

Key inspection report

Care homes for older people

Name:	Chaseview Nursing Home
Address:	Water Street Chase Terrace Burntwood Staffordshire WS7 8AW

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

Lead inspector:	Date:
Pam Grace	1 4 0 4 2 0 1 0

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

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

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

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

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

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

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk 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

Document Purpose	Inspection report
Author	Care Quality Commission
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Chaseview Nursing Home
Address:	Water Street Chase Terrace Burntwood Staffordshire WS7 8AW
Telephone number:	01543672666
Fax number:	01543673666
Email address:	chaseview@highfield-care.com
Provider web address:	www.schealthcare.co.uk

Name of registered provider(s):	Southern Cross Care Homes No 2 Limited
Name of registered manager (if applicable)	
Manager Post Vacant	
Type of registration:	care home
Number of places registered:	60

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	60	0
old age, not falling within any other category	0	60
physical disability	60	0
Additional conditions:		
The maximum number of service users who can be accommodated is: 60		
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		
Date of last inspection		

Brief description of the care home

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 information is not included in this report, the reader may wish to obtain more up to date information from the care service.

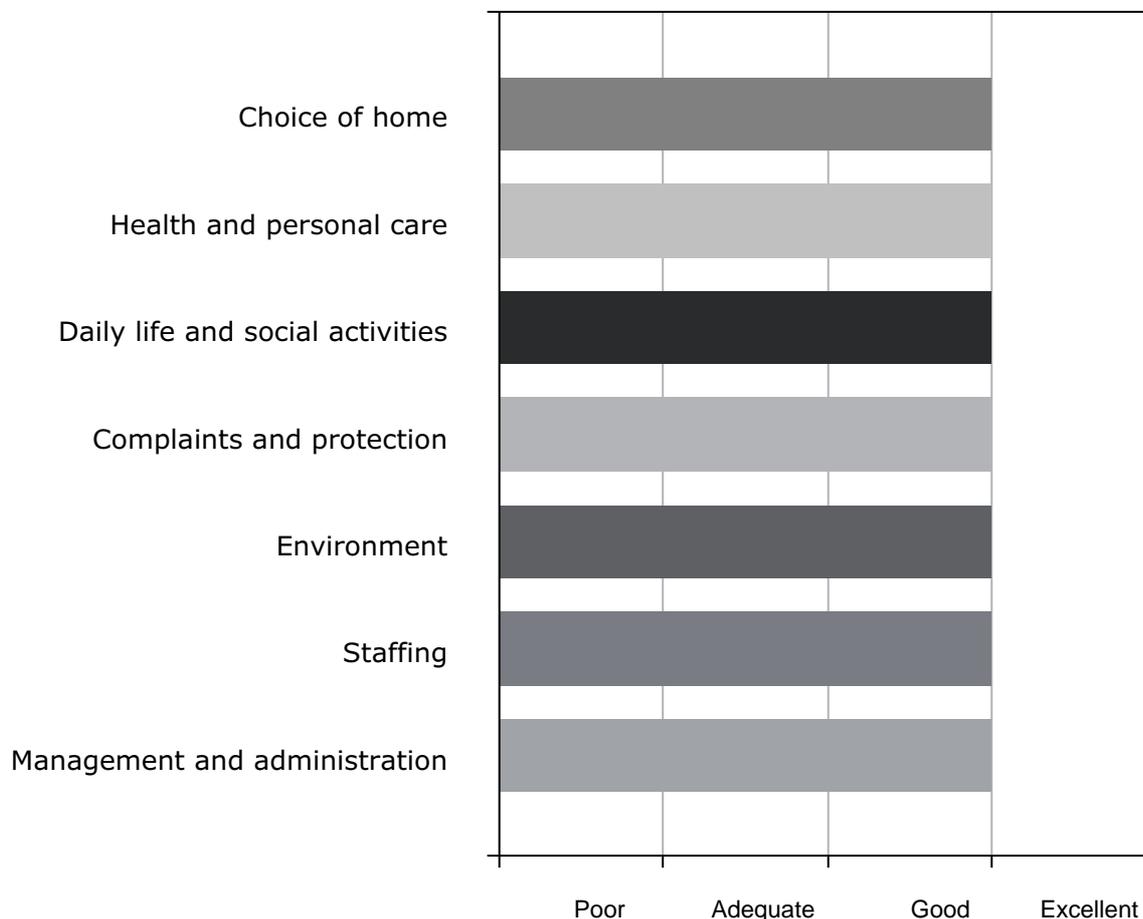
Summary

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

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

The overall quality rating for this service is 2 star. This means the people who use this service experience good 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 and 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. Observation of the environment

was also undertaken.

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

People spoken with were mostly 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 seven complaints made to the home, since the previous inspection, all of those complaints had not been upheld. Complaints had been dealt with in a timely way under the homes complaints procedure, by the acting care manager. A total of 15 referrals had been made to Social Services under the Safeguarding and Protection of Vulnerable Adults Protocol in the past 12 months. However, the numbers of referrals had substantially reduced in the past five months. Close liaison with Social Services had continued since the previous inspection, and in regard to the sharing of concerns and enquiries.

Surveys returned to the Care Quality Commission (CQC) totalled four Have Your Say documents. Those surveys and comments have contributed to this report.

There were no requirements, and nine recommendations made as a result of this unannounced inspection.

What the care home 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.

Complaints are dealt with quickly and appropriately by the acting care manager, these are well documented and recorded.

What has improved since the last inspection?

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

"Additional training has been provided to staff and PCT training is offered to enable staff to access a comprehensive training schedule. Care planning has improved and person centred care is beginning to become very evident in the care plans. Individualised care is taken seriously and we endeavour to provide this from pre-admission through to reassessment and care delivery.

Care plans have improved and are more personalised.

Information regarding activities has increased the activities boards have been located to the main areas for all to see. Monthly activities information pack produced and located in the main reception area for service users and their visitors to review. A more varied menu. Addressing complaints as they arise and working with Service Users, visitors and outside agencies to alleviate or address and concerns. A more open approach is facilitated within the Home. Attention has been paid to the garden area. Planting areas have been increased. Most rooms have been redecorated. New televisions fitted in three of the four lounges. Reception area has been made more welcoming

Closer supervision of mandatory training, two staff members have attended Moving and Handling Facilitator training. Training has been purchased through the local PCT for staff to utilise. Intensive training has been provided regarding Tissue Viability and trained staff have been provided with a training package to assist their training of care staff regarding pressure area care. The Home Manager is always available regarding staff issues within the Home and on the on call contact number. Continual monitoring of the quality of management and administration of the Home. Recruitment of a Senior Sister on the nursing unit. Staff recruitment Staff training has been improved. Major

improvements and refurbishment have been undertaken. Positive working relations with service users, relatives and outside agencies."

What they could do better:

Individual risk assessments should be regularly reviewed and kept up to date.

Care plans should be signed for, either by the individual or their relative/representative.

Care plans should be uniformly kept and records archived appropriately to make it easier to find specific information.

Windows that have wood rot and or broken seals should be repaired or replaced.

Individuals should be consulted on their preference for locking their own bedroom door. This should then be documented and recorded in their care plan.

Staffing levels should be kept under review, and should be maintained in relation to the dependency levels of the people using the service.

Staff should receive a documented formal induction programme, that is signed off and endorsed by a senior staff member.

The acting care manager should Register with the Care Quality Commission.

Supervision for night staff should be implemented as soon as possible.

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@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

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Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

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

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

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

This is what people staying in this care home experience:

Judgement:

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

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) completed by the acting care manager told us

"Prospective service users and visitors are actively encouraged to visit the home prior to admission. We have also facilitated prospective residents spending meal times within the Home. This enables the prospective service user to make an informed decision about their stay. However, if there are any concerns we endeavour to address them immediately. Visits to inspect the Home are provided to suit the prospective service user and or their family and we encourage visits on a non appointment basis in order to assist them in this process. Where the potential resident cannot visit the

Evidence:

home, there is a photo album that can be shown to reflect the home and allow the new resident to see the home before being admitted.

We endeavour to provide as much information about the Home and the Company as possible. All prospective service users are informed that a copy of the Homes brochure, Service User Guide, and Statement of Purpose are readily available in Reception for viewing."

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

We were told that the Statement of Purpose and Service User Guide were both under review by the organisation, at the time of our visit. This will provide people with up to date information to help them decide if the service will be suitable for them.

We looked at three care plans. These showed that a full assessment of needs had been undertaken for those individuals on admission. The assessments gave information about the persons needs across all activities of daily living, including their cognitive awareness and mental health, risk assessment including nutrition, falls, bathing, moving and handling and fire safety.

Intermediate care is not provided in this home.

Health and personal care

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

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** 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 based on their individual needs. Care plans should be signed, and individual risk assessments should be kept up to date. Medication administration systems should continue to be monitored and audited, to ensure the health, welfare and safety of people using the service.

Evidence:

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

"All service users have a comprehensive care plan based on activities of daily living. This includes mandatory assessments and risk assessments. All service users and their visitors are encouraged to be involved in the formulation of the individualised person centred care plan. Service user reviews are carried out at 3 and 6 month intervals, depending on the service users needs. A named nurse and keyworker system is in place. All care plans and assessments are reviewed monthly by the named nurse, or more frequently if required. Podiatry referrals are sent for clients that are eligible for

Evidence:

NHS chiropody. We also have a local private chiropodist who visits 4 weekly or sooner if requires and provides foot care for those that need to pay privately and advises the staff where appropriate. GPs from the main practices visit on a need basis throughout the week if required. We have visits to the home by CPNs, Dietician, Speech and Language Therapist, Psychiatrist, Tissue Viability Nurse, McMillan Nurse and District Nursing Team all visit the Home on a regular basis and when required. Medication Audits are completed monthly to ensure compliance of the Companies Policies and Procedures. Our medication suppliers also undertake medication audits. We operate a policy on the receipt, safe storage, handling, administration and disposal of medication. Care plans contain risk assessments identifying service users at risk of pressure area damage and what action is being taken, or what equipment is required to reduce the risk. We carry out risk assessments on all service users to prevent falls. Documentation regarding falls and or incidents is reviewed and audited by the Home Manager. This information is forwarded for analysis. We provide equipment to attempt to reduce falls and or injury, for example alarms, crash mats and padded protection garments if appropriate after discussion with service users and their visitors."

People spoken with and surveys received told us that they do receive the medical care and support they need.

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

Care plans seen showed clear consistency of recording, but needed archiving, as there was so much paper work to go through to find the specific information needed. Risk assessments were clear but some were not up to date, care plans had been reviewed, and evaluated.

Care plans seen were not signed for, either by the person or by their representative. This was highlighted and subsequently discussed with the care manager. We were told that there is currently no pro forma in place for signatures. Although evidence of involvement by the individual, and or relevant others was recorded when annual reviews were held.

Information about the person was comprehensively completed, including a personal profile and life map. The persons weight had been recorded. Wound treatment records were kept up to date, apart from one, which had not been recorded appropriately by

Evidence:

the District Nurse. This was highlighted and discussed at the time. Records seen appropriately described the grade and condition of the wound, and the way in which the wound was to be cleaned, and dressed. We were told that in some cases photographic evidence had been used to demonstrate the healing of the wound, with the permission and approval of the individual concerned. Appropriate consultation with the tissue viability specialist nurse was also evidenced.

Visits from other health professionals were recorded and evidenced, for example the District Nurse, General Practitioner, Chiropodist, Dentist, Tissue Viability Specialist Nurse, and Palliative Care Specialist Nurse.

We undertook a spot check of medication on the nursing floor, which evidenced that a robust system is in place for the administration, monitoring and auditing of medication. The auditing system for this had been strengthened since the previous inspection. A named nurse has daily responsibility for the safe administration of medication, including Medication Administration Sheets, the ordering of new supplies of medication, and the return of medication. The acting care manager also oversees the auditing of this on a weekly basis, and a monthly audit is undertaken by the organisation.

Daily life and social activities

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

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **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 individuals expectations.

Evidence:

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

"Service users are encouraged and facilitated to participate in social activities such as seasonal fayres for general fund-raising, annual village celebrations, visits to the town centre, the local shops, public houses or tea shops whilst accompanied by staff or visitors. We are building strong links with the local community. We encourage service users to spend their time as they wish and make choices about their day. We provide an atmosphere that is friendly, informal and flexible. The Home employ an Activities Organisers, who are always exploring ideas to improve the service provided. The Activities Organiser has sourced a variety of entertainers. On admission the Activities Organiser collates information from the service user and their visitors regarding their social activity preferences. This enables the Home to view the service user as a whole person. We have a garden area central to the home and encouraged service users to

Evidence:

participate in the planting and maintaining of planted areas and tubs."

People we spoke with and surveys returned to us told us that the home arranges appropriate activities that they can take part in if they wish to. There is a visiting Minister who offers a Service and Communion for people who wish it.

People also told us that they liked the meals at the home. Comments received included, " the activities are varied, and we have had several interesting events, including trips out to a theatre play and a buffet meal, they are organising a pub meal." "The menu looks very varied and appetizing, and the staff seem kind and helpful, they are always polite and willing to discuss things that concern me." "Staff appear friendly and listen. They make people feel part of their community, and routines are adhered to well."

There is a newsletter, which is produced monthly, and which sets out activities that are organised, there is also a monthly meeting for people using the service and their relatives, meeting minutes were available for us to view. There is an activities schedule, which was readily available in the main entrance. Music was playing in some areas during the morning of our visit, and there was a clothing sale organised for the afternoon.

We spoke with many relatives and people using the service, they confirmed that there have been trips out to a local school for a theatre show which everyone enjoyed, there are plans for a pub meal, and a 90th birthday party was being organised for one person at the home. At Easter they went to a show, and the trip included an Easter buffet. At Christmas they had a Carol Service and a buffet at the church rooms. There is a "Happy Hands" massaging hands service which is quite popular, but needs to be individually paid for. We discussed the possibility of training staff in regard to massage techniques.

We were told by staff that one person who has sight impairment plays dominoes, she does this with the use of dominoes that have braille printed on them, supported by staff. Newspapers are available daily, and staff use these to encourage and stimulate conversation with people.

We were told that there is a large choice of meals. During the inspection visit, we noted the following meals were on the menu, Jacket Potatoes, steak pie or fish fingers, chips or potatoes, carrots and peas, followed by pear sponge and custard, or ice cream. Staff were observed during the morning, asking individuals what choice they wanted for lunch. This is reportedly done every day. The acting care manager

Evidence:

confirmed that appropriate table menus were being resourced, and that these hope to be adopted throughout the home.

The home has a Snoozalem room, however, this is still not used as much as it could be, We highlighted this, and discussed ideas for its use, for example massage, aromatherapy, quiet area etc.

Complaints and protection

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

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

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

This is what people staying in this care home experience:

Judgement:

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

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 (AQAA) completed by the acting care manager told us

"All complaints are passed to the Home Manager and are dealt with promptly and forwarded to our regional Head Office for the attention of the Area Manager and Regional Director. All complaints and outcomes are recorded and any actions put into place to reduce the risk of that happening again. Service users and their visitors know that if they make a complaint they will be fully supported by staff. Regulation 37s and Safeguarding Adult referrals are forwarded to the Area Manager and CQC. Audits of complaints are carried out monthly by the Home Manager and the Area Manager. Our Head Office request reviews until the complaint is resolved. All staff receives training in Safeguarding of Vulnerable Adults and work to the guidelines laid down. All staff are aware of the Company Whistle Blowing Policy. Procedures are in place to respond to any suspicion of neglect or abuse and this includes financial abuse. As part of Southern Cross commitment towards the zero tolerance approach to abuse in our care homes, the focus is being increased and a Dignity in Care Champion has been identified in our Home. This champion will lead the zero tolerance approach, be

Evidence:

involved with residents meetings and discuss choice, dignity and privacy. Feedback will then be provided to the Home Manager."

People we spoke with and surveys received told us that people know whom to speak to if they are not happy, and they know how to make a formal complaint if they need to. Comments received included, "the staff seem kind and helpful, and are always polite and willing to discuss things that concern me."

The AQAA told us that the home had received seven complaints since the previous inspection. We noted that all seven complaints had not been upheld. We found that these had been appropriately dealt with, responded to, recorded and documented, according to the homes policy and procedure.

There had also been 15 Safeguarding referrals made in the past twelve months. These had all been resolved and dealt with according to appropriate Adult Protection protocols. The home continues to be vigilant and co-operative in liaising with both the Care Quality Commission and the Social Services in regard to this, and the sharing of concerns and enquiries. We noted that there had been fewer referrals made since the previous inspection, and since November 2009 when the acting care manager took up her post.

We noted that staff had received Safeguarding training.

Environment

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

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

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

This is what people staying in this care home experience:

Judgement:

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

The 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 (AQAA) completed by the acting care manager told us

"We comply with the standards regarding baths, showers and toilets. A programme of annual maintenance is maintained and can be evidenced in the Home. Staff have received mandatory Fire Training and the Home complies with all the regulations. A Nurse Call System is fitted in every room. Each room is centrally heated. We provide private accommodation that is furnished to a comfortable standard with en suite facilities. All bedrooms are larger than the standard size requirement. Beds are either a divan or a profiling bed for service users with nursing needs. Health and safety meetings are held bi-monthly by the Home Manager. All systems are regularly maintained by the correct professional and certificates issued and kept in the Home. Service users have the option to bring in their own items. Adapted equipment is provided within the Home for those service users who have limited mobility, for example grab rails."

Evidence:

People spoken with and surveys received told us that the home is fresh and clean, and they were happy with their rooms and their communal lounges and dining areas. Comments included, "the home is nicely decorated, clean and comfortable."

We found during observation of the environment that the home provides a clean safe, and well maintained home for people to live in. We noted that some double glazed windows needed replacing due to seals being broken, as did one or two windows with wood rot. This was subsequently highlighted and discussed with the acting care manager, who confirmed that these are due for repair and or replacement.

Equipment and adaptations such as wheelchairs, raised toilet seat, bed rails, pressure mattress, handrails and assisted baths were provided as needed, in order to maximise a persons independence, wheelchairs were properly maintained with the necessary foot rests etc.

We highlighted and subsequently discussed the need to consult people on whether they want to lock their bedroom door or not, and recommended that following consultation, the staff should write individual preferences into their care plan.

Staffing

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

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

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

Evidence:

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

"All nurses are registered with the NMC and there are always nurses on duty. We have employees who have a varied range of experience. Any new employees are monitored and supported by all staff, in order to develop their skills within the care sector. Prior to employment, prospective employees are rigorously interviewed and the interview process is documented and kept on file, SOVA and CRB checks are submitted and two written references are required. All staff are issued with a job description, employee handbook and a contract of employment, a copy of which is held on personnel files. Staff Training files is updated with all current information and certificates. All staff are aware of mandatory training sessions and the importance of attendance to improve the quality of the service they provide within their role."

People using the service and surveys received told us that they were satisfied with the level of staffing at the home, and the care they received. However, one comment received asked for more staff at night. We looked at the staff rota, and confirmed that

Evidence:

there are five care staff which includes one qualified nurse on duty at night, the numbers of staff on nights are appropriate for the current needs of people using the service. However, we have asked the acting care manager to keep this under review.

Staff sign in when reporting for duty, records seen during our visit tallied with the rota for that day.

Staff had previously told us that they were not happy about the lack of consistency of management of the home, which they said is changing all the time. However, the acting care manager has now been in post since November 2009, and is in the process of applying for Registration with the Care Quality Commission.

We looked at two staff recruitment records, these were two recently appointed members of staff. Records were uniformly kept, and reflected a robust recruitment process, with the necessary employment history, two references, Criminal Records Bureau (CRB) and identification checks in place. The new members of staff confirmed that they had received and undertaken an appropriate induction programme on commencement of employment. However, we found no evidence to support that. This was highlighted and discussed with the acting care manager. We recommended that there should be a pro forma used, which is signed off by a senior member of staff, to ensure that this is evidenced.

We were provided with a copy of the staff training matrix. This showed that staff had received appropriate and relevant training according to their role and responsibilities. This included medication updates, Safeguarding, moving and handling, health and safety and fire.

We highlighted and discussed staffing levels with the acting care manager, in relation to the comments we had received. The staff rota for week ending 18th April 2010 was examined. Staffing levels during the day had increased on the nursing floor by one carer, and there had been an additional qualified nurse on duty each morning, totalling two qualified nurses on duty for each morning shift. These increases were made as a result of recommendations made at our previous inspection visit.

Staff told us that supervision was inconsistent. The acting care manager confirmed that day staff receive regular supervision, however, staff on night duties are yet to receive supervision.

Management and administration

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

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

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

The acting care manager is aware that 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 has further developed 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 (AQAA) completed by the acting care manager told us

"The Home Manager is an experienced Registered Nurse who has experience of managing care homes. The Home Manager has achieved the NVQ level 4 Management and supervising health & safety certificate. The Home Manager requires the staff to give daily handovers regarding their department and to be informed of any changes when they are not in the Home via the on-call contact number or documentation. The

Evidence:

Home Manager conducts regular audits within the Home to monitor the quality of service provided and to also monitor compliance with Company policies and procedures. Staff receives induction training and supervision and this is documented. The Home Manager ensures mandatory training is monitored and addressed. Comprehensive records are kept of all prospective Service User enquiries and subsequent admissions. Company agreements for each Service User are kept on file and detailed records of all monies paid to and from the Home are kept in line with Company policy."

People spoken with and surveys received have confirmed that improvements have been made since the previous inspection, and that there is now consistency of management of the service. The acting care manager has been in post since November 2009, and is in the process of applying for Registration with the Care Quality Commission.

The AQAA was well completed, and contained appropriate and comprehensive information about the service, and the improvements that have been made.

The management of the home had been in question, as there had historically been no registered manager in post for the past three years. Short term arrangements and management input by the operations manager had been in place, however, the acting care manager is aware that 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. A deputy manager is now in post, assisting the acting care manager.

We noted improvements in the numbers of Safeguarding referrals coming through. Seven complaints had been dealt with since our previous visit, and these had not been upheld. All of these had been dealt with in a timely way by the acting care manager, and had been appropriately documented and recorded.

Staffing levels and staff recruitment had been maintained. A new unit manager for the residential floor was appointed subsequent to our visit. Staff and people spoken with during our visit were happy about the management of the home.

Supervision of day staff was in place, however, we were told that night staff still need to have regular supervision. The care manager is already aware of this, and will rectify this as soon as possible.

The homes Statement of Purpose and Service User Guide is currently under review by

Evidence:

the organisation. We noted that there had been some improvements in relation to Quality Assurance. Surveys will be sent out shortly to relatives, people using the service, and other professionals.

Improvements have been noted in regard to the maintenance of safe staffing levels, the variety and quality of activities, and the overall management of the service.

The acting Care Manager does undertake regular audits within the home to monitor the quality of service provided, and the organisation undertakes Quality audits on a regular basis. We were provided with a copy of the audit undertaken by the organisation on 7th April 2010.

Staff training matrix confirmed that training is up to date and ongoing. Including the organisations own in house diploma programme which is about to be rolled out.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action

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 uniformly kept and records archived appropriately to make it easier to find specific information.
2	7	Care plans should be signed for, either by the individual or their relative/representative.
3	7	Individual risk assessments should be regularly reviewed and kept up to date.
4	19	Windows that have wood rot and or broken seals should be repaired or replaced.
5	24	Individuals should be consulted on their preference for locking their own bedroom door. This should then be documented and recorded in their care plan.
6	27	Staffing levels should be kept under review, and should be maintained in relation to the dependency levels of the people using the service.
7	30	Staff should receive a documented formal induction programme, that is signed off and endorsed by a senior staff member.
8	31	The acting care manager should ensure that she is

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
		Registered with the Care Quality Commission.
9	36	Supervision for night staff should be set up and implemented as soon as possible.

Helpline:

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Web: www.cqc.org.uk

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

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