risk assessments. Other documents seen included medication records, service records, some policies and procedures and staffing records. Discussions were held with people living, visiting and working at the

home. Some people were unable to fully comment about their experience of life at the home. Observations were made of how they spent the day and of the interactions offered by staff in an attempt to obtain an overview of how they may be feeling.

Prior to the inspection in February 2009, an Annual Quality Assurance Assessment (AQAA) document was posted to the home for completion. The AQAA is a self-assessment and a dataset that is filled in once a year by all providers. It informs us about how providers are meeting outcomes for people using their service and is an opportunity for providers to share with us areas that they believe they are doing well. It is a legal requirement that the AQAA is completed and returned to the commission within a given timescale. The registered manager completed this document and returned it to us. Comments from the AQAA are included within this inspection report.

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

People told us - 'The staff are very good, kind and compassionate'. 'The staff are lovely we are like one big family'. 'We are very well looked after by some lovely staff'. 'The manager is helpful and approachable'.

People told us that the food is good and that they are satisfied with the accommodation.

The home is clean and well decorated.

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

Robust checks are being made to ensure that only people suitable to work with vulnerable adults are employed.

The manager is making sure that staff receive the training they require to enable them to do their job.

The manager told us that the staffing levels are sufficient at the moment.

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

The service information documents should be reviewed at regular intervals to ensure people have the most up to date information about the service. The service user guide should include details of the weekly fees to ensure they have full details when deciding if the home is suitable for them.

When ever possible care plans should be developed, agreed and reviewed with the individual person and/or representative

The care plans are currently being reviewed, action should be taken to ensure that all details of a persons health, personal and social care needs are documented. All staff should be aware of the care needs.

External medicines (nasal sprays, creams/ointments) that have short shelf lives upon opening should be dated so the risk is reduced of giving out of date medication.

External medications prescribed for people should not be shared with others.

To ensure that the privacy and dignity of people is preserved suitable vacant/engaged indicators should be positioned on toilet and bathroom doors.

More attention should be given to increasing the variety, frequency and range of social and leisure activities to meet the needs and personal preferences of all the people living at the home.

Staff should be aware of the specialist dietary needs of people.

The wardrobes provided by the home should be securely fixed to ensure the safety of people living, working and visiting the home.

For the safety and comfort of people the hot water should be maintained at close to 43 degrees Celsius.

All radiators should be guarded or have a guaranteed low surface temperature to ensure people are not at risk.

A training matrix should be developed to use as a quick reference guide to ensure that all staff are fully up to date with their training needs.

The manager should continue to improve the service so that it is run in the best interest of the people living at the home.

An effective quality assurance and monitoring system is needed to ensure that the home is operating as it states it does.

Staff must be instructed in all safe working practices to ensure their safety and for the safety of the people living at the home.

Systems should be adopted to check the safety of the equipment in use at the home on a regular basis, this will ensure that people have a safe place in which to live and work.

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

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line 0870 240 7535.

## Details of our findings

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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 and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. 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 them 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.

Admissions are not made to the home until a full needs assessment has been undertaken. This tells the home all about the person and the support they need.

Evidence:

Information on the home is provided in two documents, the statement of purpose, which sets out what the service offers and the service user guide which offers more detailed information that a person may want when moving into the home. The documents were not dated so it was not possible to say when they had last been reviewed. Parts of the documents refer to the previous regulatory body and will need amending to ensure that the most current information is available. To comply with the regulations and to give people full information and details of the service, the service user guide should include the levels of weekly fees payable.

The AQAA completed by the manager tells us that - 'We undertake a thorough pre - admission assessment for all prospective new residents. Prospective residents and

Evidence:

their family are invited to stay for a meal in a relaxed, welcoming and friendly atmosphere if they wish to'.

The case file of the person who recently moved into the home was looked at to see if information had been sought regarding this persons needs prior to moving in. A member of staff from the home had completed a full assessment of the persons needs prior to offering a placement. The home had also completed an assessment based on daily living activities on the same day as they arrived at the home. This gathering of information ensures that the service can be confident of meeting a persons care needs. This person had only been at the home for a very short period of time but appeared to be well settled and contented. Staff told us the care and support this person needs each day.

Two visitors at the home told us that they both had to make the decision for their significant other to move into the home, they stated that they were very satisfied with the accommodation and care provided.

The home does not provide an intermediate care service.

## Health and personal care

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 health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they 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. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them 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 **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The care plan includes basic information necessary to deliver the person's care, there are some gaps in important information and does not consistently reflect the care being delivered.

Evidence:

Each person living at the home has had an assessment of their care needs completed. The information from the assessments are then used to develop a plan of their care. We selected three peoples care records to look at in depth with other plans looked at briefly to follow up any observations made during the day. There was no evidence in the plan that the person or their representative was included or indeed involved in the planning process. It is acknowledged that some people may be unable or do not wish to be involved but people should be offered the opportunity to comment.

A visitor told us they are very happy with the care their relative receives, although they have not seen any formal care plan they are kept updated with their relatives health and personal care needs. They consider their needs are met at the home.

## Evidence:

The plans looked at did not contain sufficient or specific details of how a persons care needs can be fully met. For example one person needs very close monitoring on a regular basis for a specific condition. A care plan had been developed giving staff the instructions of why and when the intervention was needed, but there were no specific guide lines of what staff should do if they found anything unusual or different.

In another of the plans an assessment for identifying concerns with eating and drinking had been completed. It was noted that the person was losing weight. The risk assessment identified 'appetite decreasing', but the care plan had not been developed to give staff instructions of the action they should take to make sure the person does not become malnourished. Staff told us that this person has a good appetite and 'eats well'. However as there are only limited records kept of the diet offered and taken daily, it was not possible to determine whether a diet suitable to a person's preference or in sufficient quantity has been provided.

Another of the care plans recorded that a person experiences episodes of distress due to a specific condition and the actions they take when feeling anxious. There was good information for staff of what may set off the distress and the action that they could take to help this person during these periods.

The AQAA completed by the manager in February 2009 tells us that 'Person -centred care plans in place and care plans reviewed monthly and changed as necessary'. This information is not entirely correct.

It was reported in our key inspection report in February 2009 that the manager had been updating care plans and risk assessments to ensure the care needs of people are fully met. It was again reported at our random inspection in May 2009 that there are proposals in place to improve the care plans to fully represent all people's needs, choices and capabilities. This inspection has shown that some improvements have been made with documenting important information but further improvements using a person centred approach and attention to detail is still required. The manager discussed with us the arrangements in hand for changing the documentation to a more comprehensive and user friendly system. She was unable to determine a date of completion when all care plans will have been reviewed.

We looked at the medication procedures and staff explained the amendments and improvements recently made. Two staff are allocated the responsibility of ordering the medications and for checking that the medications are being given to people as the general practitioners prescribe. We found that one person is receiving their medication at the wrong time of day and this may be having an ill effect on the person. We

Evidence:

advised that contact is made with the general practitioner and the supplying pharmacist for the correct instructions.

During the tour of the premises some external preparations, creams and lotions, were in use but had not been prescribed for the person in whose room they were seen. It was not possible to establish for how long the preparations had been in use as there was no date of opening on the item.

We observed staff being very patient, understanding and caring and assisting people with care needs in a discreet and respectful way. The care records recorded the name that people preferred to be called and throughout the day we heard staff addressing people in the way they prefer.

People appeared to be suitably dressed and appeared well groomed and cared for.

To promote the privacy of people when using the toilet and bathing facilities vacant/engaged signs or indicators must be fitted to the doors.

## Daily life and social activities

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 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. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

**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.

People using the service are given the opportunity to take part in activities both within the home and in the community, however this could be improved.

Evidence:

The AQAA informs us that ' Weekly activities and outings displayed on all notice boards and residents and relatives encouraged to inform staff of their preferences for activities/outings. Any suggestions for new activities/outings are always welcome'. The Statement of purpose has a section on therapeutic activities and states ' The home offers a range of activities designed to encourage the client to keep mobile, and most importantly take an interest in life'.

We saw that information on the activity for the day is displayed in areas around the home, but they did not accurately correspond with the activity being arranged. For example the activity at the time of the inspection was 'sing-a-longs and dominoes'. We saw neither of these activities being offered to people. Through out the morning and early afternoon of this inspection there appeared to be very little structured activity. The care staff were very busy attending to their duties and the social activity coordinator was not at the home. People were observed to be watching the television, enjoying the time spent with visitors, chatting with other people or asleep. During the

## Evidence:

latter part of the afternoon, we saw people in one of the lounges participating in a game of floor snakes and ladders. They appeared to be enjoying this. People told us that they were 'happy with what is arranged'. One person told us that although they cannot see the television from where they sit in the lounge they enjoy listening to it. The manager discussed the opportunity for people to attend an in house religious service each month, with people commenting that they look forward to this as they felt that this was very important to them. We saw many people visiting the home during the day, all stated that they were satisfied with the visiting arrangements and were fully satisfied with the service and care provided.

The AQAA documents identify that it could do better by 'more frequent outings/activities for individual residents through discussion with staff/relatives and by appointing an Activities co-ordinator dedicated to this role'.

The main front door is kept locked for security reasons; entry to the home is gained by staff answering the door. A domestic type lock is sited on the door for ease of exiting. There is a push button device for entering and exiting The Court area of the building to ensure the safety of the people residing in that area. Bedroom doors are kept locked, with staff holding the pass key for the doors. A minority of people hold a key to their own bedroom door. One person who regularly goes out with friends and relatives does not have a key to the front door. They tell us that there is 'always someone about to let me in'. They went on to say that they are very happy to be living at Spratslade House and that it is a 'home from home'. The care plans do not have an assessment of the capacity of each person to be offered or to hold the key to their own bedroom. The manager explained that most people need help with moving about and would not be able to retain a key.

Meals are prepared by the catering staff and served by the care staff mainly in the dining areas, but people are able to have their meals in their preferred place. People commented that they have a choice of food and that generally they are satisfied with the menu.

The catering staff told us no one required a special diet due to health, religious or cultural needs. We looked at care plans and saw that at least three people had a health condition that required special attention to their diet to remain well. The lack of knowledge and instructions in this area could compromise health and put people at risk.

## 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. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

**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.

If people have concerns with their care, they or people close to them know how to complain.

Evidence:

The complaints procedure is clearly displayed at the entrance to the home and is included in the service information documents. Several people told us they would speak with the manager or staff if they had any concerns or complaints. But currently they have no concerns with the care or the service provided. One person living at the home was unsure of what they would do if they had concerns but thought that their family would be able to 'sort it out'.

The AQAA completed in February 2009 indicated that no concerns, complaints or allegations regarding the service have been made. It goes on to inform us that - 'All staff recently completed in-house POVA ,(protection of vulnerable adults), training refresher course'. We, the commission, have not received any concerns since February 2009. Staff told us the action they would take if they had any concerns or suspicions of any wrong doings and confirmed they had recent training in this area. For the continuing safety and protection of people living at the home staff should continue to have regular updates and training in the protection of vulnerable adults.

The home offers a facility for residents to deposit personal monies for safekeeping. Information regarding the maximum amounts for which the service will be responsible

Evidence:

is included in the statement of purpose. The manager explained the systems in place for ensuring the safety of the money and accuracy of the accounting records.

## 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, 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.

**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 physical environment that is appropriate for the people who live there.

Evidence:

Spratslade House is a detached property in a quiet residential area, close to shops and local amenities. It is a two storey building providing accommodation for thirty people. The redecoration and replacement of the fittings and fixtures occurs as the need arises. The AQAA informs us that it ' Provide a safe,well-maintained home with a warm,welcoming atmosphere', and they plan ' To continue with ongoing maintenance and refurbishment of lounges and bedrooms as identified in the homes business plan'.

People told us that they are satisfied with the accommodation and said that their bedrooms and the beds are comfortable and that they can personalise their own rooms with family photographs, pictures, ornaments and items such as televisions. The bedrooms that we looked at were all as individual as the occupant. All areas of the home are very well decorated, well and maintained and clean.

The gardens generally are well maintained, the secure area for the use of the people in The Court would benefit from some improvements to make it a more welcoming and friendly area for people to enjoy.

## Evidence:

We saw one or two areas that may potentially be a risk to people. For example not all radiators that are in areas accessible to people have been covered to provide a low temperature surface. Not all wardrobes are secured and if pulled could topple over and cause injury. Not all areas, communal and private, have been supplied with suitable hand wash facilities for effective hand washing and for infection control purposes. Staff told us that they hand sluice soiled linen prior to placing into bags that are then placed directly into the washing machine. This practice is hazardous and has the potential for cross infection and splash accidents.

The manager confirmed that all hot water outlets accessible to people using the service have been fitted with valves to ensure that safe temperatures are maintained. Records indicate that the temperatures now range from 35.4 - 42.4 degrees Celsius. For the added comfort the temperature should be maintained at or around 43 degrees Celsius.

## 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 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 to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

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 who use the service have confidence in the staff who care for them.

Evidence:

People told us - 'The staff are very good, kind and compassionate'. 'The staff are lovely we are like one big family'. 'We are very well looked after by some lovely staff'.

We observed staff working positively with the people in their care, they appeared patient, caring and committed to their work. They demonstrated that they have a good understanding of the individual needs of the people living at the home.

We looked at the staffing rotas and saw that the staffing levels are maintained with different numbers of staff during the day and night. The manager explained the differing levels and stated that the numbers of staff are 'sufficient at the moment'.

The AQAA informs us that of the twenty permanent care staff, sixteen have been trained at National Vocational Qualification in care at levels 2 and 3. One member of staff confirmed that they had just completed the level 2 course and is looking forward to gaining the level 3 award.

We sampled the files of three staff holding various positions within the home. All files were well presented and contained the information required to safeguard the people

Evidence:

living at Spratslade House.

Staff have their training and development needs identified through the regular supervision sessions held with the manager. Staff discussed the sessions and courses that have been available and include dementia awareness, first aid, fire safety awareness and moving and handling. The manager is currently developing a training matrix to use as a quick reference guide to ensure that all staff are fully up to date with their training needs.

## Management and administration

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 led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate 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. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

**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.

People who use the service can be assured that the manager is improving and developing systems that monitor practice and compliance with the plans, policies and procedures of the home.

Evidence:

Mrs Janet Bentley is the registered care manager of the service. There are good support networks in place with the providers who continue to be involved in the service and visit regularly.

Mrs Bentley discussed the many changes that have been made since the last inspection in February 2009 and acknowledges there are more improvements to be made. The AQAA gives us information on the improvements that have been made, 'Focused on person centred care for residents. Continued to promote a robust training programme for all staff. Staff have been given more autonomy in their development. Continued with the on going decorating and refurbishment of the environment for both staff and residents'.

## Evidence:

It goes on to tell us of the plan for further improvements, 'By sourcing out more diverse staff training to further improve skills and knowledge. Enable more frequent outings, activities for individual residents through discussion with staff, relatives and by appointing an activities coordinator dedicated to this role'.

This inspection has shown us that some improvements have been made in relation to staff recruitment and ensuring that only suitable people are working at the home. We discussed other areas that require attention and improvement to ensure that peoples care needs are fully met and that they are safe whilst living at the home.

People we spoke with offered positive comments, 'The manager is helpful and approachable'.

Surveys to get peoples viewpoints on how they find the service were last sent out in April 2008. The manager told us that the surveys are looked at when they are returned and any suggestions or comments were actioned. The AQAA tells us, 'Residents meetings are held every two months. The results of these are discussed with staff as appropriate and acted upon as required'. The manager confirmed that a meeting is due to be arranged as the last one was held in April 2009. Staff meetings are held twice a year.

A senior member of the management team within the company continues with the monthly formal visits as part of the monitoring of the service, reports are produced of the visits and available for inspection. In house audits are conducted each month to ensure safe systems are in place. More attention should be given to the accuracy and monitoring of the audits as we found a discrepancy within the medication procedures. A recent medication audit had been completed by staff.

The home offers a facility for residents to deposit personal monies for safekeeping. Information regarding the maximum amounts for which the service will be responsible is included in the statement of purpose. The manager explained the systems in place for ensuring the safety of the money and accuracy of the accounting records.

Records, documents and certificates are available for inspection to ensure that the weekly, monthly and annual health and safety checks are being carried out.

We observed a person having great difficulty standing and having problems moving. We saw staff transferring this person from a chair to a wheelchair using the underarm method. This underarm method of transferring people has been condemned as a

Evidence:

dangerous method for a period of years.

The service user guide states 'each member of staff has a training programme in place this covers moving and handling'.

Staff told us that they had received recent training in moving and handling, and if this is the case they are either not receiving the correct training or not putting the training into practice.

We saw a wheelchair being used without footrests.

We spoke to staff about the risks to the person and to themselves of incorrect transferring techniques and using unsafe equipment.

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	7	15	<p>A persons plan of care must set out in detail all aspects of the health, personal and social care needs.</p> <p>This will ensure that a persons care needs are fully met.</p>	30/10/2009
2	8	12	<p>All identified health care needs must be fully assessed and recorded in sufficient detail.</p> <p>This will ensure that all staff are aware of health care needs and the needs can be fully met.</p>	30/10/2009
3	9	13	<p>Systems must be in place to ensure that all prescribed medication is administered correctly.</p> <p>This will ensure that people are given their medication in accordance with the prescribing instructions.</p>	31/07/2009

## Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
4	15	12	<p>Special dietary requirements must be recorded in the care plan and all staff must be aware of the need.</p> <p>This will ensure that a persons health is not compromised and they are not put at risk.</p>	31/07/2009
5	33	24	<p>An effective quality assurance and monitoring system must be developed</p> <p>This will ensure the home operates well, meets its stated aims and objectives and is run in the best interests of the people living at the home.</p>	30/10/2009
6	38	12	<p>Arrangements must be in place for a safe system of moving, handling and transferring people.</p> <p>This will ensure that people are not put at risk of harm.</p>	28/08/2009

## 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
1	1	The weekly fees should be included in the service user guide to ensure people have all the information they need before making the decision to move into the home.
2	1	The information documents should be regularly reviewed and revised to ensure up to date information is available.

## 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
3	7	When ever possible care plans should be developed, agreed and reviewed with the individual person and/or representative
4	9	External medications (nasal sprays, creams/ointments) that have short shelf lives upon opening should be dated and discarded within the guidelines.
5	9	Medications should not be used for other people than for whom the medication was prescribed.
6	10	To ensure that the privacy and dignity of people is preserved suitable vacant/engaged indicators should be positioned on toilet and bathroom doors.
7	12	More attention should be given to increasing the variety, frequency and range of social and leisure activities to meet the needs and personal preferences of all the people living at the home.
8	18	For the continuing safety and protection of people living at the home staff should continue to have regular updates and training in the protection of vulnerable adults.
9	24	The wardrobes provided by the home should be securely fixed to ensure the safety of people living, working and visiting the home.
10	25	Radiators should be guarded or have guaranteed low temperature surfaces to ensure that people are not at risk.
11	25	For the safety and comfort of people the hot water temperatures should be maintained at close to 43 degrees celsius.
12	26	For general hygiene and infection control purposes, suitable hand wash facilities should be provided in all communal areas and where personal care is offered.
13	26	The practice of hand sluicing soiled linen should cease to ensure staff are not at risk of cross contamination.
14	30	A training matrix should be developed to use as a quick reference guide to ensure that all staff are fully up to date with their training needs.
15	31	The management of the service should continue to make the required improvements to ensure that the home is run and managed in the best interests of the people living at the home.

## 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
16	38	Systems should be adopted to check the safety of the equipment in use at the home on a regular basis, this will ensure that people have a safe place in which to live and work.

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