

# Key inspection report

## Care homes for older people

<b>Name:</b>	Eleanor Palmer Trust Home
<b>Address:</b>	27 Canteloves House Spring Close Barnet Hertfordshire EN5 2UR

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

<b>Lead inspector:</b>	<b>Date:</b>
Daniel Lim	3   0   1   1   2   0   0   9

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)

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- 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:	Eleanor Palmer Trust Home
Address:	27 Canteloves House Spring Close Barnet Hertfordshire EN5 2UR
Telephone number:	02083648003
Fax number:	02084497215
Email address:	
Provider web address:	

Name of registered provider(s):	Eleanor Palmer Trust
Type of registration:	care home
Number of places registered:	32

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	0	32
old age, not falling within any other category	0	32
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 only - Code PC to service users of the following gender: Either, whose primary needs on admission to the home are within the following categories: Old Age, not falling within any other category - Code OP		

Date of last inspection									
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Brief description of the care home
The Eleanor Palmer Trust home is registered to provide care for 32 older people. The home is owned by a registered charity called The Eleanor Palmer Trust. A board of Trustees manages it.
The homes aims and objectives indicated that it aims to provide accommodation where sensitive and skilful care is available and where residents are enabled to live as normal a life as possible within an environment where they are respected.

## Brief description of the care home

The home is a large two storey purpose built building. A lift shaft connects the two floors. There are thirty single bedrooms and one double bedroom. On the ground floor are interconnected lounge areas, a dining room, a reception area, and the main office, kitchen and laundry room. On the first floor, in addition to bedrooms, there is a large meeting room a kitchenette and the manager's office. There are communal assisted bathrooms and toilets on each floor. There are gardens to the side and the rear of the home as well as the patio area. The gardens are paved and are accessible to service users. There are car parking spaces at the front of the home.

The home is located in a residential area of High Barnet. It is close to local shops, restaurants and Barnet General Hospital.

The fees charged by the home range can be obtained from the home manager.

The provider must make information available about the service, including inspection reports, to service users and other stakeholders.

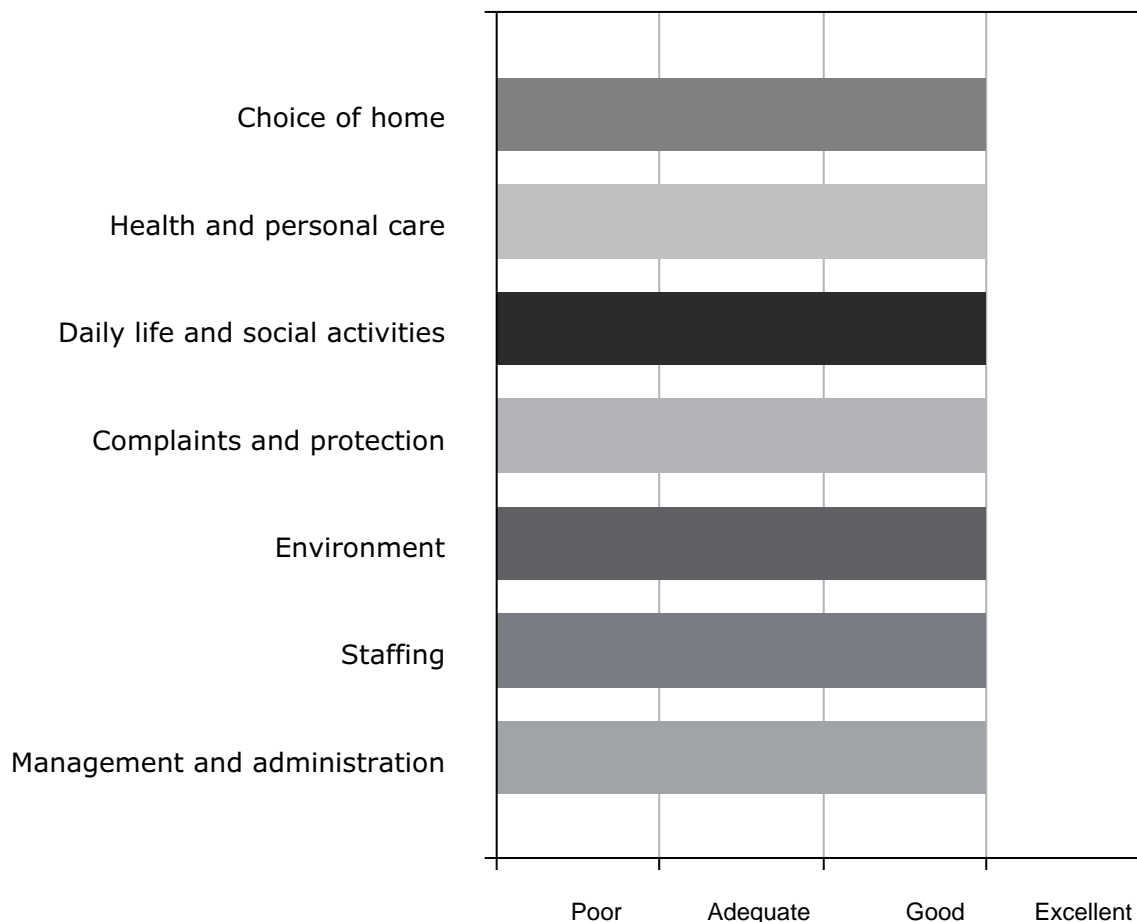
## Summary

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

The quality rating for this care home is:

two star good service

### Our judgement for each outcome:



### How we did our inspection:

The quality rating for this service is 2 star. This means the people who use this service experience good quality outcomes.

This inspection was carried out on 30th November 2009 and took one day to complete. We, Daniel Lim and Julie Schofield were assisted by Barbara Bures, Senior Support Worker, Grace Khalaba, Senior Support Worker in the morning and by Margaret Kitchener, Senior Care Team Leader, and Susan Scott, Care Practice manager in the afternoon. The Clerk to the Trustees of the Trust (Fred Park) was present for part of this inspection.

Eight residents and a relative were interviewed. The feedback received from them was positive and indicated that they were satisfied with the care provided. Completed survey forms were received from fourteen residents, twelve relatives or advocates, six staff and thirteen healthcare professionals. These indicated that the respondents were

generally satisfied with the care provided at the home.

Statutory records were examined. These included four residents case records, the maintenance records, accident and incident records, complaints records and fire records of the home.

The premises including residents bedrooms, communal bathrooms, laundry, kitchen, dry food store, garden and communal areas were inspected.

Seven staff on duty were interviewed on a range of topics associated with their work. They were noted to be knowledgeable regarding their roles and responsibilities. Staff records, including evidence of CRB disclosures, references, supervision and training records were examined. In addition, the minutes of residents and staff meetings were examined. These indicated that residents and staff had been informed of changes affecting the running of the home.

The completed Annual Quality Assurance Assessment form or AQAA was received by us. Information provided in the assessment was used for this inspection.

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

All areas that were inspected were clean and tidy and the home was free from offensive odours.

The feedback received from residents and their representatives indicate that residents have been treated with respect and dignity by staff who are caring and responsive.

There is an ongoing programme of training to ensure that staff are able to meet the needs of residents. Regular recorded supervision and support are provided by the manager and her senior staff.

The home has a system for obtaining the views of residents and their representatives. The results of a recent survey indicate a high level of satisfaction.

Care plans and the care provided are subject to regular reviews with the professionals involved. This ensures that the care provided is appropriate.

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

Results of quality monitoring surveys had been published and were available for inspection. This ensures that residents and other stakeholders are kept informed.

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

The Statement of Purpose and Service Users Guide must be updated to include the new address of the CQC and the timescale for responding to complaints. This is to ensure that prospective residents and their representatives are fully informed.

Improvement is needed in the care of the resident with diabetes, identified to the Care Practice Manager. This must include clarification in the records as to whether the blood glucose level or urine sugar levels need to be monitored and accurate information must be recorded regarding the dietary needs of the resident concerned. This is to ensure the health and safety of the resident concerned.

More robust audits must be carried out to ensure that the MAR charts are fully completed and explanations provided for gaps in the charts. This is to ensure the health and safety of residents.

The registered person must review the activities programme to ensure that the social care needs of residents, including those with dementia, are addressed. This will ensure that all residents have access to opportunities for stimulation and enjoyment.

The programme of activities for residents should include outings or trips away from the home. This is to ensure that residents are provided with opportunities to go on outings.

Training on how to provide appropriate activities that meet the social and therapeutic needs of residents with dementia should be provided for staff involved. This is to ensure that staff are well trained for their responsibilities.

The adult protection procedure must be updated to include examples of abuse and guidance to staff on reporting allegations of abuse of a criminal nature to the Police.

Guidance on when to request a medical examination is also needed. These are required to ensure the protection of residents and to ensure that staff are fully informed of action to take.

Adult Protection training for staff should be provided by a suitably qualified external trainer. This is because such a person would be able to give a much broader and impartial outlook. The appointed officer who is responsible for overseeing the management of the home and for supervising the manager should be provided with training in Adult Protection. This is to ensure that this person is fully informed regarding adult protection issues.

A lockable facility must be provided in each residents bedroom. The provision of a key for this must be subject to a risk assessment. This is to ensure that residents are able to keep items of personal value securely.

The temperature in the part of the entrance hall where there are seats must be monitored to ensure that it does not fall below the recommended minimum temperature for elderly persons. This will ensure that residents are comfortable.

Radiators in the home must be provided with radiator guards or have guaranteed low temperature surfaces. This is to ensure that residents are kept warm and safe.

The problem with the patio paving stones identified in the Environment Section of this report should be investigated and repairs carried out. This is to ensure that the home is well maintained and residents can use this area.

Furniture in the bedrooms showing signs of wear and tear should be replaced. This is to ensure that residents live in a well maintained and pleasant environment.

Regular recorded supervision for the registered manager by the charity's nominated officer must occur at least 6 times a year. This is to ensure that the manager is adequately supported in her management role.

A review of the supervision policy and procedure for staff must be carried out. This is to ensure that staff are carefully supervised and well managed.

Senior staff who are responsible for supervision should be provided with appropriate training. This is to ensure that they are competent.

Team building sessions must be organised for staff. This is to ensure that staff are able to work well as a team and to ensure that they are not subject to excessive stress.

A review of staffing levels must be undertaken so as to ensure there is sufficient staff to meet the needs of residents. This review must be carried out in consultation with staff and residents or their representatives. A report following this must be forwarded to the CQC. This is necessary to ensure that the needs of residents are attended to.

Fire safety training provided for staff must be carried out by a suitably qualified person. This is to ensure that staff are fully trained in fire safety.

The fire risk assessment must be reviewed and updated at least once every twelve

months. This is to ensure that it is accurate and to ensure the safety of people in the home.

Senior staff in charge of the home must be fully informed regarding the whereabouts of fire safety records and these records must be made fully accessible to them. This is to ensure that they are fully aware of the fire safety arrangements and to ensure the safety of people 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

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## Choice of home

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

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

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

**This is what people staying in this care home experience:**

Judgement:

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

Significant time and effort is spent making admission to the home personal and well managed. Prospective residents and their families are treated as individuals and with dignity and respect for the life changing decisions they need to make. Admissions are not made to the home until a full and comprehensive needs assessment has been undertaken by a suitably qualified staff. This ensures that the home is able to meet the needs of residents. The home has developed a detailed Statement of Purpose and Service User Guide for residents.

Evidence:

The AQAA of the home states :

" We invite a perspective resident to spend a day with us at the home so they can get a feeling of the environment. This enables the individual to talk to other residents and staff at the home. This gives us the chance to do a more comprehensive pre-

## Evidence:

assessment. We are able to observe a prospective resident without too many obtrusive questions on their abilities and disabilities helping us decide if we are able to meet their daily living needs. This is normally only done after a care plan of needs has been received from a social worker or placement officer. Care plans are put together with the resident, family and social worker by the senior of that group and the potential key worker that is felt they would get on well with."

The pre-admission assessments which were examined were on the whole, noted to be appropriate and comprehensive. With one exception, the assessments included details of the personal, mental, cultural and spiritual needs of residents. Risk assessments together with strategies for minimising identified risks had also been prepared for residents admitted to the home. We note that the new assessment forms used were more comprehensive and structured.

Residents in the home were noted to be clean and appropriately dressed. The residents who were interviewed informed us that the staff were kind and courteous, they were well treated and their care needs had been attended to. This was reiterated by a visiting relative who was interviewed and in completed questionnaires received by us. Comments made by residents included :

" Well cared for."

" I am satisfied with the care provided."

"The staff treat me with respect."

" You could not wish for a nicer place."

The home has a Statement of Purpose and a Service User Guide. We however, note that they had not been updated to reflect changes in the address of The CQC and the timescale for responding to complaints This is required to ensure that prospective residents and their representatives are fully informed. The care practice manager agreed that this would be done. She stated that the complaints' policy together with timescales was on display in the reception area.

She further informed us that the home does not provide intermediate care.

## Health and personal care

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

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

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

**This is what people staying in this care home experience:**

Judgement:

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

People have access to healthcare services both within the home and in the local community. On the whole, healthcare needs are monitored and appropriate action taken and these are recorded in residents care plans. However, there are some deficiencies in the arrangements for the administration of medication. These may put people who use the service at risk and would need to be rectified.

Evidence:

The AQAA states :

" Care plans have all relevant documentation in place from pre-assessments, monthly reviews and social worker assessments and annual reviews. As a quality assurance to check this team leaders complete a care plan audit on a regular basis to check all that all documentation is correct and in place. We have implemented a falls chart for individual care plans to monitor at a glance any issues. All residents look clean, well groomed, have access to GP, optician, chiropodist, dentist etc. Residents are weighed monthly to monitor any weight loss so that at an early stage they would be referred to a dietician if needed. Specialised equipment is brought in if there is a risk of pressure

## Evidence:

sores at an early stage as prevention instead of looking for a cure. All staff who administer medication are adequately trained. We ensure that GPs review medication regularly. Staff are aware of how to maintain an individual's privacy and dignity and this is adhered to at all times. The home is currently implementing the GSFCH to ensure each individual chooses their place to be cared for in their End of Life and how they wish to be cared for. "

Residents who were interviewed indicated that staff had treated them with respect and dignity. They stated that staff took good care of them and had attended to their personal and healthcare needs. When interviewed, they indicated that they could see a doctor if they needed to. The case records contained evidence that residents had access to healthcare professionals such as the GP, chiropodist, community nurse and optician. Healthcare professionals who returned completed questionnaires indicated that residents needs had been monitored and attended to. This was confirmed by a visiting healthcare professional interviewed by us.

Individual care plans had been prepared for residents. A sample of four care plans which was examined was found to be up to date and well prepared. There was documented evidence of regular monthly care reviews. The care plans had been signed by residents or their representatives. Appropriate risks assessments had been prepared for residents.

We examined the case records of a resident with diabetes. We note that specialist appointments had been made and staff were aware of the dietary needs of this resident. The records contained a diabetes care plan. We however, note that there was no monitoring of either the level of blood glucose or urine sugar in the records. This is usually necessary to provide information regarding the progress of the resident concerned. This was discussed with the Senior Care Team Leader who agreed to clarify it with the GP or professionals involved. We also note that there was mentioned in the assessment that no special diet was needed. This was brought to the attention of the Senior Care Team Leader who agreed to ensure that it is amended.

The temperature records of the room where medication was stored had been recorded. These were satisfactory and no higher than 25 C. The medication fridge temperatures were satisfactory. However, we noted that there were a couple of gaps in the records on days when the temperatures had not been recorded. This was brought to the attention of the Senior Care Team Leader. She agreed to ensure that temperatures are recorded daily. Close and regular monitoring of these temperatures is important. This ensures that medication is stored correctly.

## Evidence:

The medication charts of four residents were examined. These indicated that medication had been administered. We however, noted the MAR (medication administration record) charts of 3 residents had not been fully completed and there were gaps. One of these was the MAR chart of a resident with epilepsy. Another was the chart of a resident on a controlled drug. This was discussed with the Care Practice Manager and Senior Care Team Leader. They explained that the controlled drug had been administered and this was recorded in the Controlled Drugs Book although it had not been recorded on the MAR chart and they would also clarify the other gaps with staff involved. They further explained that staff are sometimes very busy and may have not remembered to sign.

An immediate requirement was made for the MAR charts to be fully completed and explanations provided for gaps in the charts. This is to ensure the safety and protection of residents concerned. A further requirement is also made for robust audits to be carried out to ensure that the MAR charts are fully completed and explanations provided for gaps in the charts.

## Daily life and social activities

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

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

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

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

Providing residents with activities that are suitable in terms of their understanding and needs, and which take place both inside and outside the home, would enhance their opportunities for stimulation and enjoyment. Encouraging relatives and friends to maintain contact with residents assures residents of opportunities for company and fellowship. By providing a diet that is wholesome and varied residents are assured that their nutritional needs are met.

Evidence:

We were provided with a copy of the activity rota for the period 16th to 29th November. A copy of this was on display on the notice board adjacent to the open plan dining room. We spoke with the Care Practice Manager, who co-ordinates activities. The rota listed a number of activities including Tai-Chi sessions, an arts class, games and quizzes, manicures and news and discussions. Entertainers visit the home on a fortnightly basis. Some of the activities depended on the assistance of volunteers and we were told that the reminiscence group no longer took place as the students that had run this no longer visited the home. The art group is open to all residents, including those with dementia, and some beautiful paintings were on display in the entrance hall. We asked whether any training had been undertaken in respect of organising and running activities suitable for the needs of residents with

## Evidence:

dementia and were told no training had been provided. We noted that all the activities listed were ones that took place within the home and were told that activities were not arranged outside the home due to staffing levels. When we spoke with residents we were told that there were not really lots of activities although we were told that the art class was lovely, they help residents and that residents were making Christmas presents during those sessions. One resident liked the entertainment and spoke about singing songs that were popular during the war. Residents confirmed that they were able to choose whether to take part in activities or whether to sit and relax, in their own room if they wished.

Residents are able to observe their religious practices and a monthly church of England service is held in the home. A priest also visits the home to give communion and nuns visit the catholic residents. There are churches close to the home and two volunteers visit to escort residents to church. One of residents confirmed that she had been to the local church.

Residents told us that their visitors were made welcome when they arrived at the home and that residents could choose whether to entertain visitors in their own room or in the communal areas. They confirmed that visitors were able to use the kitchenette to prepare drinks.

During the inspection we visited the kitchen to see the preparation of the midday meal. The chef was on annual leave and duties were being covered by another member of staff. The meal that was being prepared was home made celery and potato soup, home made turkey pie with boiled potatoes and served with cabbage and swede. The dessert was semolina. Special meals were made available for diabetic residents. The home also provides a pureed diet if needed. We discussed alternatives to the main course that can be provided on request and we looked at menus. We noted that the menus provided a balanced and varied diet.

Residents expressed satisfaction with the meals served in the home and a resident told us that the food was lovely. They told us that they had enjoyed the turkey pie and that the food was good, varied and residents can have something different if they wanted it. Another resident told us that the meals were very acceptable. They were aware that choices were available on the menu and that these were to be requested before 11 am in the morning. We were told that portions were generous and one resident said that she left some as there was more than enough.

The home has been awarded a 5 stars score by the local authority environmental health department for its food hygiene standards. The certificate was on display in the

Evidence:

entrance hall.

## Complaints and protection

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

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

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

**This is what people staying in this care home experience:**

Judgement:

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

There are arrangements in the home which allows residents to express their views and concerns. Residents and others involved with the service say that they are generally happy with the service provision, feel safe and well supported by an organisation that has their protection and safety as a priority. The required policies and procedures for safeguarding residents are in place. Training in safeguarding had been provided for staff.

Evidence:

The AQAA of the home states :

" We have an open door policy giving options for residents to raise any concerns no matter how small which hopefully stops an issue escalating into something bigger. A new or prospective resident is given our comprehensive brochure which includes our complaints procedure, how and who to complain to and a time scale they should expect a response. All residents rights are upheld and adhered to and advocates put in place where needed. All residents are protected from abuse and made clear to them that any shape or form will not be tolerated. Staff have vigorous abuse prevention training incorporating "No Secrets". The Home follows policy and procedure for the protection of vulnerable adults to the letter. "

Residents and a relative who were interviewed by us indicated that they were well

## Evidence:

treated and staff were respectful. Staff who were interviewed were aware of the home's policy and procedures for the protection of vulnerable adults. The home has an adult protection procedure. The local authority guidelines were also available. We however, noted that the home's own procedure did not include examples of abuse and did not contain guidance to staff on reporting allegations of abuse of a criminal nature to the Police. Guidance on when a medical examination of any injuries is needed must also be provided. These are required to ensure that staff are fully informed of action to take.

Allegations of abuse against residents and intimidation against staff had been received by us and Social Services prior to this inspection. The allegations against residents had been investigated and there was no evidence to substantiate them. Feedback received from residents was that they were generally well cared for. However, the investigations indicated that there were relationship problems between management and some staff. There were also issues around communication which needed to be addressed. An action plan was prepared following the investigations. To ensure that residents continue to be well cared for and staff relationship problems do not lead to a deterioration in care, requirements are made for regular recorded supervision and more support for the registered manager by the charity's nominated officer. Formal recorded supervision should occur at least 6 times a year.

A further requirement arising from the action plan is made for a review of the supervision policy and procedure for staff. Training for senior staff on how supervision should be used and recorded should also be provided.

We further note that the Clerk to the Trustees who was involved in responding to the allegations and ensuring that the home is well managed had not received any recent training in Adult Protection. To ensure that he is fully informed about adult protection issues, we recommend that he be provided with such training. This was discussed with him and he expressed a willingness to consider updating his knowledge.

There was evidence that care staff had been provided with the adult protection training. We note that training was done internally by a senior staff member. Some staff were of the opinion that they would benefit more from having a suitably qualified external trainer as such a person would be able to give a much broader outlook. This was discussed with the Care Practice Manager and a recommendation is being made accordingly.

The home has a record of complaints received. There was documented evidence that they had been promptly responded to within the required timescale of 28 days.

Evidence:

Residents were aware of who to complain to if they had concerns.

The home had a record of compliments which indicated that service users and their representatives were satisfied with the care and support provided. Comments made by residents and relatives included the following :

" The staff here treat me with respect."

" The staff provide outstanding care."

" I am well cared for."

## Environment

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

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

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

**This is what people staying in this care home experience:**

Judgement:

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

Providing residents with comfortable and homely surroundings assures residents of an environment in which they can relax. However, maintaining minimum temperatures in areas where there is seating would assure residents of a choice of communal areas that are enjoyable to use. Providing single bedrooms and ensuite facilities assures residents that their privacy and dignity is respected. Maintaining a clean and tidy environment assures residents that good standards of hygiene promote their general well being.

Evidence:

The AQAA states :

" The home has a warm, clean and friendly atmosphere offering a safe environment. The home is well maintained with a rolling maintenance programme. It has attractive grounds and areas for residents to be involved with the upkeep of the gardens. The home is wheelchair friendly. There are adequate bathroom facilities close to all communal areas. All rooms are ensuite and of regulatory size. Although all necessary furniture is available we encourage all residents to bring in their own possessions. All residents are able to control their heating and ventilation to their rooms. The home is well maintained and clean, offering a pleasant odour free environment. All but one domestic staff hold infection control qualifications with a vigilant house keeper as their leader. We have a special laundry system to ensure all laundry is clean, infection free

## Evidence:

and returned to individuals in a high standard. All policies and procedures in place for infection control and adhered to at all times."

During this inspection, we noted that the building is spacious and consists of ground and first floors. Residents are able to move freely around the home and there is a lift linking the two floors. We were told that repairs are to be carried out on the lift and that temporary stair lifts are to be installed prior to this. There are handrails along the walls of the corridors to help residents move independently around the communal areas. There is level access into and out of the building at several points on the ground floor. However, we noted that part of the patio area outside the doors leading from the lounge had been cordoned off. We were told that there were problems that were currently being investigated. There is a choice of rooms where residents may sit during the day and some of the residents enjoy sitting in the entrance hall, where there are comfortable chairs provided. However, we noted that residents sitting here wore their coats and when we sat with them to talk with them we felt cold as this area is close to the front door.

There are two bedrooms that can be used on a shared basis with the remaining bedrooms used as single rooms. At present all rooms are used on a single basis and the duty officer confirmed that the two rooms were only used on a shared basis when residents wished to share. Rooms have ensuite facilities which could be a toilet or a toilet and bathing facilities. We noted that rooms did not have a lockable storage facility, unless the resident was self-medicating and needed a secure facility to store medication in their room. Residents are encouraged to personalise their room by the addition of small items of furniture, pictures and photographs and ornaments. Although the standard of furniture and furnishings in the bedrooms was good overall there were some items of furniture that appeared to be worn and in need of replacement.

Residents told us that they liked their bedrooms. One resident said that it was a large room and had all the furniture that they needed. Other residents told us that the home was very comfortable and the bedrooms were very good and that the rooms were comfortable with everything there. We were told that the home was kept nice and clean and one resident said that the accommodation was excellent.

There is a kitchenette on the ground floor, adjacent to the open plan dining room and lounge and this is for the use of residents and their relatives. The dining area consists of a number of small tables that were smartly set up for use. The welsh dresser in this area gives a homely feel and there is menu on display.

## Evidence:

Toilet and bathing facilities had grab rails provided to assist residents movements. Residents were able to have a bath or a shower; according to their preferences and one of the shower trays did not have a rim so was wheelchair accessible.

As we walked along communal areas we noted that the radiators were very hot to touch towards the top and we brought this to the attention of the duty officer that assisted us during the inspection. We were informed later in the day that these would be checked.

During the site inspection we saw the laundry facilities in the home. The home has two commercial washing machines, with sluicing facilities and two commercial tumble dryers. Hand washing facilities are provided. A resident said that her bed was changed on a regular basis and that all of her laundry was done for her. We noted that as we walked around the home that all areas that were seen were clean and tidy and that the home was free from offensive odours.

## Staffing

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

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

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

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

The service has a good recruitment procedure that is followed in practice. The manager recognizes the importance of training and tries to deliver a programme that meets statutory requirements. Residents and their representatives are generally satisfied with the staffing arrangements. Relationship between managers and some staff are not harmonious and this may eventually affect the care of residents.

Evidence:

The AQAA states :

" Some of the staff have been working at the home for nearly 20 years. The remaining staff have many years service between them. The home has a very good compliment of staff in the ratio of staff to residents. It has a good skills mix with many years of experience between them. The senior team all have adequate NVQ qualifications with 2 of the members having enrolled in their level 4 this year. The home does well because of the generous training budget giving all staff the opportunity to learn and progress giving a more expert level of care. New staff have a few days induction to ensure they are familiar with policies and procedures of the Home and the residents getting to know them. We have to recruit very rarely as the staff are looked after so well by the Trust. This we feel is even more important to our client group now as we cater for residents with dementia."

## Evidence:

The seven staff who were on duty were interviewed on a range of topics associated with their work. They were noted to be generally knowledgeable regarding their roles and responsibilities.

Recruitment records examined indicated that the required recruitment procedures, including obtaining of satisfactory CRB disclosures and references had been followed. There was evidence that staff had been provided with a comprehensive induction programme.

There were twenty seven residents in the home during this inspection. The duty rota was examined. This indicated that in addition to the Registered Manager, Senior Care Team Leader and Care Practice Manager there was normally four carers and a senior support worker during the morning shifts. On the afternoon shifts there was normally three carers and a senior support worker. During the night shifts there was normally a senior support worker on sleeping in duties and two carers. Almost all staff we spoke to indicated that the staffing levels during the morning shifts were inadequate. They were of the opinion that an extra carer is needed. They explained that several of the residents required a high level of care and one resident had challenging behaviour. Four staff stated that they were under stress due to the inadequate staffing levels and unhappy relationships among staff and between staff and managers. This was brought to the attention of the Care Practice Manager who stated that she is aware of staffing difficulties. To ensure that residents can continue to be well cared for, a requirement is made for staffing levels to be reviewed.

The training records examined, indicated that staff had been provided with the required training. Training certificates were seen in the staff records examined. Some staff informed us that they were unhappy that they have to return to the home for training on their days off. One stated that training may sometimes last only a couple of hours. Three staff felt that greater sensitivity is needed and staff should not have to return to the home on their days off for training. To ensure that staff are well trained and not subject to unnecessary hardship, we recommend that a review of training arrangements be carried out.

The report following the recent adult protection investigations confirmed our findings that there were difficulties in staff relationships. One staff stated that the situation was intolerable while another stated that it was a major cause of stress in the home. This was discussed with the Clerk to the Trustees. He informed us that he was aware of the situation and reassured us that he intends to ensure that relationships improve and there is a possibility of team building sessions being held at the home. He also stated that staff are welcome to discuss their concerns with him. A recommendation is made

Evidence:

in this report for team building sessions to be organised.

One lady who was interviewed stated that she tripped and fell in her bedroom. She pulled the cord and she said that the staff were marvellous. Two other residents said that staff came quickly if the alarm is rung.

The issue of equalities and diversity was discussed with staff. Staff were noted to have an understanding of the need to treat all residents sensitively and with respect regardless of disability, gender, race, religion or sexual orientation. They were aware that they must not discriminate against residents. Residents and a relative who were interviewed indicated that they had been treated with respect and dignity by staff.

## Management and administration

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

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

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

**This is what people staying in this care home experience:**

Judgement:

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

People living in the home can be assured that the home is generally well run and the manager has skills and ability to deliver a good quality of care and meet its stated aims and objectives. Records are on the whole, well maintained. There is a system for maintaining health and safety. Residents and their representatives are informed of changes affecting the management of the home.

Evidence:

The AQAA indicates that the registered manager has many years of experience in the management of care for older people. She is well qualified and had just completed the NVQ 2 Dementia Care course. It also states that the home has clear lines of accountability and there is a capable team to support her role. There is a good system of quality assurance which consists of audits, questionnaires, regular staff supervision and appraisals. The home aims to promote independence and encourages residents to deal with their own finances. Receipts and two signatures are obtained for money spent on behalf of residents. Staff receive regular training in health and safety, moving and handling, fire awareness and also in other essential areas.

## Evidence:

The manager was not present when this inspection was carried out. The senior staff present were found to be knowledgeable regarding their roles and responsibilities. There was evidence that staff and residents were informed of changes in the home. The minutes of these meetings were available for inspection.

There was evidence that systems were in place to review the quality of care provided. Consumer surveys had been carried out and the feedback received was positive. Regulation 26 reports had been carried out by the Clerk to the Trustees.

The fire safety record book with details of weekly fire alarm checks, fire drills and fire training was not available for inspection as the senior staff present could not find them. However, the records were said to have been found after the inspection and the Care Practice Manager informed us that the required fire alarm tests, emergency lighting checks, a minimum of four fire drills, including one done after dark had been carried out. She also informed us that written confirmation of this had been sent to us.

We note that fire safety training had been provided by a senior support worker. We note that she had not undergone formal fire training or received any certificates to confirm her competence. A requirement is therefore made for fire training to be carried out by a suitably qualified professional. The home has a fire risk assessment. However, this had not been updated. This must be done to ensure that it is accurate and to ensure that staff are fully informed.

Windows in all bedrooms inspected had been fitted with window restrictors. These were engaged. The home has a current certificate of insurance.

We note that completed questionnaires received from residents, relatives, professionals and staff indicated that residents were well cared for and they were satisfied with the management of the home.

Comments made by them included the following :

" The home is run efficiently and looks after my mother very well."

" Manager runs the home in a caring way."

" Good management."

" The home makes me feel safe and I am happy here."

Evidence:

Are there any outstanding requirements from the last inspection?

Yes

No

## Outstanding statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action

## Requirements and recommendations from this inspection:

### Immediate requirements:

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

No.	Standard	Regulation	Requirement	Timescale for action
1	9	13	<p>The MAR charts must be fully completed and explanations provided for gaps in the charts.</p> <p>This is to ensure the health and safety of residents</p>	10/12/2009

### 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	1	4	<p>The Statement of Purpose and Service User Guide must be updated and have the current address of The CQC and the timescale for responding to complaints.</p> <p>This is to ensure that prospective residents and their representatives are fully informed.</p>	25/01/2010
2	7	12	<p>Improvements are needed in the care of residents with diabetes. This must include clarification in the records as to whether the blood glucose level or urine sugar levels need to be monitored and accurate information must be recorded regarding the</p>	22/01/2010

## 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>dietary needs of residents concerned.</p> <p>This is to ensure the health and safety of the resident concerned.</p>	
3	9	13	<p>Robust audits must be carried out to ensure that the MAR charts are fully completed and explanations provided for gaps in the charts.</p> <p>This is to ensure the health and safety of residents.</p>	22/01/2010
4	12	16	<p>The registered person must review the activities programme to ensure that the social and therapeutic needs of residents, including those with dementia, are addressed.</p> <p>This will ensure that all residents have access to opportunities for stimulation and enjoyment.</p>	08/02/2010
5	18	18	<p>Regular recorded formal supervision for the registered manager by the charity's nominated officer should occur at least 6 times a year.</p>	15/02/2010

## 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
			This is to ensure that the manager is adequately supported in her management role.	
6	18	18	<p>A review of the supervision policy and procedure for staff must be carried out.</p> <p>This is to ensure that staff are carefully supervised and well managed.</p>	15/02/2010
7	18	13	<p>The adult protection procedure must be updated to include examples of abuse and guidance to staff on reporting allegations of abuse of a criminal nature to the Police and guidance on when a medical examination of any injuries sustained by a resident is needed.</p> <p>These are required to ensure the protection of service users and to ensure that staff are fully informed of action to take.</p>	12/02/2010
8	24	23	<p>A lockable facility must be provided in each resident's bedroom.</p> <p>The provision of a key for this must be subject to a</p>	01/03/2010

## 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>risk assessment.</p> <p>This is to ensure that residents are able to keep items of personal value securely.</p>	
9	25	23	<p>Radiators in the home must be provided with radiator guards or covers or have guaranteed low temperature surfaces.</p> <p>This is to ensure that residents are kept warm and safe.</p>	26/02/2010
10	25	23	<p>The temperature in the part of the entrance hall where there are seats must be monitored to ensure that it does not fall below the recommended minimum temperature for elderly persons.</p> <p>This will ensure that residents are comfortable.</p>	29/01/2010
11	27	18	<p>A review of staffing levels must be undertaken so as to ensure that there is sufficient staff to meet the needs of residents. This review must be carried out in consultation with staff and residents or their</p>	18/02/2010

## 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>representatives.</p> <p>A report following this must be forwarded to the CQC. This is necessary to ensure that the needs of residents are attended to.</p>	
12	27	12	<p>Team building sessions must be organised for staff.</p> <p>This is to ensure that staff are able to work well as a team and to ensure that they are not subject to excessive stress.</p>	15/02/2010
13	38	23	<p>Senior staff in charge of the home must be fully informed regarding the whereabouts of fire safety records and these records must be made fully accessible to them.</p> <p>This is to ensure that they are fully aware of the fire safety arrangements and to ensure the safety of people in the home.</p>	25/01/2010
14	38	23	<p>The fire risk assessment must be reviewed and updated at least once every twelve months.</p>	12/02/2010

## 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
			This is to ensure that it is up to date, accurate and to ensure the safety of people in the home.	
15	38	23	<p>Fire safety training provided for staff must be carried out by a suitably qualified person.</p> <p>This is to ensure that staff are fully trained in fire safety.</p>	26/02/2010

## 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	12	<p>The programme of activities for residents should include outings or trips away from the home.</p> <p>This is to ensure that residents are provided with opportunities to go on outings.</p>
2	12	<p>Training on how to provide appropriate activities that meet the social and therapeutic needs of residents with dementia should be provided for staff involved.</p> <p>This is to ensure that staff are well trained for their responsibilities.</p>
3	18	<p>Regular recorded supervision for the registered manager by the charity's nominated officer should occur at least 6 times a year.</p> <p>This is to ensure that the manager is adequately supported in her management role.</p>

## 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
4	18	<p>Senior staff who are responsible for supervision should be provided with appropriate training.</p> <p>This is to ensure that they are well informed regarding their responsibilities.</p>
5	18	<p>Adult Protection training for staff should be provided by a suitably qualified external trainer.</p> <p>This is to ensure that staff are given a broader outlook.</p>
6	18	<p>The appointed officer of the Trust who is responsible for overseeing the management of the home and for supervising the manager should be provided with training in Adult Protection.</p> <p>This is to ensure that this person is fully informed regarding adult protection issues.</p>
7	20	<p>The problem with the patio paving stones identified in the Environment Section of this report should be investigated and repairs carried out.</p> <p>This is to ensure that the home is well maintained and residents can use this area.</p>
8	24	<p>Furniture in the bedrooms showing signs of wear and tear should be replaced.</p> <p>This is to ensure that residents live in a well maintained and pleasant environment</p>

## Helpline:

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