

Key inspection report

CARE HOMES FOR OLDER PEOPLE

Cotswold House Care Centre

**Church Road
Cainscross
Stroud
Glos
GL5 4JE**

Lead Inspector
Sharon Hayward-Wright

Unannounced Inspection
2nd & 3rd April 2009 09:40

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

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

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

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

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

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

Reader Information

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SERVICE INFORMATION

Name of service	Cotswold House Care Centre
Address	Church Road Cainscross Stroud Glos GL5 4JE
Telephone number	01453 752699
Fax number	01453 756682
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Cotswold House Care Home Limited
Name of registered manager (if applicable)	To be appointed
Type of registration	Care Home
No. of places registered (if applicable)	32
Category(ies) of registration, with number of places	Old age, not falling within any other category (32)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category of service only:

Care home with Nursing - Code N

to service users of either gender whose primary care needs on admission to the home are within the following category:

Old age, not falling within any other category (Code OP)

2. The maximum number of service users who can be accommodated is 32.

Date of last inspection Not applicable

Brief Description of the Service:

Cotswold House is a care home registered to provide nursing care to 32 older people. It is situated on the outskirts of Stroud and consists of the main house and a separate detached bungalow.

The main house accommodates 21 people on three floors. The bungalow accommodates 11 people.

10 of the 11 rooms within the bungalow have been refurbished and made larger. A new assisted bathroom has also been added.

At the present time the bungalow accommodates people who require personal care.

In total there are 28 single bedrooms, 22 of which have en-suite facilities and there are 2-shared bedrooms.

The home has gardens which are accessible to people who live in the home.

Current fees are £364.20 to £687.50 per week. The Registered Providers have a system in place to manage the Funded Nursing Care Contribution (FNC).

People who fund their own placements have additional services included in the fees and these include toiletries, newspapers and chiropody. People who have their care funded by the local County Council are able to arrange, on an individual basis, different payment options for these additional services.

A copy of the Statement of Purpose and Service Users Guide are available in the entrance area of the home.

SUMMARY

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

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

This inspection was carried out by one inspector over 2 days in April 2009.

Before we visited the home we sent surveys to the home in order to obtain the views of people who use the service and the staff. We received three back from people who use the service and two from staff. Comments from these have been used in this report.

We requested an Annual Quality Assurance Assessment (AQAA) prior to this inspection. We received it on time and it contained detailed information about how the home feels they are meeting the needs of people who use the service and their plans to improve the services over the next 12 months. The AQAA also contains a Dataset which is numerical information.

We looked at other information we have received from the service or about the service from other stakeholders. This includes notifications of any incidents that may have affected the well being of people who use the service.

This is the first inspection for this home under the new Registered Providers.

We looked at a number of systems the service has in place to include care records, activities, food provision, staff supervision and training, complaints, medication and maintenance records.

The judgements contained in this report have been made from evidence gathered during the inspection, which included a visit to the service and takes into account the views and experiences of people using the service.

What the service does well:

The home has a system in place to make sure a full assessment of prospective peoples needs is undertaken prior to admission to make sure the home can meet the person's needs.

People who were spoken with during the inspection said the food has greatly improved since a new cook has been appointed. People confirmed they are

offered choices on the menu and they can request something else if they do not want what is on the menu. People also commented on the cakes made by the new cook saying how good they are.

People and visitors to the home compliment the staff saying there are hard working and very friendly. Staff said they felt they work well as a team. People and visitors also compliment the nurse manager saying she was approachable and one visitor described her as "first rate".

Redecoration and refurbishment has taken place of all but one room in the bungalow and new bed linen had also been purchased. A new assisted bathroom has also been added.

The Registered Providers have plans in place to extend and refurbishment the main house in the future.

What has improved since the last inspection?

This is the homes first inspection with the new Registered Providers.

What they could do better:

The transfer of all care records to the new format must now be completed to provide staff with detailed information about how to meet people's needs and choices. Also the staff must make sure they are following the directions in care plans so that people are not placed at unnecessary risk.

The home should continue to look at adding additional hours to their activities provision to make sure people are provided with stimulation and activities based on their abilities and choices.

The home needs to update their Statement of Purpose and Service Users Guide as described in this report, so that people are given the correct details about the services provided.

Some improvements are needed to the medication system to make sure people who use the service are not being placed at unnecessary risk.

A suitably qualified and competent person must be appointed to the manager's position and apply to us to be considered for registration.

We identified some issues with the environment and standard of cleanliness in places that need to be addressed.

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

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

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

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

The Commission considers Standards 3 and 6 the key standards to be inspected.

This is what people staying in this care home experience:

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

1, 2, 3, 5 & 6

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

A system is in place to make sure a full assessment of prospective peoples needs is undertaken prior to admission. People have access to information about the home and once amended this will have contain details about all services provided.

EVIDENCE:

As this is the first inspection for the new Registered Providers of this service we read their Statement of Purpose and Service Users Guide. Some changes and additions to these documents are required. The Statement of Purpose must include the following information;

- The admission criteria for the bungalow must be stated.

- Information about how the home is meeting the needs of one person in relation to their age.
- It mentions that the home has senior care assistants however, at the time of the inspection this was not the case.
- Associated emergency procedures, as only information about the fire procedures are included.

The Service Users Guide needs to be amended where it mentions senior care assistants and that the activities coordinator is full time which was not the situation at the inspection as she was only working 2 afternoons per week.

The service needs to provide information for people about how they manage the Funded Nursing Care Contribution (FNC).

We saw evidence that the new Registered Providers have issued new contracts to people with the new company information. Information about how people pay for additional services is included in the contract.

We examined the pre admission assessment of one person who had been recently admitted to the home. This person was in a hospital out of the County so the nurse manager completed an assessment over the telephone with a member of the ward staff. The nurse manager had also obtained a copy of an assessment of needs completed by the multi-disciplinary team based at the hospital prior to this person's admission to the home. The nurse manager said she was able to make the decision that the home was able to meet this person's needs based on the information she had collected.

We did not see the letter the home sends confirming they can meet prospective people's needs in this case.

We spoke to another person who was also recently admitted to the home and they confirmed that the deputy manager had visited them at the local hospital before they moved in. They said the home had been recommended to them by the hospital Social Worker. This person's relative said they visited the home prior to their relative moving in. This person said they had settled in well and had no concerns about choosing this home.

Cotswold House Care Home does not provide intermediate care.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

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

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

This is what people staying in this care home experience:

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

7, 8, 9 & 10

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

The health and personal care that people receive is mostly based on their individual needs. However care records do not always provide information about peoples needs and how to meet them. The principles of respect, dignity and privacy are put into practice.

EVIDENCE:

A case tracking exercise (where we examine in detail the care of a number of people) was not undertaken at this inspection as the new Registered Providers and the qualified staff are in the process of changing all care records onto a new format.

We did examine a number of care plans and on the whole these contained information about how staff are to meet peoples assessed needs and their personal choices. One care plan related to personal care did not contain any details about how often this person is offered or has a bath. Another person

had been identified as being at risk of falls, particularly falling out of bed but no risk assessment was in place to demonstrate how this was being managed. The new Registered Providers have said that the process of transferring all care records to their format has taken longer than they had first thought. The transfer of care records must be completed as quickly as possible to make sure staff have access to up to date information about how to meet people's assessed needs.

Qualified staff should consider as part of the reviewing and re writing of care plans that the following is included; people's choices, that the care described is pertinent to each person and link care plans to risk assessments and other care plans.

We spoke to a number of people who use the service and their relatives and they were all very happy with the level of care they receive.

One visitor did express concerns that at times the staff do not leave the call bell close to their relative and sometimes it takes along time to get call bells answered.

We did observe one member of care staff trying to assist one person with a drink when the person was positioned on their side. Their care plan clearly states to be sat in an upright position. This is unsafe practice as this person could have choked. This was reported to the nurse manager who dealt with it immediately.

In the surveys we received back from people who use the service we asked them; do you receive the care and support you need, and all three people said 'always'. We also asked; do the staff listen and act on what you say and all three people said 'yes'. One person had commented "this depends on who is in charge at the time and how many staff are on duty".

We saw evidence that people have access to external health professionals to include General Practitioners, Physiotherapists and Chiropractors. We asked people in the surveys do you receive the medical support you need and all three people said 'always'.

We saw care plans in place and risk assessments for nutrition and wound care. People who were assessed as being nutritionally at risk were having their weight monitored and food and fluid charts were in place for these people. However, on checking a number of these charts it was found that staff are not always completing them and they all had various gaps in the recording, especially against mealtimes. For example one person was recorded as only having 200mls of fluid on one day but no reference of this was found in their care plan or any action taken. If people are assessed as requiring these charts then they must be completed and a member of care staff or qualified staff must monitor their use.

Some people had 'turn' charts in place as they spend all their time in bed and need to be turned frequently, again these had not always been completed.

The system the home has in place for the management of medications was examined. At the inspection only qualified nurses administer medications; however the bungalow does not have any people who require nursing care so the home could ask a member of care staff to do this once they are trained and competent to do this.

Records were in place for medications received into the home and any that has to be returned to the Pharmacy. The home has a contract in place with a specialist contractor for any medication that needs to be returned.

We examined all Medication Administration Records (MAR) and we did find several gaps where the nurse had not signed for medicines given.

The nurse manager is looking to implement a new recording sheet for prescribed creams that can be kept in people's rooms for staff to complete when they have applied them.

On checking people who are prescribed 'prn' or as required pain relief medication the times have been printed on the MAR by the pharmacy. We strongly advise that the home records the exact time of administration and the dose and to make sure they follow the guidance in relation to timescales for administration of this medication.

Lockable trolleys are used to transport medication during administration.

We found a number of eye drops in use that were past the recommended manufactures instruction of 28 days and one did not have a date of opening. It is unsafe practice to use medication passed the manufactures expiry date.

We found that boxed medication, creams and liquids did have dates of opening on them.

We checked the controlled medication and it was found to be correct except no auditing was taking place. However on the second day of the inspection these had been audited and the home needs to consider how frequent they want to this, for example weekly.

A copy of Registered Providers medication policy and procedure was put on each trolley during the inspection.

Not all the rooms where medication was being stored were having the temperature monitored but this was rectified on the second day of the inspection. Medication fridge temperatures are being monitored and these were within the expectable levels.

The nurse manager has met with the pharmacy they use on a number of occasions to help improve the system and reduce any errors.

The home needs to look at incorporating some of the principles of the Mental Capacity Act 2005 into their medication documentation, for example ask people where they would like to have their medications administered.

We observed staff treating people with respect for example knocking on their door prior to entering their room. People were asked if the staff maintain their privacy and dignity and people said 'yes'.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

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

The Commission considers all of the above key standards to be inspected.

This is what people staying in this care home experience:

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

12, 13, 14 & 15

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

People who use the service are able to make choices about their daily life and have access to a limited activities programme; however plans are in place to improve the provision of activities to meet individual expectations.

EVIDENCE:

The home has recently appointed a new activities coordinator who works two afternoons per week. She said she provides one to one or group activities and the types of activities range from crafts to games and reminiscence. Outside entertainers visit the home and on the first day of the inspection a lady visited and played music and five people spoken with said how much they enjoyed this.

People said they are able to choose if they take part in the activities provided as several people said they prefer to make their own for example reading, watching television or videos and listening to the radio.

We asked people in the surveys we sent; are there activities arranged by the home that you can take part in and two people said 'always' but one person

commented they choose not to take part and one person said 'never' but they said this is because they stay in their room all the time. The new Registered Providers have stated this is an area they are looking to improve by providing more activities hours.

One person has their cultural needs met by attending a specialist day centre and if this person wishes their family will provide their food.

We did not examine the arrangements the home has in place to meet people's spiritual wishes; however the home's Annual Quality Assurance Assessment (AQAA) says they will meet people's wishes in this area.

Visitors to the home confirmed that there were no restrictions to visiting people in the home and they are always made to feel welcome.

During the tour of the environment we observed a number of rooms belonging to people and their personal possessions were on display. People spoken with confirmed they are able to make choices about their daily lives and this includes where they spend their day, if they wish to join in activities and what they would like to eat and where they would like to take or eat their meals.

The Registered Providers have appointed a new cook and people felt the quality and taste of the food has much improved. The cook devises the menus based on people's likes and she was able to demonstrate a good knowledge of people's needs and choices. Food records are in place and health and safety checks. The kitchen has been awarded 3 stars by the local Environmental Health Department. The cook said she asks people each day what they would like off the menu and will make people alternatives if they request it. People also confirmed this and several people sat in the main house lounge were able to tell us what the meals were for the day. People spoken with said that the afternoon cakes were excellent.

We observed a mealtime and people were able to sit where they chose. Staff had protective aprons on when serving or assisting people with their meals. People were offered a range of sauces and condiments with their meal as well as drinks. Staff were observed assisting people discreetly and allowing people time to eat their meals. We tasted part of a meal and found it to be very tasty and well cooked and people we spoke with also felt the same. One comment we received on a survey said "Since the new owners have been in control the quality and menu choices has been excellent".

We observed hot drinks being offered to people at frequent times. Snacks and cold drinks were available in the communal rooms or people were provided with a jug of cold drink if they were in their room. A bowl of fruit was also in the lounge in the main house for people to help themselves.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

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

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

This is what people staying in this care home experience:

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

16 & 18

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

People who use the service are able to express their concerns and have access to a complaints procedure. However robust systems are not always followed when protecting people from possible risk of harm or abuse.

EVIDENCE:

The Registered Provider said they have not received any complaints since they have taken over the management of this home. Copies of the complaints procedure are on display in the entrance to the main house and the bungalow. People are also given a copy of this with the homes 'brochure' which includes the Statement of Purpose and Service User Guides.

People spoken with said they would speak to a member of staff if they had any concerns and one visitor said they would speak to the nurse manager as they described her as "first rate".

A complaints file is in place.

The home has policies and procedures in place for staff in relation to the protection of vulnerable people, the use of restraint, abuse and whistle blowing.

The AQAA states that most staff have had training in the protection of vulnerable people during their induction course with the Registered Providers who now own this home. This training would have been in-house. The home has also booked some staff on to the training provided by the local County Council 'Alerters' guide and plans are in place for all staff to attend this. We would recommend that senior staff at the home attend the one 'Enhanced' training that is also provided by the local County Council.

One person has been referred to the Adult Protection Unit at the local County Council and an investigation was undertaken into the allegation, however this was not substantiated. The home did not follow correct reporting procedures in this instance as they did not notify us of the allegation; we were later informed by the Adult Protection Unit. The Adult Protection Unit was informed by a Social Worker. Regulation 37 of the Care Home Regulations 2001 clearly states what each home has to notify us about. We sent a warning letter to the Registered Manager who was in post at the time of this incident. The home must make sure that they follow the correct reporting procedures to make sure people who use the service are not placed at unnecessary risk.

Environment

The intended outcomes for Standards 19 – 26 are:

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

The Commission considers Standards 19 and 26 the key standards to be inspected.

This is what people staying in this care home experience:

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

19 & 26

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

Improvements have been made to parts of the environment and plans are in place for the rest of the home. On the whole, people live in a pleasant and comfortable environment but the cleanliness in parts could be better.

EVIDENCE:

The main house of Cotswold House Care Home is not purpose built, however aids have been added to assist staff in caring for people and these include a shaft lift and assisted bathing facilities. The main house is spread over 3 floors with the communal areas on the ground floor. The bungalow has 11 single rooms all with en-suite facilities.

A tour of parts of the environment took place and we viewed a number of rooms belonging to people.

In the bungalow refurbishment work has taken place where ten of the eleven bedrooms have had the baths removed from the en-suites. The en-suites now contain a toilet and sink and the size of the bedrooms have increased. A new assisted bathroom has been added to increase the bathing facilities and now two assisted bathrooms can be used by people. These rooms have also been redecorated and new bed linen has been purchased. The corridor has also been re-decorated.

In the main house the entrance hall was being redecorated during the inspection.

People we spoke with said they are happy with their rooms.

We did find some areas that need attention and they include;

- The downstairs toilet and bathroom area had seat cushions stored in this room and cleanliness needs to be improved.
- Room 13 en suite floor needed cleaning.
- Room 15 door was wedged open with a wooden wedge. This practice needs to be discussed with the local Fire Service to make sure people are not put at risk.
- The cupboard unit on the top landing had detergent and sanitizer powder stored in it and it was not locked. This is a risk to people who use the service.
- Debris was found on both days of inspection on the stairs and landings in the house.
- On the middle floor the domestic trolley was left unattended and it contained cleaning chemicals that could be potentially hazardous to people.
- Room 8 crash mat is soiled and had footprints on it and the carpet was stained.
- Room 11 electric cables were placed across the floor. To make sure people are not put at risk a review of the positioning of these is needed. The carpet also needed cleaning.
- In the main lounge one armchair was heavily stained.

We did not find any unpleasant odours which is excellent.

The Registered Provider have purchased new equipment for the home to include: new hoists, wheelchairs, 5 new electric beds and catering equipment. They have further plans to re-develop the site and plans are going to be submitted to the local planning office.

The laundry area was seen and a procedure is in place to manage soiled linen. Gloves and apron dispensers have been placed around the home along with alcohol gel for staff to use to reduce the risk of cross infection.

We asked people in the surveys we sent to them is the home fresh and clean, two people said 'always' and one person said 'usually'.

Staffing

The intended outcomes for Standards 27 – 30 are:

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

The Commission consider all the above are key standards to be inspected.

This is what people staying in this care home experience:

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

27, 28, 29 & 30

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

The home is confident that the numbers and ability of staff meet the needs of people who use the service. However to make sure staff are skilled and competent to undertake their roles a training programme needs to be fully implemented.

EVIDENCE:

The duty rotas were discussed with the nurse manager who was confident that the numbers and skill mix of staff are meeting the needs of people who use the service. Ancillary staff are also available to support the care staff. The Registered Providers have made some changes to the staffing numbers which includes an additional member of care staff in the morning. Activities hours have been changed and the domestic cleaning hours have been reduced. We did find some issues with the cleanliness of the home at this inspection.

People we spoke to and visitors praised the staff in the home for their hard work and attitude.

Several staff members spoken with said they felt things in home had improved since the Registered Providers had taken over. They felt that the staff were working well as a team.

We asked people in the surveys; are the staff available when you need them, two people said 'always' and one person said 'usually'. One person commented "Depending on how many staff are on duty and staffing levels are not always adequate".

In the two staff surveys we received we asked them are there enough staff to meet the individual needs of all people who use the service, one said 'always' and one said 'usually'.

Other comments we received in the staff surveys were "We provide good care" and "we always have enough staff to care for the residents".

The home is using agency staff to cover shifts for both care and nursing.

On the second day of the inspection an agency nurse took over the afternoon shift, however she was not shown the fire escapes routes or given any information about the procedures used in this home and the qualified staff left the home without telling this agency nurse. This is poor and unsafe practice as agency staff must be given a handover especially relating to fire procedures.

The AQAA states that none of the care staff have an NVQ 2 or above in health and social care. It does state that some staff are looking to undertake this training.

The recruitment records of three staff that have been employed at the home recently were examined at the Registered Provider's head office. All the required recruitment checks were in place except for a full employment history as years were being used and not more specific dates. One member of staff had a gap in their employment history. All three staff members had a POVA check (Protection of Vulnerable Adults list) and Criminal Records Bureau Disclosure (CRB) in place.

The Registered Providers said that all staff will have to undertake an induction programme. They told us the booklet that is to be used is based on the Skills for Care Common Induction Standards and this will be done in-house. A number of staff have all ready started this.

A training matrix is to be devised and staff have individual training records. Some training has been provided but this is very much an ongoing situation as not all subjects we consider to be mandatory have been provided as yet.

Outside training providers are being used as well as in-house training.

Qualified nurses are able to undertake training to maintain their skills and to meet their registration requirements.

Staff confirmed that they have access to training.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

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

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

This is what people staying in this care home experience:

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

31, 33, 35, 36, 38

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

To continue to improve this service a suitably qualified and competent person is required to manage this home, and make sure the health, welfare and safety of people and staff is promoted and protected.

EVIDENCE:

When the Registered Providers took over the running of this home a Registered Manager was in post but she has now left. The nurse manager is now in charge of the home and is thinking about whether she is going to apply to us to be considered for registration. A deputy manager has been appointed and they are due to start at the home shortly.

People who use the service and visitors spoke highly of the nurse manager and one visitor described her as "first rate". Staff also confirmed that she is approachable.

The Registered Providers have sent out questionnaires to people who use the service and their relatives and they were pleased with the positive response. The results have been collated and put onto a graph and an action plan will be devised for any areas that need to be addressed. We saw both the questionnaires and the graph.

Regulation 26 visits (where the Registered Provider undertakes an unannounced visit to the service and completes a report) are taking place and we receive copies of these and this is to continue at the present time.

Auditing has started but this is an area that the home is working on and looking to improve. Audits were in place for wheelchairs and accidents on a monthly basis.

A meeting took place for people who use the service and their relatives when the Registered Providers took over the running of this home. Minutes were seen of staff meetings.

The AQAA contains a list of the policies and procedures in the home and a number of these were not in place including management of violence and aggression, access to files by staff/ people, continence promotion, control of substances hazardous to health, first aid, food safety and nutrition. This needs to be addressed.

We received the AQAA on time and it contained details about what the service feels they do well and the areas they are looking to improve on. As the Registered Providers have only been running this home for a short while they are aware there are a number of areas that require improvement to make sure people's needs and choices are met.

People's monies are no longer stored at the home and a new system is in place for payment of services like hairdressing and chiropody. The bills for these are sent directly to the head office and people are then invoiced.

The home needs to devise a system for staff supervision to meet the recommended six times per year for care staff. New staff are supervised by experienced staff.

The AQAA contained information about the servicing of some equipment to include electrical wiring, heating system and the lift. We saw evidence of maintenance checks on other equipment.

A Fire Officer from the local Fire Service had visited the home a week before the inspection and checked the systems the home had in place. No report was available but the Registered Provider said they were happy with what they had put in place. We did see evidence of the checking of fire equipment and fire drills but we did not check the fire risk assessment or evacuation procedure.

The home is in the process of allocating a member of staff to look at undertaking hot water temperature checks to make sure they are within the recommended temperature range.

The home do need to put in place a bed rail management system to include risk assessments for their use and checks to make sure they are being used safely. We advise them to either contact the Health and Safety Executive directly or access their website for further details.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

4 Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

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

HEALTH AND PERSONAL CARE	
Standard No	Score
7	1
8	2
9	2
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	2
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	1

ENVIRONMENT	
Standard No	Score
19	2
20	X
21	X
22	X
23	X
24	X
25	X
26	2

STAFFING	
Standard No	Score
27	2
28	1
29	2
30	2

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	2
32	X
33	2
34	X
35	3
36	1
37	X
38	2

Are there any outstanding requirements from the last inspection? N/A

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1	OP1	4	<p>The registered persons must amend their Statement of Purpose and Service User Guide as directed in the outcome group 'Choice of Home'.</p> <p>This will help to make sure people have access to information about the services that are provided.</p>	10/09/09
2	OP7	15	<p>The registered persons must complete the change over of care plans to their new care planning format.</p> <p>This will help to make sure staff have up to date information about how to meet peoples care needs.</p>	10/09/09
3	OP7	12(1a)	<p>The registered person must make sure that staff are following care plans so as not to place people at risk.</p> <p>This relates to the member of care staff trying to assist a person with a drink, whilst the person was led on their side, and not in an upright position as directed by the care plan.</p>	03/04/09

4	OP7	15	<p>The registered person must make sure that if people are assessed as requiring food, fluid and positioning charts that these are completed by staff and monitored.</p> <p>This will help to make sure that up to date records are in place relating to peoples health needs and that they are being monitored by the staff in the home.</p>	03/04/09
5	OP9	13(2)	<p>The registered person must make sure that medications are not used past the manufacturers recommended expiry date.</p> <p>This will help to make sure people who use the service are not put at risk by unsafe medication practices.</p>	03/04/09
6	OP29	19	<p>The registered person must make sure that all the required recruitment checks are undertaken prior to a new member of staff starting work. This is particularly relevant to a full employment history with written verification for any gaps.</p> <p>This will help to reduce any risks to people who use the service.</p>	10/09/09
7	OP31	8	<p>The registered people must appoint a suitably qualified and competent person to become the manager of the home and that person must then apply to us to be considered for registration.</p> <p>This will help to make sure that the home is run in the best interests of people who use the service.</p>	30/10/09
8	OP36	18	<p>The registered persons must devise a staff supervision programme to make sure staff are being monitored.</p>	10/09/09

			This will help to make sure that people's needs are being met and that staff are competent to undertake their roles.	

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	OP1	The registered people should consider providing people with information about how they manage the FNC payment.
2	OP9	The home needs to look at incorporating some of the principles of the Mental Capacity Act 2005 into their medication system.
3.	OP9	The home needs to look at the frequency of the auditing of the controlled medication.
4.	OP12	The home should continue with their plans to improve the activities provision for people who use the service.
5.	OP18	Senior staff in the home should attend the one day 'Enhanced' training provided by the local County Council in relation to the protection of vulnerable people.
6.	OP38	We would advise the home to develop a bed rail management system and we would suggest they contact the Health and Safety Executive for information on how to do this.



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