

# Random inspection report

## Care homes for older people

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

The quality rating for this care home is:	zero star poor service
The rating was made on:	18/02/2009

A quality rating is our assessment of how well a care home, agency or scheme 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 review a 'key' inspection.

This is a report of a **random inspection** of this care home. A random inspection is a short, focussed review of the service. Details of how to get other inspection reports for this care home, including the last key inspection report, can be found on the last page of this report.

<b>Lead inspector:</b>	<b>Date:</b>
Amanda Hennessy	2 7 0 5 2 0 0 9

## 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

Conditions of registration:									
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	
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									

### Brief description of the care home

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 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.

As no information about fees is included in this report the reader is advised to contact the home direct for this information.

## What we found:

This inspection was undertaken to assess the home's compliance with two statutory requirement notices and requirements made at the previous inspection undertaken on 18th February 2009.

The home had a statutory requirement notice in relation to the safe use of bedrails. The home does not have anyone who now needs bedrails. A training package for risk assessment is now available for staff. There has been some improvement in risk assessments although we did advise that moving and handling risk assessments are more detailed and include details how people should be moved or lifted in a variety of situations such as: in and out of bed, into the bath and into and out of a chair as well as if they are able to walk and if so how much assistance they need.

The service had a statutory requirement notice requiring the service to inform us of all incidents that affect the health, safety and well being of people who live at the home. We found that they have also met this statutory requirement notice.

The service has greatly improved the way it stores and manages medicines. All medicines are now stored in a new medicine room which contains the new portable medicine trolley, controlled drugs cupboard and medication fridge. Staff regularly check the temperature of the room and the medicine fridge giving greater assurance that they are kept within guideline temperatures for the safety of people who need those medicines. Controlled drugs are kept more securely although there is a need for greater safety to reflect recent changes in legislation. There are also appropriate records of all controlled medicines that are given in the home. A medicine trolley is now available. There is a record of all medicines that have been received into the home and which have been administered. Staff are also regularly auditing medicines that are in the home which they have been enabled to do by improved records of the receipt and administration of medicines.

There are proposals in place to improve care plans to more fully represent all people's needs, choices and capabilities. We saw how the new care plans will be constructed which will be more user friendly for staff and enable them to make care plans more detailed. We did discuss with staff ways that they should ensure that care plans reflect all peoples needs and are reviewed when needs change.

There is a current review of the sufficiency of staffing levels, which includes an evaluation of care given by night staff. We discussed a concern about the sufficiency of three staff on duty between 18:00hrs and 21.00hrs and two staff on duty between 21:00hrs and 07:00.

## What the care home does well:

This was a short inspection of this service, for more information about what the home does well the reader is advised to look at the inspection report of the visit undertaken on the 18th February 2009.

## What they could do better:

The service has made many improvements since the previous inspection. We found that

there is ongoing development of care planning, risk assessments and an ongoing review of the sufficiency of staff within the home. Changes the home has made since the previous inspection give greater assurance that people will have the care that they want and need.

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 2.

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, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
1	29	19	<p>All required checks must be received and be satisfactory before new staff start working at the home.</p> <p>This will provide assurance that people living at the home will be protected from unsuitable people working at the home.</p>	10/03/2009

## 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, 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

### 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	7	Care plans should be person centred including all people's needs, choices and capabilities.
2	9	Two staff should confirm the accuracy of hand written medication entries.

## Reader Information

Document Purpose:	Inspection Report
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Audience:	General Public
Further copies from:	0870 240 7535 (telephone order line)

Our duty to regulate social care services is set out in the Care Standards Act 2000. 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 got 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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