

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
24th September 2009 09:45

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.

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SERVICE INFORMATION

Name of service	Chaseview Nursing Home
Address	Water Street Chase Terrace Burntwood Staffordshire WS7 8AW
Telephone number	01543 672666
Fax number	01543 673666
Email address	chaseview@highfield-care.com
Provider Web address	www.southerncrosshealthcare.co.uk
Name of registered provider(s)/company (if applicable)	Southern Cross Care Homes No 2 Ltd
Name of registered manager (if applicable)	Acting Care Manager – Andrea Walker
Type of registration	Care Home
No. of places registered (if applicable)	60
Category(ies) of registration, with number of places	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 2nd April 2009

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 **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, and included the assistance of an 'expert by experience'. An 'expert by experience' is a person who, because of their shared experience of using services, and/or ways of communicating, visits a service with an inspector to help them get a picture of what it is like to live in or use the service, and will look at the quality of the outcomes for the people who use the service in the areas that have been identified. Feedback from the expert is included in the body of this report.

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 previously 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, 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 four complaints made to the home, since the previous inspection, three of these had been anonymous. Complaints had been dealt with in a timely way under the home's complaints procedure, by the acting care manager. Three complaints had not been upheld, and the fourth complaint was partially upheld. Four referrals had been made to Social Services under the Safeguarding and Protection of Vulnerable Adults Protocol. Close liaison with Social Services had continued since the previous inspection, and in regard to the sharing of concerns and enquiries.

Surveys previously returned to the Care Quality Commission (CQC) totalled five 'Have Your Say' documents. These had contributed to the previous report.

There were no requirements, and six 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."

Closer monitoring, and care plan training for senior members of staff ensured that care plans and records in relation wound treatment had greatly improved since the previous inspection.

Consistent and strong management of the home has ensured that the service is managed for the health, safety and welfare of the people using the service and the staff team.

What they could do better:

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

The home needs a Registered Manager to manage the home.

Safe staffing levels must be maintained on the Nursing floor, to take account of the higher levels of need of some people using the service.

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.

Activities for people using the service should be more varied, and include resources such as the local community, daily newspapers, mobile library, and trips out.

Smaller meals should be offered with second helpings for those people wishing to have them.

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

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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):

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

At the previous inspection, we had already seen 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 **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 plan records are kept up to date. Medication administration systems had been strengthened, 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:

“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 previously received told us that they always receive the medical care and support they need. People spoken with confirmed their satisfaction with staff, and the way in which their health and personal care needs are met. One person 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", he also said that he was "able to see his General Practitioner when he needed to".

We examined four care plans. These showed clear consistency of recording. Risk assessments were clear and up to date, and care plans had been reviewed, and evaluated. Good efforts had been made by staff to ensure that the care plan was signed for, either by the person or by their representative. Information about the person was comprehensively completed, and the person's weight had been recorded. Wound treatment records were up to date, and appropriately described the grade and condition of the wound, and the way in the wound was to be cleaned, and dressed. Appropriate consultation with the tissue viability specialist nurse was also evidenced.

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

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.

The new Controlled Medication cabinet meets the Misuse of Drugs (Safe Custody) Regulations 1973. This had been highlighted during our random inspection in November 2008.

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 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 we had previously received from people using the service told us that there are activities arranged by the home that they can take part in. A new activities co-ordinator had been recruited since the previous inspection. There is a programme of activities in place, including a monthly newsletter which is also made available for all visitors to the service. However, we found that although activities are being held regularly, these lacked variety and need to be more engaging and motivating for people. People asked us for more trips out, and told us that they do not have access to library books or to a daily newspaper. There was also little evidence of community involvement, for example the library, social clubs, restaurants, pubs and shops etc...

We were told that regular meetings are held for relatives and for the people using the service. We discussed ideas with the activities person for involving more people in those meetings, and for encouraging their contribution towards the home's monthly newsletter.

People spoken with told us that they "usually liked the meals at the home", "the food always looks very nice", "there is plenty of good, wholesome food, and a good variety." "We sometimes have too much on our plate, the portions are enormous." These comments were highlighted and discussed with the care manager during the inspection.

We observed that tablecloths, and condiments were in use on tables in the upstairs and downstairs dining rooms, and those rooms looked homely and welcoming.

The 'expert by experience' reported that although there were menus displayed outside each dining area, the writing was small and difficult to read. Visual images of food would also assist people to make their choices. She told us that the food was tasty, hot and substantial. The choice was pork, stuffing, apple sauce, boiled and roast potatoes, cabbage, carrots and gravy. The alternative was fish fingers with vegetables. The dessert was spotted dick and custard, yoghurt or fruit, apple and custard for people with diabetes. Old time music was played throughout the meal. One person did not want her dinner, and was offered a sandwich instead. The portions served to people were too large and many people did not eat all of the food on their plates. We recommended that people are offered smaller meals with second helpings if they wished it.

The home employs an activities co-ordinator for 37 hours weekly – Monday to Friday. Her time is divided between both units. During the inspection we noted that Bingo was being played, however, according to the activities programme it should have been skittles. The activities coordinator told the expert that this was because she had attended a training course the previous day, and needed to change it. The expert observed that the Bingo cards used for the game were very small and would not be suitable for a person with a visual impairment. We highlighted and discussed these issues with the care manager during the

inspection. With recommendations that activities should run according to the programme, and Bingo cards with larger print should be obtained and used.

Large screen televisions had been acquired, where previously there had been only small ones. We were told about other activities which had taken place, these included craft activities, cards, painting, quizzes etc. People spoken with told the expert that someone had recently come into the home, played the organ, and sang to them. However people had also said that there had been no trips out offered to them for a number of years. The activities co-ordinator said she would be organising some trips using a minibus owned by Southern Cross and used by another home. This was highlighted and discussed with the care manager during the inspection, along with recommendations that there should be more creativity in regard to activities, and better use of the local community.

People also told the expert that several times a year the church over the road from the home offers tea and a service to residents. A communion service is offered once a month, and one person said she was able to receive communion in her room. Apart from this, we did not see much evidence of any links to the local community or organisations coming into the home.

The 'expert by experience' spoke with approximately nine people using the service, and one relative. One person said that she had to wait for staff in order to use the toilet, she had waited so long that she had been desperate, and used it by herself. This was highlighted and discussed with the care manager during the inspection.

Comments received by the expert included the following, "I'm well off really", "You have to ask and keep asking – no one tells you anything". People spoken with during lunch said they were happy with the home in the main and that their clothes were washed every day – including underclothes. One said 'You have to wait for the food, but it's all right when it comes". Another said that often, she was asked to get ready for bed as early as 6.30 pm, but she understood why, as staff had so much to do and so many people to get ready. She said she "did not actually go to bed then, but could sit in the lounge until she was ready for bed." This was also highlighted and discussed with the care manager, who told us that individual times and preferences for rising in the morning and going to bed at night are recorded in people's care plans, and signed for. She told us that staff always try to adhere to these times as far as possible.

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 **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 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 care 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 had previously received and people spoken with told us that people knew how to make a complaint. We met a relative in the main entrance hallway who was waiting to see the care manager about a concern. He confirmed that he would usually speak with the care manager if he needed to.

There had been four complaints made to the home, since the previous inspection, three of these had been anonymous. Complaints had been dealt with in a timely way under the home's complaints procedure, by the acting care manager. Three complaints had not been upheld, and the fourth complaint was partially upheld. Four referrals had been made to Social Services under the Safeguarding and Protection of Vulnerable Adults Protocol. Close liaison with Social Services had continued, in regard to the sharing of concerns and enquiries, and in relation to one person using the service.

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 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 previously 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 observed the environment. The home provides a clean, well-maintained environment throughout. We reminded staff that windows should be open at times to encourage fresh air, and to eradicate odours. However, we were told during our visit that an upstairs toilet had a blocked drain, which had resulted in a discernable odour on the upstairs corridor. The fault had been reported and was awaiting repair at the time of this report.

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.

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.

The ‘expert by experience’ reported the following,

“The home was decorated to a reasonable standard throughout, and the carpets and furnishings clean, including the bedrooms I saw, although there was a noticeable unpleasant odour in several areas of the home. This was commented upon by the senior care manager of the residential unit, who said that an ‘air-freshener was needed’ in one area. The acting care manager of the home, said that new locks and keypads had been fitted to the rooms to enable residents to have privacy in their rooms, and that they could lock their rooms if they want to, although she said that this had been called into question. None of the residents I spoke with were aware that they could lock their own rooms, and hold their own key, so this issue had evidently not yet been resolved.”

This was highlighted and discussed with the acting care manager during the inspection. It was agreed that this needed to be raised at the next meeting with the people using the service.

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."

The 'expert by experience' reported the following,

"Residents I spoke with had universal praise for the staff and said that they were doing a good job. However several residents said that they worried that the staff were continually rushed and had little time to talk to them. I did see carers interacting with residents over the lunchtime period but little interaction took place during the morning, whereas in the lounges upstairs and downstairs

residents were mostly dozing in their chairs. Upstairs, around 12 residents appeared to be asleep in their chairs. I was quite surprised at the extent of the passivity - no one even looked up when I entered the room."

Surveys previously received and people spoken with confirmed that staff do listen and act upon what people say, and that staff are usually available when needed. One person told us, "we sometimes have to wait a while for staff to come, but we know there are others to be dealt with as well as us." "It's the little things that matter, they forget to put my feet up on a stool sometimes, I think they're rushed."

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 for twelve months, and is in the process of applying for Registration with the Care Quality Commission.

We looked at three staff recruitment records, which included one newly appointed member of staff. These 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 member of staff confirmed that she had undertaken an appropriate induction programme on commencement of employment.

Staff spoken with confirmed that they had received updates in regard to mandatory training, including moving and handling, health and safety, Fire and Medication. This was also evidenced by the training matrix provided to us.

We highlighted and discussed staffing levels with the care manager, in relation to the comments we had received, the staff rota for week beginning September 20th 2009, and the level of need of the people using the service. The nursing floor had 19 people needing nursing level of care. 13 of those people needed two carers to safely mobilise, transfer, bathe and toilet. We spoke with staff, and they confirmed that there had been one staff member short since the numbers of nursing beds had reduced. We strongly recommended that staffing should reflect the level of need of the people using the service. We asked the care manager to reinstate the fourth member of staff. Which brings the number of staff to one qualified nurse and four care staff during the day, and one qualified nurse with two members of care staff during the night. We were assured that this change would be implemented as soon as possible.

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 **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 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 Care Quality Commission 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. Short-term arrangements and management input by the operations and project 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 new deputy manager has been appointed since the previous inspection.

Staff spoken with during this inspection, were happier about the consistency of management of the home, and were very keen to re-establish the home's overall quality rating of Good – 2 star.

Staff also confirmed that their supervision sessions have been inconsistent. We highlighted and discussed this with the acting care manager. It was thought to be because of new staff being recruited, that this had fallen behind. Some staff had received supervision, but not all.

The acting care manager told us that she is committed to her responsibility in overseeing the home. She has been instrumental in problem solving, dealing with complaints, 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. More work however is still needed in relation to the Quality Assurance system, the maintenance of safe staffing levels, consistency of staff supervision, the variety and quality of activities, 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 people's personal monies during the previous inspection, these showed no anomalies.

There had been four complaints made to the home since the previous inspection. Three complaints were not upheld, and one complaint was partially upheld. All complaints are documented, and efforts had been made by the care manager to ensure that outcomes were also recorded. There had previously been high numbers of complaints and safeguarding referrals received by the home and by Social Services, which had meant closer monitoring by the Care Quality Commission and Social Services. Since the previous inspection in April 2009, there had been four referrals made to Social Services under the Safeguarding and Protection of Vulnerable Adults Protocol. Close liaison with Social Services had continued, in regard to the sharing of concerns and enquiries.

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.

We were told that people using the service have their say in the day to day running of the service. However, we saw little evidence of this, apart from a regular newsletter. Meetings should be documented and recorded.

Activities provided should be appropriate and varied, and should encourage and motivate people to join in. The activities organiser should resource the local community for ideas, and should look at more creative ideas for quality activities in the home, including trips out.

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	3
2	X
3	3
4	X
5	X
6	N/A

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

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

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

ENVIRONMENT	
Standard No	Score
19	3
20	X
21	X
22	3
23	3
24	3
25	3
26	3

STAFFING	
Standard No	Score
27	2
28	2
29	3
30	3

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

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

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.	OP12	Activities provided should be more creative, and include trips out, and the use of the local community.
2.	OP12	Smaller meals should be offered with second helpings for those people wishing to have them.
3.	OP27	Safe staffing levels must be maintained for the safety of the people using the service.
4.	OP31	To comply with legislation, and ensure effective management is sustained a manager should be appointed and registered.
5.	OP33	Quality Assurance systems should include a breakdown and feedback to the people using the service, their relatives and or representatives.
6.	OP36	To ensure that staff are properly supported, staff supervision should be given consistently, and as per the National Minimum Standard (NMS).

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