

# **Key inspection report**

## **CARE HOMES FOR OLDER PEOPLE**

### **Chaseview Nursing Home**

**Water Street  
Chase Terrace  
Burntwood  
Staffordshire  
WS7 8AW**

*Lead Inspector*  
Pam Grace

*Key Unannounced Inspection*  
2nd April 2009 09:00

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

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

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

Copies of the National Minimum Standards – Care homes for older people can be found at [www.dh.gov.uk](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).

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

<b>Name of service</b>	Chaseview Nursing Home
<b>Address</b>	Water Street Chase Terrace Burntwood Staffordshire WS7 8AW
<b>Telephone number</b>	01543 672666
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<b>Email address</b>	chaseview@highfield-care.com
<b>Provider Web address</b>	www.southerncrosshealthcare.co.uk
<b>Name of registered provider(s)/company (if applicable)</b>	Southern Cross Care Homes No 2 Ltd
<b>Name of registered manager (if applicable)</b>	Manager post vacant
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	60
<b>Category(ies) of registration, with number of places</b>	Dementia (60), Old age, not falling within any other category (60), Physical disability (60)

# 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 the following gender:  
  
Either  
  
Whose primary care needs on admission to the home are within the following categories:  
  
Physical disability (PD) 60  
Old age, not falling within any other category (OP) 60  
Dementia (DE) 60
2. The maximum number of service users who can be accommodated is:  
60

**Date of last inspection**      2<sup>nd</sup> April 2008

## Brief Description of the Service:

Chaseview is a care home providing nursing and personal care for up to 60 people. The home is situated in a town centre location with easy access to the shops, bus stops and local amenities. Accommodation is on two floors with two shaft lifts for access to the upper floor. All rooms are single occupancy and all have en suite facilities.

The home is generally established in two groups, with the ground floor being used for those people requiring residential care and the top floor for nursing care. Each floor has its own lounge and dining area. All people who use the service if they wish to use this lounge can access a designated smoking lounge on the first floor.

There is a very pleasant quadrant garden and parking for several cars.

The fee chargeable for the service at Chaseview Nursing Home is from £366.50 up to £627.00 per week. The fee information included in this report applied at the time of inspection, the reader may wish to obtain more up to date information from the care service.

# SUMMARY

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

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

This key unannounced inspection was carried out over one day, by one inspector. The inspection had been planned using information gathered from the Care Quality Commission (CQC) database, the Annual Quality Assurance Assessment (AQAA) document that had been completed by the acting care manager, and comments/surveys received from people who use the service and their relatives.

The key National Minimum Standards for Older People were identified for this inspection and the methods in which the information was gained for this report included case tracking, general observations, document reading, speaking with staff, people who use the service and their visiting relatives. A tour of the environment was also undertaken.

At the end of our inspection feedback was given to the project manager, outlining the overall findings of the inspection, and giving information about the requirements and recommendations that we would make.

People spoken with were very positive about the care they were receiving. We observed people who were unable to communicate. Our observations showed that these people were well cared for, and were happy in their surroundings.

There had been 22 complaints made to the home, since the previous inspection, some of these had included Adult Protection/Safeguarding referrals made to Social Services. Complaints had been dealt with in a timely way under the home's complaints procedure, by the acting care manager. 10 complaints had been upheld, five were partially upheld, four were not upheld, and three complaints were in progress at the time of this report.

Surveys returned to the Care Quality Commission (CQC) totalled five 'Have Your Say' documents. The feedback and comments we received from people about the service were generally positive. However some feedback highlighted the need to improve medication administration systems.

There was one requirement, and 9 recommendations made as a result of this unannounced inspection.

## **What the service does well:**

The management and staff make the people who use the service and their visitors welcome. There are frequent visitors to the home.

Staff demonstrated great respect for the people who use the service, and people were addressed in an appropriate manner. Discussions with staff showed a clear determination that they belong to a committed team.

People spoken with were very positive about the care that they were receiving.

The home was clean, warm and comfortable.

Staff recruitment records showed us that a good system of recruitment is in place, ensuring the safety of people using the service.

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

The Annual Quality Assurance Assessment (AQAA) completed by the acting care manager, told us:

“Creation of an indoor garden on the Residential floor for service users to relax in.

Provision of three large screen televisions in the lounges.

Dedicated relative information board in reception.

Dedicated Dignity in Care notice board.

Updated service user guide and statement of purpose on display in reception.

Snoozalem room incorporated into the Home to provide stimulation to service users with cognitive impairment.

Large screen TV's provided in 3 communal areas.

Implemented Nutmeg information board in the reception area.

2 Catering blackboards outside each dining area to display the days menus.

Introduction of the Nutmeg Menu System to ensure service users receive a nutritious well balance diet.

All staff responsible for dispensing medication are put forward to attend medication training with Boots the chemist.

We have a chiropodist who visits the home to review service users who are unable to source a chiropodist of their own.

Increased number of staff with NVQ qualification.  
Creation of a home newsletter.  
Bi monthly relative meetings with a twelve month plan of dates available.  
Weekly manager's surgery available.  
Local gardener taken on to maintain the gardens and car park area  
Decoration of one lounge and dining room and corridor within the nursing unit.  
New Houskeeper employed."

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

Staff supervision needs to be consistently available to all care staff.

The home needs consistent management, and a Registered Manager to manage the home.

Safe staffing levels must be maintained.

Individual care plans, wound treatment plans, and records must be kept under review and be up to date, to ensure the health and safety of the people using the service.

Medication administration systems must be strengthened, improved, and regularly audited, to ensure the health and safety of the people using the service.

There have been a high number of complaints received by the home, and a high number of Adult Protection/Safeguarding referrals made to Social Services, this continues to be a cause for concern, and will be closely monitored.

Quality Assurance systems need to be further developed to include breakdown and feedback to the people using the service and their relatives and or representatives.

People using the service should have a forum in which to voice their opinions, and to contribute towards the day to day running of the home.

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).

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# DETAILS OF INSPECTOR FINDINGS

## CONTENTS

Choice of Home (Standards 1-6)

Health and Personal Care (Standards 7-11)

Daily Life and Social Activities (Standards 12-15)

Complaints and Protection (Standards 16-18)

Environment (Standards 19-26)

Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

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):

**3** and **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.

People considering using the service and their representatives are provided with information, which helps them decide if the service will be suitable to meet their needs. No person moves into the service without firstly having their needs assessed.

### EVIDENCE:

The Annual Quality Assurance Assessment (AQAA) told us:

“A copy of our statement of purpose and service user guide is available to all potential service users and a copy is kept in the reception area of the home .

An individual copy is available on request. We encourage potential residents to visit and stay for a meal, we can also arrange overnight stays if required.

Our assessment procedure is robust and ensures that we are able to provide

for the needs of our residents.

Potential service users receive a pre admission assessment carried out by a senior member of staff to ensure their needs can be met and to give them the opportunities to ask any questions.

We encourage prospective residents, when they are able, to visit the home and stay for a meal so that they can sample the home's environment prior to making a decision.

We offer the opportunity to visit the home at any time to speak to staff, residents and to have a look around the home

An assessment of the potential resident is undertaken either at Chaseview, their home address, or at hospital, at a time to suit them.

This assessment will include speaking to other professionals involved in the residents' care at that time, the relatives and the residents.

A decision as to whether we can meet their needs is based on this information."

People spoken with, and surveys received from people using the service confirmed that they had been able to visit the home, and were given enough information, and a contract or terms and conditions of service.

We looked at copies of the Statement of Purpose and Service User Guide, which had been reviewed, and provided people with up to date information to help them decide if the service will be suitable for them.

We looked at four care plans. These showed that a full assessment of needs had been undertaken for those individuals on admission. The assessments gave information about the person's needs across all activities of daily living examples being; cognitive awareness, confusion, risk assessment including nutrition, falls, bathing, moving and handling and fire safety.

Intermediate care is not provided in this home.

## 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 and 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 should be based on their individual needs. Care plan records should be kept up to date. Medication administration systems should be strengthened monitored and audited to ensure the health and safety of people using the service.

### EVIDENCE:

The Annual Quality Assurance Assessment (AQAA) completed by the acting care manager told us:

“Medication is supplied by a nominated chemist ensuring medication dispensed is appropriate to the service users medical conditions and known allergies.

All MAR sheets are printed

Monthly medication audits are carried out.

We have robust policies and procedures with regard to medication and all senior staff have undergone training. The manager undertakes regular audits and checks on the medications.

Service users have access to a telephone and if they request a telephone in their bedroom the home assists them arranging this

All staff receive training in communication and Adult protection to ensure Privacy and dignity is maintained.

We have regular visits from various healthcare professionals; a staff member is always available during their visits. The consultation usually takes place in the resident's own room.

We have a hairdressing salon within the home and a hairdresser visits weekly.

All staff knock before entering a resident's room at all times

We have a key worker and a named nurse designated for each client."

People spoken with and surveys received told us that they always receive the medical care and support they need. One person commented that "medical treatment is slow", this was in regard to delays in obtaining a cream that was required for an ulcerated leg. This was highlighted and discussed with the project manager during our visit. People spoken with confirmed their satisfaction with staff, and said that "staff listened to them and acted upon their requests", another person discussed his satisfaction with the service, and said that "staff look after me", and he was able to see his General Practitioner when he needed to".

We examined four care plans. These showed inconsistencies of recording, for example, two care plans had previously been audited by the organisation, with an audit sheet attached, they showed that the risk assessments were out of date, care plans had not been reviewed, information about the person was not fully completed and the person's weight had not been recorded. In one example there had been a note left by the project manager that a weight should be recorded weekly, this was not done. One care plan showed lack of planning and consistency in regard to the documenting of wound treatment records, and a lack of accurate recording of the progress of a wound, which was being treated at the time of our visit. In some instances, documents had not been signed for by the designated nurse. These issues were highlighted and discussed with the project manager during our visit.

Evidence of health professionals' involvement was seen, including General Practitioner, Community Psychiatric Nurse, District Nurse, Tissue Viability Nurse, Dentist and Chiropodist.

There was evidence of good practice, in that one care plan for a newly admitted person showed that there had been a pre-admission assessment, a short stay assessment, an assessment of need for longer stay, and the local authority assessment.

At the previous inspection we were told that a system was in place for the monitoring and auditing of medication. However, we found that because of the absence of the acting care manager, this system was not currently in place. This was highlighted and discussed with the project manager, and a named nurse was identified as being responsible for the future administration, monitoring and auditing of medication at the home.

The Controlled Medication cabinet did not meet the Misuse of Drugs (Safe Custody) Regulations 1973. This was highlighted during our random inspection in November 2008, and was subsequently discussed with the project manager. A replacement cabinet, which does comply, had been purchased, and will be appropriately fitted.

## 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 and 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 life style and are supported to develop their life skills. Social, educational, cultural and recreational activities meet individual's expectations.

### EVIDENCE:

The Annual Quality Assurance Assessment (AQAA) completed by the acting care manager told us:

“Activities programme planned by a dedicated member of staff.

Fund raising for the service users comfort fund.

Provision of specialist ideas.

Protection of service users finances by adhering to company policy and procedure.

Promotion of personal belongings for bedrooms on admission to the home.

There is always a choice of menu and meal times can be flexible and unhurried.

Residents participate in daily activities program, if they so wish.”

Surveys received from people using the service told us that there are activities arranged by the home that they can take part in, and people spoken with said, “I can join in if I want to”, “sometimes we go out on trips”. On the day of our visit we saw people in the dining room doing arts and crafts, making Easter cards. A new activities co-ordinator had been recruited since the previous inspection. There is a programme of activities in place, including a new newsletter which is also made available for all visitors to the service.

Relatives’ meetings have been introduced since the previous inspection, we saw the recorded minutes for a meeting which was held in January, and the project manager confirmed that a further meeting had taken place at the end of March, the minutes were available for us to see in draft form, waiting to be finalised. These meetings had reportedly been well attended. However there was little evidence to support that people using the service had their say in any meetings held.

Four weekly rotational and seasonal menus were in place. We looked at the kitchen, which was very clean and tidy, the cook, the kitchen assistant, and records seen confirmed that all hot food temperatures are taken daily and recorded, this is as well as fridge/freezer temperatures. The “Nutmeg” system of planning food menus is now in place, this ensures that nutritious meals are planned for within the existing menu system. Menus were clearly written up each day on chalkboards, which were located outside each dining room. Surveys received and people spoken with said that they “liked the meals at the home”, “the food always looks very nice”, “there is plenty of good, wholesome food, and a good variety.”

Tablecloths were in use on tables in the upstairs and downstairs dining room, and those rooms looked homely and welcoming. This is an improvement since the previous random inspection in November last year.

Large screen televisions had been purchased since the previous inspection, replacing much smaller screens which were difficult for people to see.

# 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 and 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 robust, effective complaints procedure. People are protected from abuse, and have their rights protected.

## EVIDENCE:

The Annual Quality Assurance Assessment completed by the acting care manager told us:

“Displaying Policy & Procedure so staff, clients and visitors are aware what they can do should they have a complaint.

Complaints procedure complied with.

Reporting significant events via Regulation 37 (notifications) to CSCI and VA1 (Safeguarding) to Social Services.

Positive communication between staff, residents and relatives

Our staff all receive training on Abuse and POVA (Protection of Vulnerable Adults) and whistleblowing

All our complaints are dealt with within a 28 day time frame, they are investigated thoroughly and suggestions for improvements are implemented in

the home.

Documentation of complaints.”

We saw that the complaints procedure was displayed in the main entrance to the home. We were told that larger print versions would be made available if required. The project manager confirmed that people who use the service and or their representatives are provided with a copy of the home’s complaints procedure during the admission process.

Surveys we received and people spoken with told us that people know how to make a complaint. Comments received included the following, “we know who to speak to if we’re not happy”, “we would complain to the senior staff.”

There had been a total of 21 complaints made to the home since the previous inspection, some of these complaints also included Adult Protection/ Safeguarding referrals made to Social Services. We asked the project manager to provide us with written information in relation to the outcomes of those complaints and referrals. Complaints and Safeguarding referrals were documented and recorded. However, we were not always informed of the outcomes of Safeguarding referrals, and outcomes of complaints were not always consistently documented. This was highlighted and discussed with the project manager at the time of our visit. This will continue to be closely monitored.

An anonymous complaint was subsequently received by us. This highlighted the need for staff to be in sufficient numbers to safely meet the needs of people using the service. This was also highlighted and discussed with the project and area managers. We asked the service to formally log and investigate this as a complaint, and to feedback the outcome to us.

## 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, 22, 25 and 26** - People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The physical design and layout of the home enables people who use the service to live in a safe, well-maintained and comfortable environment, which encourages independence.

### EVIDENCE:

The Annual Quality Assurance Assessment completed by the acting care manager told us:

“We provide a safe, homely, clean living environment for our residents.  
All staff adhere to universal precautions (wearing aprons and gloves etc.)  
Report equipment failure as soon as feasibly possible.  
Provision of specialist equipment e.g profiling beds.

We work alongside the service users and their families to ensure their rooms are homely and contain belongings from their own homes prior to admission. Ensure that all 6 monthly and annual safety checks are carried out within the home.”

Surveys received by us, and people spoken with during the inspection visit expressed their satisfaction with the general environment, their room, and the equipment provided within the home. Comments received included the following, “the home is always fresh and clean”, “the staff work hard at keeping the place clean”, “rooms close to the sluice room sometimes get a bit smelly.”

We undertook a tour of the environment. The home provides a clean, well-maintained environment throughout. Windows were open at times to encourage fresh air, and to eradicate odours. Accommodation is personalised to suit individuals. Communal areas are comfortable and homely. Bathrooms and toilets are conveniently sited around the home. We noted that equipment and adaptations were provided as necessary to maximise independence. For example, wheelchairs, raised toilet seat, bed rails, pressure mattress, handrails, and assisted baths.

There had been an improvement noted by us in the homely and welcoming appearance of the upstairs dining room since the previous inspection, with the use of tablecloths and table decorations. Dining rooms upstairs and downstairs now reflect this.

Bed rail bumpers are in place to promote the comfort and security of the people who use the service. Care plans evidenced that risk assessments were in place for those in use. Staff spoken with, were aware that they need to check the correct fitting of bed rails with the project manager before use.

Kitchen and laundry areas were clean and tidy, with appropriate measures in place to prevent cross infection.

## 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 and 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.

Staff in the home are trained and skilled, however, they should be in sufficient numbers to safely support the people who use the service.

### **EVIDENCE:**

The Annual Quality Assurance Assessment completed by the acting care manager told us:

"We follow a comprehensive recruitment process.  
All care staff are over the age of eighteen.  
NVQ training to a level 2/3 in care is provided by a nominated company.  
NVQ training in Administration."

Surveys received and people spoken with confirmed that staff do listen and act upon what people say, and that staff are usually available when needed. Staff sign in on reporting for duty, records seen during our visit tallied with the rota for that day.

Staff spoken with, said that they were not happy about the lack of consistency of management of the home, which they said "is changing all the time", and

which is currently being undertaken by a project manager, (in the absence of the acting care manager). They confirmed that they had received updates in regard to mandatory training, including moving and handling, health and safety, Fire and Medication. They were also not satisfied in regard to staffing levels, and confirmed that although there is a recruitment drive at present, there were still shortfalls in regard to night staff cover, and agency staff are not used to bridge the shortfall due to financial constraints by the organisation.

We looked at the staff rota for March and the first week in April 09. These did show that there were some shortfalls in regard to day staff and night staff. We subsequently highlighted and discussed this with the project and area managers, it was thought that the rotas provided to us were not up to date, and did not accurately reflect the numbers of staff actually on duty.

An anonymous complaint was subsequently received by us. This highlighted the need for staff to be in sufficient numbers to safely meet the needs of people using the service. This was also highlighted and discussed with the project and area managers. We asked the service to formally log and investigate this as a complaint, and to feedback the outcome to us.

## 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 and 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.

Short-term arrangements and management input by the operations and project manager is effective, however, there must be a Registered and Fit Person in post to ensure consistency of management, and the health, safety and welfare of the people using the service.

The home should further develop its quality assurance system to make sure that services are provided in the best interests of those who use them.

**EVIDENCE:**

The Annual Quality Assurance Assessment completed by the acting care manager told us:

“Our home is run in the best interests of our residents. We provide a high standard of care and support.

Our financial procedures are robust and regular auditing takes place.

Our administrator ensures that our residents’ financial interests are safeguarded and works within the policies and procedures set down in the home

We have policies and procedures in place which are also regularly updated and reviewed.

We promote the welfare of all our residents at all times.

All staff have regular supervision and appraisals.”

The Annual Quality Assurance Assessment (AQAA) document, which was completed by the acting care manager, was returned to the Commission for Social Care Inspection on time, and was completed to an adequate standard. More information would have been helpful in regard to all of the outcome areas.

The management of the home has been in question, as there had historically been no registered manager in post for the past two years.

During this inspection we were told that there is still no registered care manager in post. The acting care manager was not available, and the project manager has responsibility for the service at present. She told us during discussion that the organisation had been actively seeking to recruit to the deputy care manager post.

Staff spoken with, were unhappy about the lack of consistency of management of the home, they feel that this is a barrier to bringing the quality of care back to where it was before. Staff said that they were very keen to bring the overall quality rating of the service back up to Good – 2 Star. Staff also confirmed that their supervision sessions have been inconsistent.

The project manager told us that she is committed to her responsibility in overseeing the home at present. She has been instrumental in problem solving, ironing out staff relationship problems, ensuring that staffing levels are maintained, and that quality training and supervision for all care staff has been undertaken.

The home has a recently reviewed statement of purpose that sets out the aims and objectives of the service. The project manager has been brought in on a short-term basis to maintain and monitor practice and compliance with the plans, policies and procedures of the home. More work however is still needed in relation to the safe Administration of Medication, the Quality Assurance system, the maintenance of safe staffing levels, consistency of staff supervision, Complaint and Safeguarding outcomes, and the appointment of a permanent Registered Manager.

The service user guide outlines the details and payment of fees. It also confirms that where appropriate, people who use the service can open a designated bank account. The home employs an administrator who confirmed that she is available to everyone in relation to advice and information in regard to finances. We spot checked three people's individual finances during our visit. This showed us that there were no anomalies, purchases are made and receipts kept, records seen tallied with the amounts held by the service.

There had been 21 complaints made to the home since the previous inspection. Some of these included Adult Protection Safeguarding referrals made to Social Services. All complaints are documented. However, outcomes were not clearly recorded. The project manager was asked to provide us with a written breakdown of these complaints, listing which complaints were upheld. The high level of Complaints and Safeguarding referrals continue to be a cause for concern. This will be closely monitored.

Our previous inspection report concluded that there was no breakdown of information regarding Quality Assurance surveys undertaken by the organisation. There was no evidence during this visit to support that this had been implemented, and there was still a need for analysis, feedback for people who use the service and or their relatives. It is therefore a recommendation of this report that a system for quality assurance is fully implemented, which includes feedback, and one that is audited, with feedback/outcomes given to staff, relatives and people who use the service.

There was also little evidence that people using the service have their say in the day to day running of the service. It is a recommendation of this report that people who use the service should have a forum in which to have their say in the running of the home. Regular and minuted meetings should be set up.

# 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

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

<b>ENVIRONMENT</b>	
<b>Standard No</b>	<b>Score</b>
<b>19</b>	3
<b>20</b>	X
<b>21</b>	3
<b>22</b>	3
<b>23</b>	X
<b>24</b>	3
<b>25</b>	X
<b>26</b>	3

<b>HEALTH AND PERSONAL CARE</b>	
<b>Standard No</b>	<b>Score</b>
<b>7</b>	2
<b>8</b>	2
<b>9</b>	2
<b>10</b>	3
<b>11</b>	X

<b>STAFFING</b>	
<b>Standard No</b>	<b>Score</b>
<b>27</b>	2
<b>28</b>	3
<b>29</b>	3
<b>30</b>	3

<b>DAILY LIFE AND SOCIAL ACTIVITIES</b>	
<b>Standard No</b>	<b>Score</b>
<b>12</b>	3
<b>13</b>	3
<b>14</b>	2
<b>15</b>	3

<b>MANAGEMENT AND ADMINISTRATION</b>	
<b>Standard No</b>	<b>Score</b>
<b>31</b>	3
<b>32</b>	2
<b>33</b>	2
<b>34</b>	X
<b>35</b>	3
<b>36</b>	2
<b>37</b>	X
<b>38</b>	2

<b>COMPLAINTS AND PROTECTION</b>	
<b>Standard No</b>	<b>Score</b>
<b>16</b>	2
<b>17</b>	X
<b>18</b>	2

Are there any outstanding requirements from the last inspection? NO

**STATUTORY REQUIREMENTS**

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

No.	Standard	Regulation	Requirement	Timescale for action
1.	OP7	12(1)	The registered person shall ensure that the care home is conducted so as (a) to promote and make proper provision for the health and welfare of service users; (b) to make proper provision for the care, and where appropriate, treatment, education and supervision of service users.	02/04/09

**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.	OP7	To ensure the safety of the people using the service. Care plans should be kept up to date. This includes wound treatment records, nutritional assessments and risk assessments, which should be clearly documented. Weights should also be recorded on admission to the home to enable a baseline to be established.
2.	OP9	To ensure the health, welfare and safety of the people using the service, the existing medication administration

		system should be strengthened, to include regular monitoring and auditing by the manager and or designated senior staff member.
3.	OP9	All prescribed medication must be securely stored. The provider should provide us with evidence that the cabinet in question meets the Misuse of Drugs (Safe Custody) Regulations 1973.
4.	OP12	People using the service should have a forum in which to voice their opinions and to contribute towards the day to day running of the home. Meetings held should be documented and minutes taken.
5.	OP27	Safe staffing levels must be maintained for the safety of the people using the service.
6.	OP31	To comply with legislation, and ensure effective management is sustained a manager should be appointed and registered.
7.	OP33	Quality Assurance systems should include a breakdown and feedback to the people using the service, their relatives and or representatives.
8.	OP36	To ensure that all staff are properly supported, staff supervision should be given as per the National Minimum Standard (NMS).
9.	OP38	To ensure the health, welfare and safety of the people using the service. The manager should strengthen the existing system of regularly monitoring and auditing the quality of care provided at the home, including the quality of nursing care.

## **Care Quality Commission**

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