

# Key inspection report

## Care homes for older people

<b>Name:</b>	Havencroft Nursing Home
<b>Address:</b>	Lea End Lane Hopwood Birmingham West Midlands B48 7AS

<b>The quality rating for this care home is:</b>	zero star poor 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.

<b>Lead inspector:</b>	<b>Date:</b>
Christine Potter	0   4   0   3   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](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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

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

## Reader Information

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## Information about the care home

Name of care home:	Havencroft Nursing Home
Address:	Lea End Lane Hopwood Birmingham West Midlands B48 7AS
Telephone number:	01214452154
Fax number:	01214452159
Email address:	
Provider web address:	

Name of registered provider(s):	Regal Care Limited
Name of registered manager (if applicable)	
Lesley Ann Owen	
Type of registration:	care home
Number of places registered:	32

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	32
physical disability	32	0

### Additional conditions:

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

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: Old age, not falling within any other category (OP) 32 Physical disability (PD) 32

Date of last inspection

### Brief description of the care home

Havencroft Nursing Home is a large, Victorian building. It is located just off the main road in the village of Hopwood. Hopwood is close to the boundary of Birmingham easily accessible from junction two of the M42 motorway. A limited bus service which stops within walking distance of the home is available for visitors.

## Brief description of the care home

The home is registered to provide nursing care for up to 32 people who require 24 hour nursing and personal care. The home is equipped with specialist equipment to assist the staff in meeting the health and personal care of the residents. This includes a range of pressure-relieving mattresses to help prevent the development of pressure ulcers, and mobile hoists to help people move from, for example, their bed to their wheelchair if they have limited or restricted mobility. Accommodation is provided on three floors in both single and shared rooms. A lift is available to assist people using the service to access all areas of the home. Communal areas are available, the owners have recently provided an extra lounge with dining area. This is in addition to the other lounges so residents have a choice of where they wish to spend their day. A garden is available for the people to use when the weather permits.

The registered providers are Regal Care Limited, and the registered manager for the home is Lesley Owen, who is a first level registered nurse with many years experience working in both the National Health Service and the private sector. Information regarding the home can be obtained from the statement of purpose and the service users' guide which are available from the home. Information regarding fees for the Home should be requested direct from the manager or from the owners.

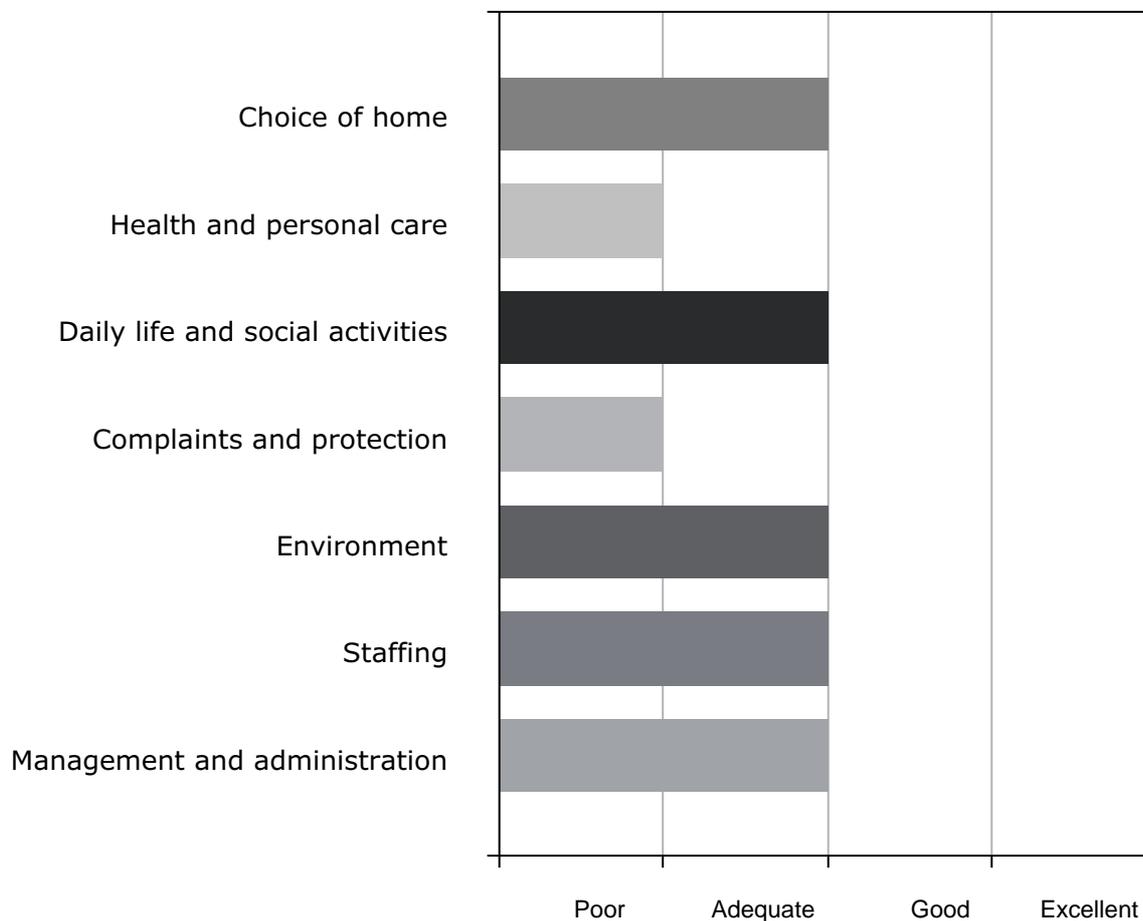
## Summary

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

The quality rating for this care home is:

zero star poor service

### Our judgement for each outcome:



### How we did our inspection:

The focus of our inspection is upon the outcomes for the people who live in the home. We take into consideration their views of the service provided. This process considers the care homes capacity to meet the regulatory requirements, and the minimum standards of practice. It focuses on aspects of service provisions that need further development.

It is recommended that this report is read in conjunction with the previous report dated the 10th September 2009 to see a better overview of the service.

This visit to Havencroft was undertaken by two inspectors and was completed in one day. The home did not know that we were visiting that day. We, the commission were assisted throughout the day by the manager and deputy manager. On the day of the inspection 23 people were living there.

It is difficult to get peoples views about the home due to differing levels of dementia and their complex physical needs. We spoke with staff that were on duty at the time and undertook some observations of practices within the home. Three people were 'case tracked'. Case tracking involves discovering individual experiences of living at the home by meeting or observing them, discussing their care with staff, looking at medication and care files and reviewing areas of the home relevant to these people, in order to focus on outcomes. We reviewed staff files and health and safety records as part of the inspection.

Before our visit we reviewed any notifications received about the home. These are reports about things that have happened in the home that they must tell us about.

### **What the care home does well:**

People are provided with a contract of terms and conditions on admission to the home which helps them to understand their rights.

Havencroft has a good training plan in place for the carers and above 50% of care staff have completed the NVQ level 2 in care qualification. This assists them in helping to understand the health and personal care needs of people living in the home.

People living in the home are encouraged to take in personal possessions to provide a more familiar environment.

The home provides a varied menu for people living there. Comments received from people using the service 'the quality of food is excellent'

Visitors are made welcome in the home and are able to see people in the privacy of their room.

The home employs male and female staff from a multi-cultural background.

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

From reviewing the information received prior to the inspection, and visiting the home for the key inspection, we found that the service has made slow progress. They have increased their staffing levels. Given the issues evident on the day of the inspection the service need to demonstrate that the nurses' working in the home are clinically competent.

The social activities have improved since the last key inspection, for some people living at the home.

The new lounge and dining area have been finished which provide a large, light spacious area for the residents to use.

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

Issues around medication were found during the inspection. The home must ensure that people receive their prescribed medication correctly.

Social stimulation and the provision of activities has improved but further improvements are necessary so that all people whatever their interests and abilities are provided with appropriate stimulation and activities that meet their mental health needs.

The home needs to work on improving the quality of written care plans describing people's care needs to make sure the information provides clear guidance for staff and reflects each person's needs and wishes.

The health and social care needs of the people who use the service need to be promoted and staff need to act upon outcomes of assessments and instructions from health professionals to ensure people are not placed at risk of harm through neglect of care.

If the Home is going to continue to accommodate people with dementia type illnesses they need to find out more about recognised best practice in this area of care, including care practice, communication, training and how the environment can be used to help people.

The hours allocated for cleaning should be reviewed to ensure that the staff have sufficient time to clean and maintain a good standard for people living in the home.

The standard of decoration, and floor coverings should be reviewed in the main home to provide the people living in the home a pleasant environment.

Ensure that people have the correct information, and understand how to complain. The service should then have a system in place to show how complaints are acknowledged so that people feel that they are listened to.

The home should develop an effective monitoring tool for their internal systems. For example, medication, accidents and care plans. To assist in promoting the health and safety of the people living in the home.

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

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line 0870 240 7535.

## Details of our findings

### Contents

Choice of home (standards 1 - 6)

Health and personal care (standards 7 - 11)

Daily life and social activities (standards 12 - 15)

Complaints and protection (standards 16 - 18)

Environment (standards 19 - 26)

Staffing (standards 27 - 30)

Management and administration (standards 31 - 38)

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

People are provided with sufficient information about the home before moving in, so they know what they can expect. Failing to assess people's health and psychological needs accurately may affect the care delivered by not meeting the individuals' assessed needs.

Evidence:

A Statement of Purpose and Service User Guide is given to people who may be considering whether Havencroft Nursing home meets their needs and lifestyle choices. These can be found in the reception area of the home which ensures that the information is available to people if they choose to read it. The information had been reviewed in August 2009, some pictures have been added to the information, but there is no reference that the information is available in alternate formats for people with sensory impairments.

The care files we looked at all had a copy of the homes terms and conditions, these

Evidence:

were signed and dated by the resident or a relative on their behalf.

Following the last key inspection and the overall poor rating. The home has not admitted any new people so we were unable to assess standard three to see if the home had met the requirement for the pre admission assessment. This will be monitored at the next key inspection. We were shown copies of the new assessments to be used when they start admitting people. This appears to cover all the appropriate information and assessments.

On the day we visited we spoke to a mixture of staff who provide care and assistance to people at Havencroft Nursing Home. We spoke to the manager, deputy manager, nurses and staff that support people with their daily tasks and interests. Full discussions with people living at the home were not always appropriate. Therefore, our observations and discussions with staff will be referred to throughout this report.

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

Care plans have improved but need to be further developed to make sure that all identified needs are met with all risks fully assessed. This will help to ensure that people get the care they need in ways that suit them best, and be supported to stay safe from harm. People are treated with dignity and their right to privacy is respected. The management of medication could result in people not receiving their prescribed medication correctly.

Evidence:

The last key inspection report 10 September 2009 rated these standards as poor and gave the home four statutory requirements around the management of medication. This inspection found that only one requirement had been addressed. This was the lock on the treatment room.

We were concerned to see the nurse on duty decanting people's medication into medicine tots. Some had a piece of paper within them, others did not. This is known as secondary dispensing and is regarded as poor practise. Peoples' medication could be easily confused, and it is difficult if a tot tips over. The explanation provided for this

## Evidence:

practise was to carry the medication upstairs for people, to save taking the trolley. This was reported to the manager at the time of the inspection.

We observed a topical cream in one persons bedroom with another resident's name on. This had been crossed out and changed for the person in the room. On one person's medication administration record, a prescribed cream was written to apply three times a day. However, there was nothing in the person's care plan to show where the cream was to be applied and how this was being monitored.

We found discrepancies with a persons Cough linctus. The medication had been out of stock for 11 days and remained out of stock on the day of the inspection.

We found inaccurate information on medication administration records. For example one person on antibiotics was prescribed for 15 tablets and found 16 signatures for the medication being administered.

For a person prescribed dietary supplements, the box was found in the persons bedroom unopened. So none had been given. The date on the box was 22/01/2010. There was no record on the persons' nutritional assessment and the person told us that they had not been having the supplement. The nurse on duty was unable to explain this.

There were gaps in the medication administration charts and no code had been entered to advise why the medication had not been given. These included Sinemet plus 20/02/2010, Trosipium Chloride gap 19/02/2010 and Atenolol gap 03/03/2010.

For a person's prescribed paracetamol the medication record stated that 100 had been received on the 05/02/2010, and none had been signed for as given. However 20 tablets were missing from the balance. We saw that medication requiring special storage was safe and secure according to legal requirements. However, we found an envelope containing money stored inside this cupboard, which is not correct storage and increases the risk of access to people's medication. At the last inspection the manager had informed us that this had only been placed in the cupboard that morning and it would be removed. However, this was still present at this inspection 04/03/2010.

We saw current records for the receipt and disposal of medication. The date of opening of boxes and bottles of medicines were recorded. Balances of medication were not always carried forward from old to new records, particularly for medication prescribed on a 'when required' basis, which means that records did not always document what

## Evidence:

medication was available to administer to people living in the service.

We carried out a short observation assessment at this inspection. This showed positive interaction between staff and residents. Staff were explaining and reassuring residents of what they were doing. They were offering choices of drinks and snacks, and assisting them in a dignified manner with their food and drinks.

We looked at the care records for four people who were using the service. We found some poor outcomes of care for these people from the poor quality of record keeping. Each person has an individual care plan. The care plan consisted of information about the persons' health and very basic risk assessments. These had not been completed in sufficient detail for staff to follow and there was a general lack of consistency with the care plans which we looked at.

The care records failed to provide sufficient information about individual personal preferences, which assist staff in getting to know the individual and understanding them. Information about food preferences, life history, and social and leisure preferences were not consistently in place. We looked at the care documentation for a resident admitted for 'nursing care' with multiple complex nursing needs. The accident records told us that they had skin damage from a scald. However this had not been followed up into a care plan. The manager confirmed that they had not completed a body map or put the information into a care plan. By keeping accurate records and measurements and photographs of skin damage, this helps to assess the progress of the healing for the person. The care records advised that this person required assistance with diet and fluids. We asked how they had managed to scald themselves and were told, that they could hold a drink.

The manager told us that have been assisted with the tissue viability nurse to develop new wound care records which they are going to use. The nurses had failed to update the person's skin integrity assessment since 09/11/2009 and this was indicating they were high risk. Other assessments had not been updated since that date, and their nutritional risk assessment had advised weekly weights which were not being undertaken. The record showed "21/08/2009 weight 56 kgs body mass index 21" and gave instructions to weigh monthly. The next record on 01/10/2009 showed the weight at "53.5kgs with a body mass index of 20" and instructions to weigh the person weekly. The next record on the 19/12/2009 showed the persons' weight at 52.5 kgs with a body mass index of 19.5. This was the last weight record on the record. The underlying problem for the weight loss stated depression. However no care plan had been developed or the instructions to monitor the persons weight monthly had been undertaken. The person last saw the doctor on 01/02/2010 and no record of weight

## Evidence:

loss had been reported. For another person, the nurses' had failed to develop a care plan for all the individual's known health care needs and potential risks into a care plan. For example, no care plan was in place for monitoring pain, and acute episodes experienced by the person. We checked the person's medication record and they were having tablets for pain, but it was not being monitored if these were being effective. For one person their skin integrity assessment stated X pressure sore remains unchanged. However, we could find no wound care plan for this. The manager was not sure if the sore had healed.

There was little evidence in the care documentation that the individual or family had been asked about their preferences for care.

Documentation about the person to assist all staff in getting to know them and understanding their preferences had not been completed (which should include food preferences, life history, and social and leisure preferences).

We were concerned to see for one person assessed by the dietitian for weight loss. From the 02/10/2009 they had lost 18% of their body weight to the record dated 01/02/2010. The dietitian had recommended a nutritional supplement twice a day, which we found was not being given. We looked at the medication administration record for the nutritional supplement and this stated, "kept in bedroom". The box of supplements in the bedroom had not been opened. The person told us that they were not having supplements. Staff were unaware for the reason for this.

Since the last key inspection we received one complaint about the poor quality of care (see complaints section for details).

Comments from relatives included " X seems to be well treated and appears to be quite content to be there. Staff are very nice and attentive and have time to talk to residents and visitors."

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

Person centred care is not provided and people who use the service are not being consulted and supported to meet their individual social and emotional care needs to ensure they have the opportunity to make the most of their abilities. People are offered a well balanced diet although staff are not proactive in managing the nutritional care needs of people who are frail and losing weight.

Evidence:

The last key inspection rated these standards as poor and recommended that more suitable activities/therapies for people with more complex needs. We were informed by staff that this had improved with the activities person working 10 hours a week at the home. This should be reviewed as the number of residents increase in the home. On the day of the inspection people were generally sat in the lounges with the televisions on. The manager told us that they have planned activities for the five days, and details of these are displayed in the home for people to see. We looked at the activities folder for week commencing Monday 8th March arts and crafts at 1pm, Tuesday 9th Shopping trip at 2pm, Wednesday the 10th Bingo. The activities were for three days and would not have been suitable for everyone living in the home. We were pleased to see that the activities organiser has completed an activities profile for all residents, and this includes details of how to communicate with the person. For

## Evidence:

example, use picture boards as X can get frustrated. It includes details about their family and how often they visit. A record of what the person did that week is maintained. The manager and all staff told us that this area had improved since the last key inspection.

As at the last inspection, there is a flexible visiting policy enabling people to maintain contact with friends and relatives at a time that suits them. This helps people to maintain relationships that are important to them.

Comments from relatives included 'we realise that with the building work going on, activities with the residents are limited. Hopefully when work is completed there will be more one to one and group activities.'

There have been no changes with the catering provision since the last inspection. The cook is in the process of updating the menus' for the home.

We were told that meal times and options are flexible and varied. People can have a full cooked breakfast seven days a week if they chose to or cereals, toast etc. We saw one person ask for a bacon sandwich and this was provided.

Since the last inspection the lounge / dining room extension has been completed, providing a more pleasant area for people to eat. Many people went to the dining area for their meal. We observed that the tables were not attractively laid. People were provided with blue plastic aprons to protect their clothes. People who required assistance were helped first. Staff sat with them and there was some good interaction observed. Cold drinks were available in the dining area for people to have with their meal. People were complimentary about the food and choices.

The last environmental health officers report awarded the home a three star rating with requirements which they have since actioned.

Comments from people using the service and staff were all positive about the choice and quality of the food.

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

There are systems in place to listen to and respond to complaints about the service. The information needs to be reviewed so people have the correct information. Arrangements are in place so that people should be safe from harm.

Evidence:

Since the last key inspection, the home told us that they had not received any complaints. We are in receipt of one complaint regarding the poor quality of care for a relative. Their complaint includes X being left in wet clothes for long periods of time. Staff always said that they were short staffed when asked to assist X. X's skin developed a pressure sore which became infected. The family became so concerned that they asked for X to be admitted to hospital. The family informed us that they had complained to the home, but there was no record of this. This complaint has been passed to the Multi Agency Safeguarding team to review. The results of this complaint are not yet known and the findings will be included in the next inspection report.

Since the last key inspection giving the home a zero rating, the service was referred to the safeguarding team. Staff from the quality care team have been working with the home to improve the overall standards. Feedback was positive that some areas have improved.

The complaints policy for visitors in the entrance to the home was inaccurate, and

Evidence:

provided incorrect details for the manager, including phone number, and failed to include details about the Care Quality Commission.

We looked at the accident records and found that records were not accurate and risk assessments not being reviewed with the changes. For one person at risk of falls, who suffered an injury from a fall, the risk assessment had not been updated. A care plan for the injury had not been developed, and the daily entry did not include information about all the falls. For a second person, the care plan gave inaccurate information. In parts it read nil by mouth due to peg feed. In another assessment it stated that thickened fluids are only to be given by RN (registered nurse). This person had scalded themselves with a hot drink. Staff told us that she was able, at times, to hold a drink by herself.

Some staff have completed protection of adult training, and dignity in care since the last inspection. Staff had used the 'whistle blowing' policy regarding a member of staff, which the manager feels is a positive sign that the staff have more understanding.

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

Improvements have been made to the home's environment. Further improvements to the home's environment are necessary to the original part of the home, so that it is relevant in meeting the needs of people who live there with memory impairment.

Evidence:

The last key inspection rated these standards as adequate. Since the last key inspection, the extension to the lounge and dining room has been completed. The builders were in the process of building an extension for the home to increase the number of people that can be accommodated there. A new kitchen and an additional lounge is planned.

At present, Havencroft provides a mixture of 24 single and double bedrooms, some offering en-suite facilities. The home is built on three floors all of which accommodate residents. A passenger lift is available to assist people with mobility problems to access all areas of the home. The ground floor is where the communal lounges and dining room are located. The standard of decoration is exceptionally poor and carpets stained in the original parts of the home.

Signage around the home is poor and not helpful for people, especially those with short term memory loss.

## Evidence:

We looked around parts of the home and saw that some of the bedrooms are personalised for the person using the room, and this gives a more homely appearance.

The maintenance person decorates the bedrooms, as well as looking after the systems and services for the home.

Some areas of the home are odourous and floors in toilets badly stained. We spoke to the domestic who informed us that only one person is allocated 38 hours Monday to Friday and no weekend cover. Given the high level of incontinence, the size and layout of the home, it is recommended that this is reviewed to ensure that people living in the home have an acceptable standard of cleanliness.

At the time of the visit, the hand cleaner bottles were empty in some toilets. A system for ensuring these are refilled should be in place to assist in reducing the risk of cross infection in the home.

All windows are restricted with a chain and these and the temperature of the hot water regularly.

Given the high dependency of some of the people living in the home, it is recommended that the beds are reviewed to ensure that they are suitable for use with specialist equipment. This assists staff in ensuring that people are assisted safely with the correct equipment. We were informed that a staff member had suffered a fracture from maneuvering the hoist under a bed.

Comments from a relative for improvements included, "a basic smoking shelter for those who enjoy a cigarette or cigar would go down well."

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

Additional staff hours are needed for the provision of social care to ensure people have the opportunity to maintain their hobbies and interests. Improvement is needed to ensure that nurses' are skilled and competent to support the people who use the service.

Evidence:

The last key inspection rated these standards as poor, and made an immediate requirement notice for the home to increase the staffing levels. Since the last inspection staffing levels have increased to one registered nurse and six care staff covering the morning, one nurse and four carers covering afternoon and evening shifts. During the night there is one nurse and three care staff. The manager told us that they use some agency staff to maintain these numbers. Staff told us that the staffing levels were better and gave them more time to care for the residents, although they may need to be reviewed again when the home is full. In addition to care staff, the home has domestic, catering and maintenance staff to help meet all the needs of the people living at the home. Staff told us that there is a more positive atmosphere in the home, and they feel that the changes have been for the better.

We looked at the staff training records for the nurses and carers. It was reassuring to find that an excess of 50% of carers have completed NVQ level two or above qualification in care. The records showed that staff had attended various training

## Evidence:

courses and refresher updates. It was disappointing to see that the nurses have received little or no clinical training which is a requirement of their Nursing and Midwifery Council (NMC) registration. The manager told us that they had not found a method of monitoring nurses' clinical competencies and skills.

We spoke to carers who confirmed that they had received induction training, whilst waiting to commence, induction covered moving and handling and personal care for the residents. They worked with a senior carer for supervision when they commenced and had received formal supervision with the manager

We examined three peoples' employment files (or staff files) - which all contained evidence that safe employment procedures had not been completely followed. Application forms completed by staff employed to work in the home contained incomplete information. For example, two people had only put the years of employment with no month, so it was difficult to establish if their had been any gaps in their employment. Written references retained on one person's file was not from the most senior person from their employment, which should have been checked.

Staff have been having regular staff meetings since the last key inspection, and the minutes of these were seen at the inspection.

Staff comments included : 'Feel that things have improved for the better since the last key inspection. Staffing levels are good, we now have more time to spend with the residents when delivering personal care'. 'Feels that staff moral has improved and that we are now being listened to'. The manager said ' the attitude of staff has improved '.

Comments from relatives included ' the family are pleased with the care and attention that the residents receive from the permanent staff, but we feel that not all the agency staff give the same care and attention."

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

There are some shortfalls in the management and administration of the service which need to be improved to ensure a higher standard of care and improve the safety of the people living and working in the home.

Evidence:

The last key inspection rated these standards as poor given all the shortfalls evidenced in the home. There is some progress from the last key inspection, but still significant shortfalls in key areas. The manager told us that she was being supported in her role, and the responsible individual is visiting more frequently and completing the regulation 26 statutory visits.

Given the shortfalls identified at this inspection, the service should look at developing a more structured system to audit their internal systems. For example care plans, accidents, medication and feedback from people using the service.

Records made available to us indicated that the home does not actively get involved in

Evidence:

people's finances, and appropriate records are retained.

A sample of records in relation to health and safety and maintenance checks were looked at and we found that checks had been undertaken to ensure that the equipment was safe and in full working order. Staff attend fire drills and training to ensure that they know how to keep people safe in the event of a fire.

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
1	3	14 (1) (a)	<p>To ensure that peoples health and welfare needs are fully met the home should only admit people whose needs are assessed and the home can fully meet their needs.</p> <p>Not assessed as the home have had no new admissions since the last key inspection.</p>	31/10/2009
2	8	12 (1) (a)	<p>The home should ensure that appropriate risk assessments have been completed, and any potential risks are dealt with to ensure that the persons health and welfare is not being compromised. This includes referring to other professionals for advice and treatment for people where it is required.</p> <p>Not met</p>	31/10/2009
3	9	13 (2)	<p>The service must make arrangements to ensure that all medication is administered as directed by the prescriber to the person it was prescribed, labelled and supplied for. This is to ensure that people who live in the service are protected from harm</p>	31/10/2009

## 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
			Not met	
4	9	13 (2)	<p>The service must make arrangements to ensure that medication administration records are accurately maintained; that the reasons for non-administration of medication are recorded by the timely entry on the medication administration record; that the meaning of any codes are clearly explained on each record; and that the person administering the medication completes the medication administration record in respect of each person at the time of administration. This is to ensure that people who live in the service are protected from harm.</p> <p>Not met</p>	31/10/2009
5	9	13 (2)	<p>The service must make arrangements to ensure that records are kept of all medicines received, administered and leaving the home or disposed of to ensure that accurate checks can be made on peoples medication.</p> <p>Not met</p>	31/10/2009
6	26	23 (2) (d)	<p>The home should ensure that all parts of the home used by people living their should be kept clean and in good decorative order.</p>	31/10/2009

## Requirements and recommendations from this inspection:

### Immediate requirements:

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

No.	Standard	Regulation	Requirement	Timescale for action

### Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, 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
1	7	15	<p>Regulation 15 (a) (b) (c) (d) The service must ensure that the care plan is reviewed to provide an accurate reflection of the individuals needs. The person and/ or relatives should be consulted on how they wish their care needs to be delivered.</p> <p>So that people can be confident that staff have clear guidance and understanding in ensuring that there health and personal care needs are met.</p>	31/03/2010
2	8	12	<p>Regulation 12 1 (a) The home must ensure that appropriate risk assessments have been completed, and any potential risks are dealt with to ensure that the persons health and welfare is not compromised. This includes</p>	31/03/2010

## 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
			<p>following advice and treatment from other professionals.</p> <p>To ensure that peoples health and welfare needs are met.</p>	
3	9	13	<p>Regulation 13 2 The service must ensure that medication administration are accurately maintained, that the reasons for non-administration of medication are clearly recorded by the time entry on the medication record, that the meaning of any codes are clearly explained on each record, and that the person completes the medication administration record at the time of administration.</p> <p>This is to ensure that people who live in the service are protected and have their prescribed medication correctly.</p>	31/03/2010
4	9	13	<p>Regulation 13 2 The service must make arrangements to ensure that all records are kept of all medicines received, administered and disposed of to ensure that accurate</p>	31/03/2010

## 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
			<p>checks can be made on peoples medication.</p> <p>to ensure that they can account for peoples prescribed medication at all times.</p>	
5	9	13	<p>Regulation 13 2</p> <p>All medication should be administered from the original package/bottle at the time of giving to the peson. Medication should not be secondary dispensed before administering.</p> <p>To ensure people living in the home have their correct medication.</p>	31/03/2010
6	9	13	<p>Regulation 13 2</p> <p>Peoples named medication including topical creams should not be used for other people. Prescribed medication should be used for the person it is prescribed for.</p> <p>To ensure people have their prescribed medication correctly.</p>	31/03/2010
7	15	12	<p>Regulation 12 1 a</p> <p>The service should ensure that peoples dietary needs are fully met. A system to ensure that peoples weight loss and prescribed</p>	31/03/2010

## 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
			<p>nutritional supplements are given.</p> <p>To ensure that the health care needs of people are protected.</p>	
8	16	22	<p>Regulation 22 1</p> <p>The home must have an accurate complaints procedure for people who may wish to complain about any provision. The service must then demonstrate how they have investigated the complaint.</p> <p>So that people feel that they are being listened to.</p>	31/03/2010
9	18	37	<p>Regulation 37</p> <p>The home must ensure that all accidents and injuries in the home are reported and passed on to the relevant authorities.</p> <p>To further safeguard people living in the home.</p>	31/03/2010
10	26	23	<p>Regulation 23 (2) (d)</p> <p>The home should ensure that all parts of the home used by the people living their should be kept clean and in good decorative order.</p>	07/05/2010

## 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
			For people to live in a pleasant odourless environment.	
11	27	18	The home must be able to demonstrate that the nurses working in the home have the skills and competencies to meet the health and personal care needs of the people living in the home.  To protect the people living in the home.	19/04/2010
12	33	35	The home should develop a system to monitor the internal systems.  To assist ensuring peoples needs are being met.	30/04/2010

## 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	1	The registered person must ensure the statement of purpose and service user's guide includes all relevant information in a format accessible to people, so that they can make an informed choice
2	9	Peoples valubles should not be kept with the medication, to avoid peoples belongings going missing.
3	12	Continue to develop activities which are person centred for everyone living in the home.
4	29	To ensure that people include the month and the years on their employment history, so has any gaps in employment can be reviewed.

## Helpline:

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