



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Riverside Grange
Address:	2052a Hessle High Road Kingston upon Hull East Yorkshire HU13 9NN

The quality rating for this care home is:	one star adequate service
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A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	Date:
Beverly Hill	1 6 0 1 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. 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.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

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Information about the care home

Name of care home:	Riverside Grange
Address:	2052a Hessle High Road Kingston upon Hull East Yorkshire HU13 9NN
Telephone number:	01482647446
Fax number:	
Email address:	administrator.riversidegrange@hica-uk.com
Provider web address:	

Name of registered provider(s):	Humberside Independent Care Association Limited
Name of registered manager (if applicable)	
Type of registration:	care home
Number of places registered:	33

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	0	33
mental disorder, excluding learning disability or dementia	0	33

Additional conditions:

To admit two service users under pensionable age.

Date of last inspection

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Brief description of the care home

Riverside Grange is a purpose built home, which provides a service for older people who have complex needs associated with dementia. It is owned by the Humberside Independent Care Association (HICA), which is a not for profit organisation. The building is on Hessle High Road, near to a Sainsbury superstore and about one mile from the centre of Hessle. The area has a good variety of shops, pubs, banks and other facilities and there are local bus routes between Hessle and Hull. The home is built over two floors, accessed by a passenger lift and has thirty-three single bedrooms, all with en-suite facilities. There are four bathrooms, one shower room and two lounge/dining rooms. In addition there is a large conservatory connected to the

Brief description of the care home

downstairs lounge. There is a small garden area by the car park to the front of the house and a secure garden for residents, which is located to the side of the home and can be accessed via the conservatory. Double-locking doors can be found throughout the home to ensure the safety of people who are mobile and wish to walk about the home. According to information received from the manager the fees are dependent on the assessed needs of the residents up to a maximum of 508.31 pounds per week. The local authority block-purchase all the beds in the home so any admission has to go through their assessment process as well as the homes. Items not included in the fee are hairdressing, chiropody, personal clothes and toiletries. There is also a five pounds per year charge for TV licence for residents under 75 years of age. Information about the services provided can be located in the homes statement of purpose and service user guide.

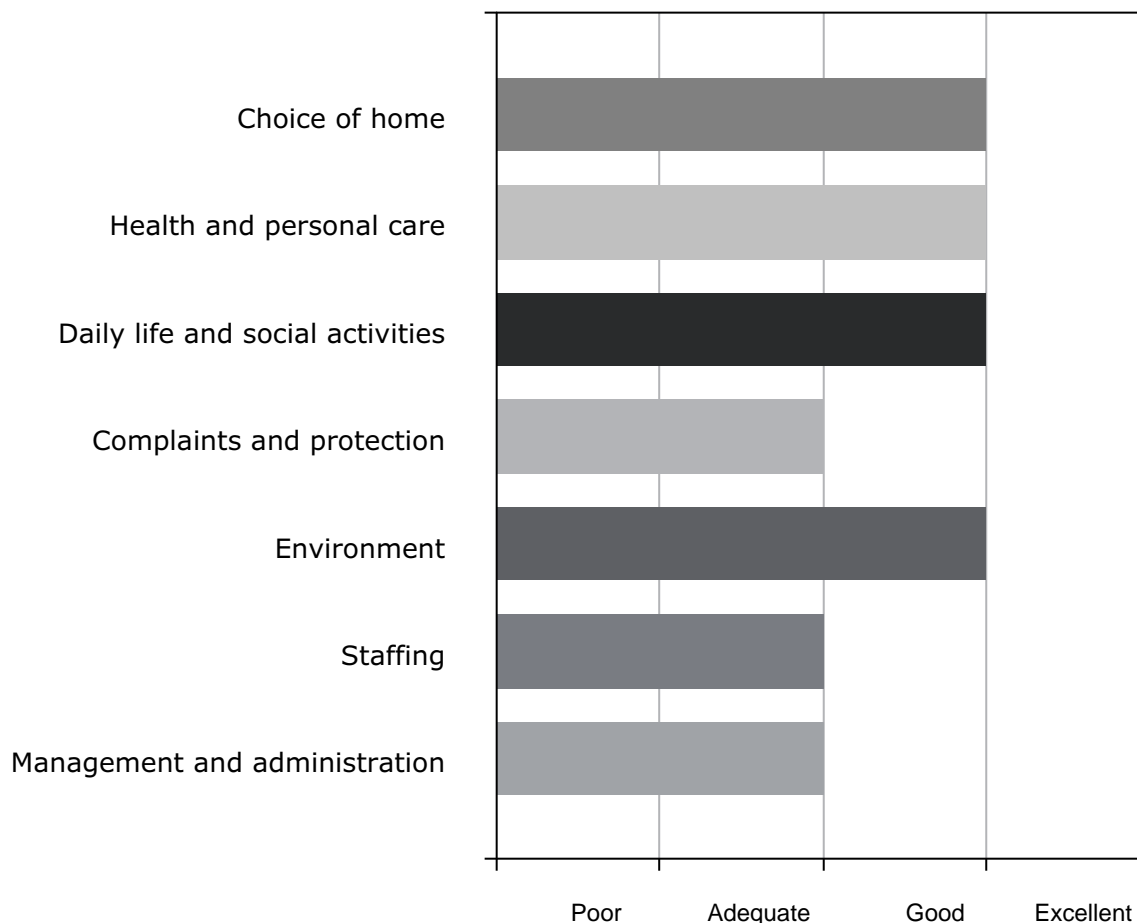
Summary

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

The quality rating for this care home is:

one star adequate service

Our judgement for each outcome:



How we did our inspection:

The quality rating from this service is 1 star. This means that the people that use this service experience adequate quality outcomes.

This inspection report is based on information received by the Commission for Social Care inspection (CSCI) since the last key unannounced inspection on 25th January 2008 including information gathered during a site visit to the home, which took approximately eight and a half hours.

As residents in the home had complex needs associated with dementia and most people were unable to tell us about the care they received, Sue Stephens, a Regulation Manager with the Commission, completed two observations. One covered lunchtime for

about two hours and another was later in the day for an hour and a half in the lounge. The observation concentrated on how staff interacted with residents and whether residents showed signs of wellbeing. We also had discussions with the manager, visiting senior management, a consultant psychiatrist that holds clinics in the home, care staff members and relatives. We had an additional telephone conversation with relatives. Information was also obtained from surveys received from relatives, care staff and another visiting health professional. Comments from the discussions and surveys have been used in the report.

We looked at assessments of need made before people were admitted to the home and the homes care plans to see how those needs were met whilst they were living there. Also examined were medication practices, activities provided, nutrition, complaints management, staffing levels, staff recruitment, induction, training and supervision, how the home monitored the quality of the service it provided and how the home was managed overall.

We also checked to make sure that privacy and dignity was maintained, that people could make choices about aspects of their lives and that the home ensured they were protected and safe in a clean environment. We observed the way staff spoke to people and supported them, and checked out staff's understanding of how to maintain privacy, dignity, independence and choice.

We would like to thank the people that live in Riverside Grange, the staff team and management for their hospitality during the visit and also thank the people who completed surveys and had discussions with us.

We have reviewed our practice when making requirements, to improve national consistency. Some requirements from previous inspection reports may have been deleted or carried forward as recommendations, but only when it is considered that people who use the service are not being put at significant risk of harm. In future if a requirement is repeated it is likely that enforcement action will be taken.

What the care home does well:

The home ensures that people are only admitted after their needs have been assessed so they can be sure their needs can be met. They obtain assessment information from care management teams and complete their own assessment documentation.

People are able to have trial visits and short stays at the home before they need to make a decision about permanent residence.

The home has developed good working relationships with outside agencies and visiting professionals. Staff refer any health issues to the appropriate agencies quickly and ensure that routine health care needs are met.

The staff were described as friendly, although there has been an issue with availability of consistent care and approach. We observed staff speaking to people in a caring and considerate way and families told us they were always made to feel welcome and offered refreshments.

The company has a good staff recruitment, induction, training and development system in place.

The meals provided were nutritious and plentiful. Management and catering staff have taken a proactive step and decided to review times and quantities of meals to fit in more precisely with peoples' nutritional and psychological needs.

The home appropriately managed peoples' finances held by them in safe keeping.

The home was clean, tidy and well maintained and there is sufficient equipment in place to meet peoples' needs.

What has improved since the last inspection?

The way the home plans the care needed from assessment and risk assessment information has improved and there were examples of very good behaviour management plans in place that gave staff clear directions in how to support people safely.

The management of complaints has improved over the last few months and the home has seen a reduction in complaints.

What they could do better:

The residents' complex needs has led to increasing numbers of incidents between them and some people have been harmed. The Commission and the Local Authority have been monitoring the situation and an action plan has been produced. The home has implemented the action plan and this has led to a recent reduction in incidents, which has improved the quality of life for residents. The home needs to have stable management giving clear direction to staff and ensuring this improvement continues so people are safe and protected.

Medication practices need to be reviewed to ensure the home does not run out of

medication and that recording is improved.

Social stimulation needs to be increased to prevent people from being bored and leading to further deterioration in cognitive abilities.

Staff could be guided more closely when putting training into practice and formal staff supervision needs to be more frequent.

There is a good company quality assurance system but some aspects of auditing have slipped over the last year leading to shortfalls not being addressed properly. Senior management need to supervise the home more closely and re-start visits and reports required under care home regulations.

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 set out on page 4.

The report of this inspection is available from our website www.csci.org.uk. You can get printed copies from enquiries@csci.gsi.gov.uk or by telephoning our order line –0870 240 7535.

Details of our findings

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Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

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

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

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

This is what people staying in this care home experience:

Judgement:

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

The home ensures that people are only admitted to the home after a full assessment of their needs has been completed and agreement has been made that their needs can be met in the home.

Evidence:

Since the last inspection the homes statement of purpose and service user guide has been updated and gives an accurate picture of the services the home can provide to people.

The Local Authority block purchase all the beds within Riverside Grange for a specific fee and each resident admitted to the home has a community care assessment completed by care management teams in Hull or surrounding Local Authorities. Management ensure that they receive the assessment of peoples' needs prior to admission. Even though the Local Authority block purchase the beds, management still

Evidence:

has some autonomy regarding admissions and they visit any potential resident to check out that their needs can be met within the home. The home has their own assessment documentation used to run alongside community care assessments and to check for changes in need since the initial assessment stage. The documentation covers health, personal, social and psychological areas of need. Staff also complete a range of risk assessments used to aid care planning.

Some residents admitted to the home have very complex needs associated with dementia and they cannot be supported in other residential care homes. There have been times when the designated fee at Riverside Grange has been insufficient to meet the residents needs and extra funding has been applied for either from the Local Authority or Primary Care Trust to enable one to one support to be purchased. This takes time to be processed and in the meantime staff struggle with difficult situations and residents have assaulted each other. An alternative way of funding would be for the resident to be admitted with extra support during their transition phase into the home, and the process of review used to consider the reduction of the extra funding as the resident settles into a comfortable and safe routine.

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.

Care planning has improved, which means that staff have up to date information about peoples' needs and also helps to prevent care being missed. Residents health care needs are identified and met in the home.

Some areas of medication management need to improve to ensure people consistently receive the medication prescribed for them.

Evidence:

We examined four care files during the visit and each contained a wealth of assessment information on which to formulate plans of care. There has been improvements noted in the care plans and a new format of care plan just starting to be introduced has improved the process even further. The latter plan gave a very clear account of the resident and their needs, it gave full information to staff regarding how their needs were to be met and was very individualised to their particular preferences. Any new staff member would be able to know exactly how the resident needed to be supported.

Evidence:

Management had also completed very thorough plans for people that had behaviours that were challenging to others. The ones examined gave staff information on possible causes of the behaviour, what triggers to look out for, how to prevent occurrences and direction and advice on how to manage situations that do occur using different approaches. Staff spoken with were knowledgeable about residents needs and told us they had the opportunity to read care plans and behaviour management plans. The evidence that incidents between residents is decreasing could be a direct result of consistent care planning and consistent management approaches to the complex needs of some residents.

Care plans were continually updated and evaluated monthly and a much clearer process was noted. Senior staff produce a care plan amendment form during the evaluation which states what is missing or needs updating in the care plan. Deadlines are given for staff to complete the changes. Care plan reviews were held with the resident, their family and care management teams funding the placement.

Generally recording was good but areas such as personal hygiene records, bathing and some follow-on issues from shift to shift needed improvement. A new recording form for morning and evening personal care including continence care, bathing, showering, dental and hair care has been produced and will be piloted in the home shortly. This should help seniors to spot check care and address any shortfalls with individual staff members.

The home completed a range of risk assessments and kept them under review. Some had good guidance for staff. For example, the moving and handling risk assessments gave guidance on techniques and equipment to use to move and handle people safely and a residents' nutritional risk assessment was clear about the risks regarding their nutritional intake, directions for increased weight monitoring and at what level to refer to a dietician.

There was clear evidence of referrals to health professionals for advice and treatment, and a consultant psychiatrist holds a six-weekly clinic in the home to enable staff to discuss particular residents needs with them. There were also plans, via the consultant, to have more input from a community psychiatric nurse regarding the management of some residents complex needs, and how to plan care and manage them more safely. There was also evidence that through close observation of a particular residents' condition, staff recognised the need for pain management control and an appropriate referral was made.

The residents were unable to tell us how their care was delivered to them so we used

Evidence:

an observational tool in the morning for two hours, which covered lunchtime, and in the afternoon for an hour and a half. This enabled us to observe for signs of wellbeing and also to observe how staff approached and interacted with people. We observed definite signs of wellbeing in the home with people responding to staff, making eye contact with their surroundings, staff and each other, walking about freely and sitting down where they choose. Staff spoke to residents in a calm, encouraging and reassuring way and showed signs of genuine affection for people. We observed how staff tried to ensure that people made choices about aspects of their lives, for example by offering visual choices at lunch and making requests rather than demands of people.

We also had discussions with relatives during the day and others in a phone call. They had provided information for their loved ones' personal profile and were invited to reviews of his care. They had noted improvements in the home since the new manager has been in post, especially around personal care tasks and communication with relatives. Other relatives confirmed improvements in staff attitude, laundry and general management.

Generally medication was managed safely but there were some issues that required attention. The home had ran out of one persons' important medication for ten doses. This must not be allowed to happen and closer monitoring is required. Some residents had painkilling medication prescribed as a set dosage but often declined it or did not require it as often as prescribed. This needs to be checked out with the GP to see if it can be prescribed, 'as required'. Handwritten entries on the medication administration record require two signatures and specific eye drops must be stored in the fridge. Some residents photographs, which aid staff when administering medication were missing from the file. One resident also had two important types of medication at night but often declined them, however the manager assured us that this under review with the person's GP and was due to be be changed shortly.

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.

Management and staff are continuing to find ways to improve the quality of life for residents via increased social stimulation and improved delivery of meals, which is more in keeping with their individual needs.

Evidence:

The home provides social support to residents with complex needs and at times this can be difficult for staff. Social stimulation is provided in short sessions, as residents concentration span and memory function can be limited. Records showed that previous interests, hobbies, likes and dislikes were detailed in personal fact files and there was evidence that relatives contributed to these. The home is currently reviewing and revising activity plans.

The home has purchased a mobile sensory unit, which has proved popular with residents and relatives. The records examined showed that one person in particular enjoyed walks to the local supermarket supported by staff. Previous activities provided included sing-a-longs, bus trips, looking at books and magazines, chatting to staff about their family or previous interests, listening to music, watching television, skittles, painting and dominoes. There was nothing documented in activity records

Evidence:

since mid November 2008. The provision of specific staff members in the role of activity coordinator has fluctuated due to staff turnover but the home has recently employed an activity coordinator and is currently progressing through recruitment of a further two people for the role. An activity coordinator from another home in the group is supporting the new staff member to plan and provide some activities until the home has a full complement of staff. Although not fully operational yet the homes activity plan has recommenced and should start to meet shortfalls in this area.

Staff training for those involved in supporting people with dementia with social stimulation has been identified and includes life story work, reminiscence and structuring activity sessions.

We spoke to visitors during the day and they confirmed they were always made to feel welcome and were offered refreshments on arrival. Comments were, 'really nice staff, they always welcome us' and 'Nancy (manager) goes around every resident and speaks to families'. People told us that previously they were not always informed about how their loved one was doing and they had to seek out staff for information. They feel this has now improved.

During the observation exercise we observed how staff tried to ensure that people made choices about aspects of their lives, for example by offering visual choices at lunch and making requests, 'where would you like to sit', 'shall we go for a walk' and 'can we sit in a comfortable chair to read the paper' rather than demands of people.

The manager confirmed that there is to be a reorganisation of meal provision throughout the day to more fully meet the residents combined nutritional and psychological needs. As the residents concentration span has reduced due to their dementia they often have difficulty completing a traditional meal and will leave the table to wander around. Management and catering staff are devising a new menu with more finger foods with combined food groups to be provided at frequent intervals throughout the day and evening. There is also scope for the provision of food and fluids throughout the night. This is a positive and innovative move and should support the increasing and often changing nutritional needs of people with dementia. One relative did comment that there was a distinct difference in the preparation and presentation of food when specific agency catering staff were on duty in the kitchen. They stated this was noted on a couple of occasions and they will discuss with the manager if it happens again.

Staff supported people in a calm, sensitive and encouraging way at lunch, using humour when talking to them and addressing people with their preferred term.

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

The dynamics of specific residents with very complex needs, and the inconsistency of management to address the issues this has posed, has prolonged incidents of challenging behaviours. This has resulted in harm to some residents. The home is beginning to address the situation.

Evidence:

Riverside Grange is part of a large organisation in this region, which has corporate complaints policies and procedures. The homes procedures were on display and staff spoken with were clear about what to do if people raised any concerns. The home had a complaints file and maintained clear records of any investigations. Complaints were addressed quickly and signed off by management.

The home has had a marked decrease in complaints during the last three months since a new temporary manager has been in post and surveys received from relatives indicate that there has been numerous positive changes.

The home uses the multi-agency policy and procedure for safeguarding vulnerable adults from abuse. The dynamics of specific residents and the complexity of their needs has meant that the management and staff team require particular skills in how to manage their care. The steady increase in incidents between residents from September 2008 told us that this was not being managed as well as it could be. In

Evidence:

every incident between residents the home has notified the Commission and the Local Authority, via a safeguarding alert form, as per procedures. A care management representative completed a monitoring visit to the home each time and management requested additional funding from the Local Authority and Primary Care Trust. However, the assessment criteria for extra funding has strict guidelines and can take time to process so this did not address the rise in incidents. In November 2008 a meeting was arranged with the Local Authority and Riverside Grange management to discuss the situation and plan ways to address it. A follow up meeting with the Commission discussed the plans put in place by senior managers of HICA.

Subsequently a significant decrease has been noted in the amount of incidents between residents. As an example, in November we received notification of sixteen incidents between residents, fourteen in December and two up to January 26th. This is due to a more robust way of preventing incidents and increased vigilance by staff. Management advised that they met weekly to analyse any incidents that occur in order for them to learn if there were any improvements needed in the management of them. It is important that these ways of working continue to safeguard vulnerable people.

The home has the support and services of a consultant psychiatrist, who holds six-weekly clinics on site. During the visit we had the opportunity to discuss with him some of the difficulties staff members have to manage. He spoke positively about the staffs knowledge of residents and also the need for further training for staff in some of the more challenging aspects of behaviour. Also discussed was the importance of ongoing health input, both financially for one to one support for some residents, but also for advice and expertise in the management of behaviours that can be very challenging.

The home has referred two incidents involving two staff members to the local authority. One involved an agency worker and was investigated with no further action required by the home. The second is a recent allegation and the investigation is still under way. Management are very quick to follow disciplinary and safeguarding procedures when incidents are brought to their attention. Staff members in discussion were also knowledgeable about safeguarding procedures and have shown they will alert management of any concerns.

Environment

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

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

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

This is what people staying in this care home experience:

Judgement:

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

The home provided a clean and well maintained environment for people.

Evidence:

The home was clean, tidy and odourfree, and although senior managers have recognised that it is not ideal in its present layout to support people with complex dementia care needs, it was well decorated and quite spacious. Corridors were wide and had grab rails, bedrooms were personalised to varying degrees, communal rooms had different areas for residents to sit and, bathrooms and showers had appropriate equipment.

A discussion with the company's Service Director during the day confirmed there are future plans to look at the layout of the building and generally improve the space available for residents.

There was an enclosed garden for people to use in warmer weather, which was equipped with appropriate garden furniture and was easily accessed via the conservatory.

The home had a separate laundry room with sufficient equipment for a home of its size.

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.

There has been an inconsistency of staff approach in the home due to a reliance on agency staff, unclear management guidance and some staff not putting into practice training received. This has led to a prolonged situation of incidents between residents, which could have been minimised.

Evidence:

The home has had a high turnover of staff recently and has used agency staff to fill the gaps. Whilst this has ensured that staffing numbers has remained appropriate for the needs of the residents it does not ensure consistency of practice and a recruitment drive is underway to fill the vacancies. Seven new care staff members have just started and are progressing through a weeks induction. They are to work supernumerary for two weeks following this. The home is also planning to recruit two further staff on flexible hours to cover holidays, sickness and any need for an increase in staffing levels. The home still has to recruit for personal care manager and activity coordinator hours.

The home has a personal care manager or senior on each floor managing the shift, five care staff between the two floors and additional care staff members, which are funded for periods of one to one support for specific residents. There are three care staff and a senior on duty through the night. The manager is supernumerary and part of the

Evidence:

deputy managers week is also supernumerary to enable them to complete management tasks.

The staff group has had difficulties managing the complex needs of some of the residents and incidents between people have continued as the norm without being properly addressed. There was also a lack of direction and guidance from previous management, which has now been addressed. Personal care managers from other homes in the group have been assisting new and existing staff to ensure the basic skills learned in training are put into practice and a closer system of supervision is to be implemented.

Relatives spoken with, and surveys received from them, were complimentary about the friendly approach of staff, 'they are really nice staff and welcoming' but they had issues with staff availability and practice, 'sometimes there are no staff available at all', 'some carers are better at looking after them than others' and 'poor allocation of staff in different areas'. One person told us they didn't feel able to complete a survey yet but would wait to see how all the changes go. All commented that they had noted changes for the better regarding staff attitude, communication and overall management.

We observed staff speaking to people in a caring and considerate way with light humour and banter used to encourage and assist people. We also observed that the staff handover from shift to shift, whilst held in the lounge area so residents could be monitored, did in fact cause some residents to become agitated. This was mentioned during feedback for the home to address.

The company has good induction and training systems in place which covers mandatory and service specific training. Records are maintained of training completed and when updates are required. Generally staff progress through a week-long block induction covering mandatory courses, then start skills for care induction standards and work towards a national vocational qualification (NVQ) in care at level 2. The manager confirmed on the day that 35 percent of care staff has NVQ level 2 or 3. The home needs to aim for 50 percent although it is acknowledged that staff turnover will have affected NVQ levels.

Staff complete a one day dementia awareness course during induction and follow this up with a further one day's training during their first six months. Some staff members have not been putting their training into practice and management has recognised that the dementia care training needs to be consolidated more. This process is being planned as part of the training package. The company's dementia care course is currently undergoing accreditation, which is a good achievement. All staff in the home,

Evidence:

including ancillary staff, need to complete the basic dementia care training to ensure a consistency of approach across the board, and conditions affecting older people could also be part of future training when the homes staffing and management situation stabilises. Staff in survey's commented on good accessibility of training but also stated some staff needed to, 'go back to basics'.

The company operates a sound recruitment and selection system based on interviews, obtaining references and seeking povafirst and criminal record bureau checks.

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.

During the last year the home has not been managed effectively. However, management changes have been made and improvements noted. This means that the home will be a safer place for people to live and staff members will be more closely supervised and supported.

Evidence:

There has been a temporary change in management of the home over the last three months, which has led to improvements in the overall management of systems and specific management of difficult situations and incidents between residents. A permanent manager has been appointed and is due to commence employment on 23rd February 2009. She is a Registered Mental Health Nurse with experience of managing residential homes. However, the difficulties that the previous registered manager experienced should have been identified sooner although it is acknowledged that a bereavement in the company at a senior level led to a depleted tier of management. There were no records of visits completed by the Responsible Individual under

Evidence:

Regulation 26 of the Care Homes Regulations between March and October 2008, which means that the home may not have been supervised as closely as it should have been by senior managers. A new Service Director for the company has been appointed and it has been accepted that improvements are required.

An action plan produced by senior managers has commenced. Managers and staff from other homes in the company are supporting the temporary manager with ensuring existing care staff use the skills learned during training sessions and ensuring recording is up to date. Shift leaders are to have specific training in managing their shift and improving communication through the levels of staff.

Staff, residents and their relatives have been kept informed of the changes via discussions and meetings.

It became clear from examination of records and in discussions with staff that formal staff supervisions has not been completed at the required level. This was mentioned to management to address to ensure care staff receive a minimum of six, one to one supervision sessions a year. Effective staff supervision and observation may have picked up some of the shortfalls in care practices at an earlier stage. One improvement put into practice was the allocation of a 'job coach' to assess the practical care skills of new care staff members.

The company has a corporate quality monitoring system which consists of audits of systems, and questionnaires to relatives, staff and professional visitors to the home. Action plans are produced to address any shortfalls found in either the audits or surveys. The system has not fully worked during the last year as shortfalls were not consistently identified and addressed. However, the system does work when implemented thoroughly and management are to ensure this happens as part of their action plan.

The company has a corporate system of managing residents personal allowance via a computerised system. Although not assessed at this visit there has been no issues in any of the previous inspections. The company ensures external auditors check how finances are managed in each of the homes.

The home has not been a safe place for some residents due to the complexity of peoples' needs and the inconsistency of management. However there is evidence that this is improving. Staff are receiving further training and support in managing difficult situations and have already received mandatory training in areas such as infection control, health and safety, first aid and moving and handling.

Evidence:

The home ensures equipment is serviced and maintained and fire alarm checks and drills are completed.

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
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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
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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	9	13	Residents must receive medication prescribed for them and must not be allowed to run out. Specific eye drops must be stored in the fridge. This will ensure prescriber and manufacturer instructions are followed.	13/02/2009
2	18	13	Management and staff must continue with the plan of action produced to prevent and minimise assaults between residents. This will help to protect residents from harm and harming others.	28/02/2009

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	3	Dialogue should take place with the Local Authority and Primary Care trust regarding initial extra funding during the

		transition phase, for residents known to have very complex needs. This will enable an increase in staffing provision during the potentially difficult admission and settling in stage.
2	9	Handwritten entries onto the medication administration record should have two signatures to enable a checking system.
3	12	The home should continue with the review of social activity profiles for people, and fully implement the activity plan when staff recruitment in the activity coordinator roles is completed.
4	18	Senior management should continue to pursue extra funding from the Primary Care Trust and Local Authority to provide residents with very complex needs the individual attention they require at periods throughout the day.
5	27	The reliance on agency staff should be discontinued as per the homes action plan to ensure a consistency of staff and approach for the residents. Management should look at ways to tackle staff retention issues.
6	27	Staff should put into practice the skills and knowledge learned during their induction and training courses and seniors should include this in their supervision and mentoring of staff.
7	28	The home should continue to work towards 50 percent of care staff trained to NVQ level 2 and 3.
8	30	The homes training plan should include conditions affecting older people so staff have a broad range of knowledge and skills in order to care for them.
9	31	The manager should apply for registration with the Commission quickly to ensure stability for the home.
10	33	The person responsible for completing visits under regulation 26 should re-start the visits and forward a copy of the report to the Commission, until further notice, to enable us to keep a track of progress made with the action plan.
11	36	Care staff members should receive formal supervision at a minimum of six sessions a year. This will enable managers to track their progress and development.
12	38	Managers should ensure that the progress made with the implementation of the homes own action plan continues so staff, residents and their relatives are able to relate to the aims and purposes of the home and it continues to improve and be a safer place for vulnerable people.

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