

# **Key inspection report**

## **CARE HOMES FOR OLDER PEOPLE**

**Wilton Lodge**

**402 Holderness Road  
Hull  
East Yorkshire  
HU9 3DW**

*Lead Inspector*  
Beverly Hill

*Key Unannounced Inspection*  
10th June 2009      09:00

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

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

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

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

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

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

## Reader Information

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# SERVICE INFORMATION

<b>Name of service</b>	Wilton Lodge
<b>Address</b>	402 Holderness Road Hull East Yorkshire HU9 3DW
<b>Telephone number</b>	01482 788033
<b>Fax number</b>	01482 788120
<b>Email address</b>	
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Humberside Independent Care Association Limited
<b>Name of registered manager (if applicable)</b>	Diane Ward
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	48
<b>Category(ies) of registration, with number of places</b>	Dementia - over 65 years of age (48), Old age, not falling within any other category (48)

# SERVICE INFORMATION

## Conditions of registration:

**Date of last inspection**      13th June 2008

## Brief Description of the Service:

Wilton Lodge provides personal care and accommodation for a maximum of 48 older people some of who may have dementia. It is owned by Humberside Independent Care Association Ltd (HICA) which is a not for profit organisation. The home is located on Holderness Road, which is to the eastern side of the city of Hull. The homes location provides people with easy access to a variety of shops, pubs, public transport etc.

The home is a two-storey building with access to the upper floor via a passenger lift or stairs. All of the homes bedrooms are single with forty-two having en-suite facilities. A number of these single rooms do have a lockable interconnecting door, which means couples are able to share a bedroom whilst using the other as a lounge area.

The home has various well equipped communal areas on both floors that include, lounges, dining rooms, a sitting room for people that smoke and smaller quieter areas to sit with visitors. The home has sufficient bathrooms and shower rooms on each floor.

The homes theme of decoration reflects its location with old photographs of East Hull and memorabilia from Hull Kingston Rovers. Central to the home is a garden and courtyard area with patio tables and chairs, which people are able to access safely.

According to information received from the home the weekly fees are between £315.50 and £490. There is a weekly top up fee of £15 for a basic room and £20 for an en-suite room. Additional charges are made for hairdressing, chiropody, clothing, toiletries, transport, newspapers, personal television licence, nametapes, holidays, outings, alcohol and cigarettes.

Information about the home and services can be located in the statement of purpose and service user guide available in the reception. Copies of the most recent inspection reports are also on display.

# SUMMARY

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

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

This inspection report is based on information received by the Care Quality Commission (CQC) since the last key inspection of the home on 13th June 2008, including information gathered during a site visit to the home, which took approximately eight and a half hours.

Throughout the day we spoke to people that lived in the home to gain a picture of what life was like at Wilton Lodge. We also had discussions with the new manager, staff members and two relatives. Information was also obtained from surveys received from people that live at the home, relatives, staff members and visiting professionals. Comments from the surveys have been used throughout the report.

We checked to see that the home had met the requirements issued at the last inspection and looked at a range of documentation. This included assessments of need made before people were admitted to the home, and the home's care plans to see how those needs were met while they were living there. Also examined were medication practices, activities provided, nutrition, complaints management, staffing levels, staff training, induction and supervision, how the home monitored the quality of the service it provided and how the home was managed overall. We checked how staff monitored the food and fluid intake of those with nutritional risks.

We also checked with people 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 with them their understanding of how to maintain privacy, dignity, independence and choice.

The providers had returned their annual quality assurance assessment, (AQAA) within the agreed timescale. The AQAA is a self-assessment that focuses on how well outcomes are being met for people using the service. It also gave us some numerical information about the service.

We would like to thank the people that live in Wilton Lodge, the staff team and management for their hospitality during the visit and also thank the people who completed surveys.

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 into this report as recommendations, but only when it is considered that people who use the services 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 service does well:**

Staff members were clear about how they promoted peoples' independence and choice and provided care to people in ways that respected privacy and dignity. The staff members had developed good relationships with residents and were observed speaking to people in a kind and caring manner. Residents said staff listened to them and acted on what they had to say.

Wilton Lodge provides a pleasant environment for people. It is clean, warm, well presented and has plenty of communal space.

The home provides nutritious and well planned meals for people and has won a healthy heartbeat award. Catering staff scored an, 'A' in the local authority's food safety management assessment. Generally people liked the meals and were happy to discuss with management when they wanted changes.

Activities and outings were planned for people.

The home manages complaints well and always tells the Commission or the local authority of any reportable incident. This enables us to monitor situations and check how the home is dealing with them.

The company has an excellent training and induction programme. Senior managers are always looking to improve the training courses. Staff members all say they receive the training required for them to complete their jobs.

The home has a good quality assurance system that enables people to be consulted about the way the home is managed.

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

The employment of a new manager and deputy manager has led to an improvement in management systems, staff morale and stability for the home. The company has also initiated a more developed quality monitoring system and allocated an area manager to oversee it.

Initial pre-admission assessments are completed more thoroughly and the care plans and risk assessments contain more detailed information about people and the tasks staff members have to complete. This could be improved even further by using the information gathered in fact files.

The completion of monitoring charts is more consistent and gives a clearer picture of peoples' nutritional intake and pressure relief.

Some requirements and recommendations relating to the management of medication have been met but there remains an inconsistency with recording codes when medication is omitted and a new issue was highlighted with stock control – see below.

The company ensures a process of continual redecoration and refurbishment of the home.

A new initiative to include residents that wish to, and are able to, participate in staff recruitment means that their choice and decision-making has been enhanced.

The number of care staff that have gained a National Vocational Qualification in care at level 2 and 3 has increased to 69 percent. This is an excellent achievement.

Additional, in depth training courses in dementia care, palliative care, safe handling of medication and nutrition have been sourced by the company and staff are due to start soon. This will give staff an even better understanding of how to support people with dementia care needs and those people at the end of their life.

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

Staff members have been completing monitoring charts over a period of time to record a specific residents' behaviour that has been challenging to others. A behaviour management plan now needs to be formulated to give consistent guidance to staff.

Senior staff must monitor medication stock control more effectively so the residents do not run out of medication. Also recording on the medication administration record needs to be more consistent.

Care staff should have formal supervision at least six times a year. There has been some slippage over the last year but the new manager is to address this.

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 INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

## Choice of Home

### The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

### The Commission considers Standards 3 and 6 the key standards to be inspected.

This is what people staying in this care home experience:

### JUDGEMENT – we looked at outcomes for the following standard(s):

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

Peoples' needs were assessed prior to admission. This enabled staff to be sure the home was able to meet the identified needs.

### EVIDENCE:

We looked at four care files during the visit, one of which was for a resident recently admitted to the home. The care files evidenced that people had their needs fully assessed prior to admission to the home.

The assessments and care plans, completed by care management for people they provided funding for, were obtained. The staff also used in-house assessment documentation to check that peoples' needs had not changed. This covered all aspects of health and social care needs. The one seen had been completed in a more comprehensive way and was an improvement since the

last inspection. The homes own assessments were usually completed prior to admission but in cases of emergency admissions these were completed on the day the person arrived.

The assessment process ensured staff had sufficient information prior to admission to enable decision-making about whether needs could be met in the home. The information gathered was used to formulate plans of care to meet identified needs.

Following the assessment the manager writes to the person or their representative formally advising them that the home is able to meet their needs and detailing any specific equipment required. A recent audit completed by the area manager picked up that one person had not received a letter. This self-audit is very good practice and helps the home to address shortfalls and ensure an effective service.

The home does not provide intermediate care services so standard 6 does not apply.

## Health and Personal Care

### The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

### The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

This is what people staying in this care home experience:

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

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

The health and personal care needs of residents were planned for and met. This gave staff guidance in how to support people in their care and helped to enhance their health and wellbeing.

Shortfalls in recording and stock control need to improve to ensure safe and consistent management of medication.

### **EVIDENCE:**

We looked at four care files in detail, which included the care support plans, risk assessments, daily recording, behaviour management plans and monitoring charts for pressure relief and nutritional intake. The care files were well organised and easy to read with information quickly to hand.

Care support plans had been produced from information gathered at the assessment stage and risk assessments. Fact files were completed with

assistance from relatives just after admission. The care plans had improved since the last inspection and included more detailed information about the person and had clearer tasks for staff. The manager is currently working with staff to improve these even further as an audit they completed highlighted that some were more comprehensive than others.

To improve it was suggested that attention to nail care for one specific resident be recorded in care planning and carried out in practice to ensure full care for them. Staff members have been completing monitoring charts over a period of time to record a specific residents' behaviour that has been challenging to others. A behaviour management plan now needs to be formulated to give consistent guidance to staff. There were also physiotherapist instructions for one resident that needed to be included in the care plan and more information from the fact files could be included in care plans in general.

Care plans were updated as a result of monthly evaluations and also at reviews, which were held with the resident, family members, care management and significant others present. Residents or their representatives signed agreement to the care plans.

There was evidence that risk assessments were completed and significant information transferred to care plans. Risk assessments covered, nutrition, pressure areas, moving and handling, falls and bed rails. Some people also had more specific risk assessments relating to their health or other care needs such as food clashes with prescribed medication, the need for a safety gate for their bedroom door and behaviours that could be challenging to others.

Residents' health care needs were met and they had access to a range of health care professionals, such as GP's, dieticians, district nurses, community psychiatric nurses, physiotherapists, opticians and chiropodists. People were supported to attend out patient appointments with consultants and emergency care practitioners were called to any accident requiring treatment in the home. Peoples' weight was monitored and charts to monitor food and fluid intake, and pressure relief, were completed more consistently since the last inspection.

Surveys from residents and their relatives stated that the service they received met their needs in ways that promoted privacy and dignity. Comments from surveys and discussions were 'the care is good', 'I see the district nurse to dress my legs', 'I look after myself but the staff will do my feet if I ask them', 'both are happy here and I feel they are well looked after and cared for', 'She always looks well dressed, nails cleaned and always clean clothes', 'in general we get looked after well' and 'the care received is always to a high standard. My mothers needs are quite complex, however, she seems to be a lot more settled and happier than she was initially – I am quite happy with the service provided'.

Medication was stored appropriately and at the correct temperature since the installation of an air-conditioning unit in the medication room. Staff had good sources of reference for instructions about medication and each resident had an information sheet that included their photograph, to assist with administration, and details such as allergies and their GP. There were some issues with recording and re-ordering stock that senior staff members need to address.

For instance, codes used when medication was omitted were not consistently defined, some medication, prescribed mid-cycle had not been signed into the home and some residents had run out of medication. The reordering system needs to be reviewed to ensure this does not occur again. Other minor medication issues were discussed with staff.

## Daily Life and Social Activities

### The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

### The Commission considers all of the above key standards to be inspected.

This is what people staying in this care home experience:

### JUDGEMENT – we looked at outcomes for the following standard(s):

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

The home provides a good quality of life for people by ensuring a range of social stimulation, including them in decision-making and meeting their nutritional needs.

### EVIDENCE:

The home had a calm and pleasant atmosphere and people told us that routines were flexible, with visitors welcomed at any time. This was confirmed in discussions with two relatives and staff members on the day. Residents were wandering around quite freely, popping in and out of communal rooms and chatting to staff and each other. People expressed positive views about the home, 'it's a very pleasant home', 'In my case coming to Wilton Lodge has given me what I want, by being well cared for and having made some lovely friends – I am very happy here after eight years' and 'I have enjoyed living here and I'm looking forward to spending my last days here'.

An activity coordinator was employed for thirty hours a week. She provided a range of stimulation in one to one sessions or with groups. People enjoyed

baking, arts and crafts, movement to music, bingo, games, film and comedy DVD's, pampering days, quizzes, reminiscence therapy, visiting entertainers, monthly outings and various trips to local facilities. Some families volunteer their assistance for the outings and staff members come in on their days off. The home has an active dominoes group that hold competitions with a trophy as the prize and staff members have also developed a, 'virtual tour bus'. This includes a, 'virtual tour' to different countries with information, sights and at times staff dressing up to entertain.

Staff confirmed they were currently fund raising to turn a staff training room into a cinema/art and craft room for the residents. The home shares the use of two minibuses with other homes in the company and this works well when booked in advance.

In discussion staff members were clear about how to promote independence, privacy, dignity and choice and were able to give us many examples of how they completed this during their support of people. We observed this in practice throughout the visit with all levels of the staff team. One resident, a keen gardener, has helped to choose plants for a specific part of the garden and the manager told how one resident was assisting with staff recruitment interviews. People were also encouraged to personalise their bedrooms.

The meals provided met peoples' nutritional needs and catering staff received information about individuals' special dietary needs. The meal observed on the day looked well prepared and presented. Most people spoken with enjoyed the meals provided and one person that had some issues with meals explained that the manager had discussed them with him. Comments were 'the food is very nice', 'beautiful food' and 'the food is wonderful – she is well-fed and has a good appetite'. Out of ten surveys received from residents, five stated they liked the meals, 'always', two said this was, 'usually' and the remaining three said, 'sometimes'.

Catering staff gained an, 'A' in the local authority, 'scores on the doors' assessment for food safety management, which was an excellent achievement. They had also been awarded a healthy heartbeat award for including healthy options on the menu. Menus had two choices for the main meals and a range of alternatives. The manager confirmed that a new menu was due to start in August as a result of consultation with residents, and would include a cooked breakfast option. Snacks and fruit were also available on the trolleys taken around the home at intervals to provide hot and cold drinks to people.

Dining rooms were spacious and set out with individual tables and chairs.

# Complaints and Protection

## The intended outcomes for Standards 16 - 18 are:

- 16. Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17. Service users' legal rights are protected.
- 18. Service users are protected from abuse.

## The Commission considers Standards 16 and 18 the key standards to be.

This is what people staying in this care home experience:

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

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

The home provides an environment where people feel able to complain. People are protected from abuse and poor practice by staff training, adherence to policies and procedures and by a robust corporate disciplinary system.

### **EVIDENCE:**

The company had a corporate complaints policy and procedure and staff made sure this was on display in the home. There was also a complaint form for residents, their relatives and staff to complete should any complaints be brought to their attention. The manager kept a log of complaints and in the last year there have been six, which were all resolved. In discussions staff members were aware of what to do and who to report issues to. One staff member stated, 'we take them seriously – one resident moved to a more appropriate room as their shouting upset someone – its much better now'.

Residents and relatives spoken with also knew how to complain, 'I don't have any complaints but I would feel able to if I did'. All ten surveys received from residents, some of which were completed with the aid of relatives or staff, stated that people were aware of how to make a complaint and who to speak to if they were unhappy about something.

The home alerted the local authority and the Commission promptly when there were any issues required to be reported. This enabled us to monitor the situations and check on how the home was managing them. There had been some issues between residents and risk assessments and behaviour monitoring charts had been completed to enable staff to formulate behaviour management plans.

All staff had completed safeguarding of adults training during induction and the new manager is to attend the more in depth training specifically for managers regarding the referral and investigation role. In discussions staff members were clear about what to do if they witnessed any poor practice or abuse.

Since the last inspection the home had reported three allegations regarding staff to the local authority safeguarding team. These related to one staff member not providing adequate continence care to residents, one having unsafe medication practices and another not using correct equipment when moving someone in bed. The home acted appropriately and, in consultation with the local authority each time, the issues were addressed. The company had robust disciplinary procedures that were put into action when required. This helps to safeguard residents' safety and welfare, remove unsuitable staff and supervise and retrain those that require it.

## Environment

### The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

### The Commission considers Standards 19 and 26 the key standards to be inspected.

This is what people staying in this care home experience:

### JUDGEMENT – we looked at outcomes for the following standard(s):

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

People were provided with a clean, comfortable and well maintained environment. They were encouraged to personalise their bedrooms to make them look more homely. This enabled people to settle into the home.

### EVIDENCE:

The home is purpose-built over two floors; the upper floor accessed by a passenger lift and stairs. Corridors were wide and had hand-rails and, central to the home was a garden and courtyard area with patio tables and chairs, which people were able to access safely.

The home had plenty of communal areas on each floor giving people a choice of where they could sit and the entrance had further seating and a newly

installed fish tank. Dining rooms were light and spacious. There were two bathrooms and two shower rooms on each floor.

The home was clean, fresh and well-maintained. One of the bedrooms had a slight odour but the manager was aware of this and staff were taking steps to try and address the problem. Maintenance staff completed checks and all staff were responsible for reporting any faults or repairs so they could be addressed quickly. People spoken with were happy with the cleanliness of their home and comments in surveys were complimentary. Some comments were, 'I have a lovely room overlooking the garden and having some of my personal things makes it a lovely peaceful, private haven' and 'it is nice and clean'. In surveys, eight residents stated that the home was clean and fresh, 'always', one person said this was, 'usually' and one said, 'sometimes'.

The home had single bedrooms on both floors, forty-two of which had en-suite facilities. The bedrooms were personalised to varying degrees, had lockable facilities to store valuables and had privacy locks on the doors. Some people had brought in small items of furniture, pictures and ornaments and some people had chosen to install their own telephones and fridges. Some residents had requested the installation of safety gates at the entrance to their bedrooms in an attempt to stop other people wandering in. Risk assessments had been completed for these and the gates were the type easily opened in an emergency.

The home had a good laundry service and one relative spoken with stated, 'the laundry staff are very good – they always hang the clothes up' and 'she always looks well dressed and has clean clothes on'.

## Staffing

**The intended outcomes for Standards 27 – 30 are:**

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

**The Commission consider all the above are key standards to be inspected.**

This is what people staying in this care home experience:

**JUDGEMENT – we looked at outcomes for the following standard(s):**

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

People are supported by appropriately recruited and well trained staff. The company provides development opportunities for staff to enhance their knowledge and skills in caring for older people.

**EVIDENCE:**

Staff members were split into teams and there were usually three care staff and a senior carer upstairs and two care staff and a senior downstairs on duty between 8am and 8pm. There were three, sometimes four, care staff at night. The manager confirmed they were currently interviewing potential night staff to enable four staff on duty every night. There were designated staff for the provision of activities and support with serving meals, and the home had appropriate numbers of domestic and catering staff. The house-keeping and dining room server rota's had recently changed and the staff involved were instrumental in designing their own rota and felt it worked better for them and the home.

In discussions staff told us that they no longer felt rushed when caring for people and surveys from staff said there was, 'usually' enough staff. Some staff in surveys did comment that employment of casual staff to cover unforeseen absences due to staff sickness, would prevent shift shortages that

occur from time to time. Again the manager confirmed interviews were being held on the day of the site visit to cover two posts vacated by staff for long term sickness issues and maternity leave.

Comments from residents and their relatives were complimentary about the staff team, 'good staff – very helpful', 'the staff are very nice', 'they are always there', 'the staff are very good – they always come and see me', 'I like the home – its friendly', 'they are very busy', 'it's like a big family here, the staff care and it's not just a job', 'I feel better leaving her here – I trust the staff and she is safe' and 'we visit daily - the staff are lovely'. One visiting health professional stated, 'they seem to provide a stable and happy place were residents appear to be settled and relaxed'.

We observed courteous and friendly interaction between staff and residents and it was clear that close and affectionate relationships had developed between them.

The company has an excellent induction and training programme that is supportive of staff development needs and includes mandatory and service specific training. One staff member did comment, 'management should ensure the block induction and all relevant mandatory training has been done by new staff before being put on the rota'. The block induction was arranged on a rolling programme of set weeks throughout the year to capture new staff and some may work on shift a few weeks until the start of the next induction training. However, new staff members were always paired with more experienced workers.

Good records were maintained of training completed and when updates were due and booked. The company has expanded the dementia care training provided to all staff. Training is provided by a range of internal and external facilitators, distance learning and access to the local authority training programme.

According to information in the homes annual quality assurance assessment (AQAA), 69 percent of care staff members have a national vocational qualification (NVQ) in care at level 2 or 3. A further seven staff were progressing through the courses. This is an excellent achievement and exceeds standard 28, which requires that homes aim for 50 percent of care staff trained to this level. In surveys staff told us the training they received was relevant, kept them up to date and helps them understand peoples' needs, 'the training is good'.

The company has a robust recruitment system and relevant checks are carried out prior to the start of employment. In the exceptional circumstance when care staff members are employed after the return of a clear povafirst check but before the return of the full criminal record bureau check (CRB), care staff are paired with others when providing support to people.



## Management and Administration

### The intended outcomes for Standards 31 – 38 are:

31. Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
32. Service users benefit from the ethos, leadership and management approach of the home.
33. The home is run in the best interests of service users.
34. Service users are safeguarded by the accounting and financial procedures of the home.
35. Service users' financial interests are safeguarded.
36. Staff are appropriately supervised.
37. Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
38. The health, safety and welfare of service users and staff are promoted and protected.

### The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

This is what people staying in this care home experience:

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

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

The change in management has led to improvements in systems, a raise in staff morale and stability for the home. This will help to ensure the safety and wellbeing of residents and the support of staff.

### **EVIDENCE:**

The new manager had been in post for three months and is progressing with her registration with the Commission. She is a qualified Registered Mental Nurse and has previously managed a nursing home. She has completed her Registered Managers Award and the company's staff induction. In discussion it was clear that since her appointment she has been updating management systems to ensure the home is managed effectively. She has accomplished a

lot in the three months since her appointment. A new deputy manager has also been appointed and the management team are available for staff support. There was a more positive atmosphere in the home and staff members spoken with told us that they were much more settled and staff morale had improved. They stated they felt included in management decisions and relatives had commented to them that they looked less stressed. Staff described the manager as supportive and spoke of, 'positive changes' and 'improvements'. One staff member stated, 'simple things like bed change days – we all know a bit more about what we should be doing and what we are responsible for'.

In surveys staff also commented on management improvements, 'there is an open-door policy to speak to the manager' and 'the service is focussed around the residents and the manager makes sure this is implemented'.

One resident told us, 'the manager always comes to talk to me – we've had three of them'.

Staff supervision records highlighted some shortfalls. The manager confirmed that their own audit had found gaps and a new supervision rota had been devised with a log to record when this had taken place. This should help to address the shortfall and ensure that care staff members receive at least six, formal supervision sessions a year. Staff meetings were held to ensure an exchange of information and for an opportunity to express views.

The company has a corporate quality assurance system that consisted of audits and questionnaires. Management meetings take place to discuss findings from audits, and action plans are produced to address any shortfalls. The medication audit needs to be completed more comprehensively to pick up issues such as those found during the inspection. Questionnaires are sent out to residents, their relatives, professional visitors and staff. The home also had a range of meetings in place to promote consultation with people living in the home, and family and friends that visit.

The company has recently appointed an area manager to oversee quality monitoring in a number of homes and to conduct inspections of the way the homes are operating in an effort to drive up quality even further. The home completed a comprehensive annual quality assurance assessment (AQAA).

Although finances were not assessed thoroughly at this inspection the company has a good system of ensuring people have access to their monies deposited for safekeeping. Records are maintained on a computerised system, which is managed by an administration officer and audits of finances are completed. Receipts are held for any purchases made by staff on behalf of residents or when out on trips with them.

The home was a safe place for people to live in and staff to work in. Fire alarm checks were carried out and staff completed mandatory training in fire safety,

infection control, moving and handling and health and safety. The company had a health and safety officer for advice and guidance.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	X
3	3
4	X
5	X
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	3
9	2
10	3
11	X

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

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

ENVIRONMENT	
Standard No	Score
19	4
20	4
21	X
22	X
23	X
24	3
25	X
26	3

STAFFING	
Standard No	Score
27	3
28	4
29	3
30	4

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	2
32	4
33	3
34	X
35	3
36	2
37	X
38	3

Are there any outstanding requirements from the last inspection? No

**STATUTORY REQUIREMENTS**

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.


No.	Standard	Regulation	Requirement	Timescale for action
1	OP9	13(2)	Senior staff must ensure that residents do not run out of their prescribed medication. This will ensure they receive the medication as prescribed to promote their health and wellbeing.	17/07/09

**RECOMMENDATIONS**

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1	OP7	Information gathered in fact files should be used to further personalise care plans. This will provide staff with in depth knowledge about residents that has derived from the residents themselves and their families.
2	OP7	Senior staff should collate the information recorded in monitoring charts for one specific resident and formulate a behaviour management plan. This will help to guide staff approach and practice.
3	OP9	Consistent codes should be used when detailing why medication has been omitted and care should be taken to ensure all medication is recorded into the home. This will

		help to avoid confusion and assist when auditing medication.
4	OP36	Care staff should receive at least six, one to one supervision sessions each year. This will help to guide their practice and provide a forum to discuss issues. It is acknowledged that the new manager is aware of shortfalls and is to address them.
5	OP31	The new manager should continue to progress with her registration with the Commission. This will enable some management stability for the home.
6	OP33	Closer attention should be paid to auditing medication to ensure issues highlighted during the visit do not reoccur.



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