

Key inspection report

CARE HOME ADULTS 18-65

The Rookery

**Mill Common Road
Walcott
Norwich
Norfolk
NR12 0PF**

Lead Inspector
Mrs Judith Last

Key Unannounced Inspection
8th July 2009 11:25

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 home adults 18-65 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.

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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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SERVICE INFORMATION

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Provider Web address	www.janithhomes.org
Name of registered provider(s)/company (if applicable)	Janith Homes Limited
Name of registered manager (if applicable)	Mr Paul Sear
Type of registration	Care Home
No. of places registered (if applicable)	30
Category(ies) of registration, with number of places	Learning disability (30)

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 18th July 2008

Brief Description of the Service:

The Rookery is a care home providing personal care and accommodation for 30 adults with a learning disability. It stands in a rural area on the outskirts of the Norfolk seaside village of Walcott. The service is owned and operated by Janith Homes Ltd, who also operate four smaller services for the same client group in the north Norfolk area.

This home is based around a small farm where 'rare breed' animals are raised. The service operates as a community with other people coming in to attend day services provided. There is a strong artistic ethos with one of the farm barns having been converted into a large studio where artists work with and alongside service users. A separate company operates the working farm and art centre. These do not fall within the Care Standards Act and do not therefore need to be registered.

The living accommodation is in a main (old) house, with some separate, purpose-built and converted units.

Information about fees is set out in the Service User Guide and this is available in printed form. It is also normally published on the internet. Current fees are from £772 to £3000 per week. There are additional charges for hairdressing, dry cleaning, personal spending, transport and staffing for requested activities and outings, (but not for health care appointments).

The Service User's Guide says that the inspection reports are available on request at the home. The website also said this previously (and provided other information). This source of information is temporarily unavailable while the website is undergoing reconstruction.

SUMMARY

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

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

Before we visited the home we looked at all the information we had about it, including the information the manager sent to us in the Annual Quality Assurance Assessment (AQAA). We also looked at the things he had told us since our last visit, called "notifications".

We had surveys completed by 3 of the people living at the Rookery and 6 of the staff working there.

We visited the home without telling them we were coming and spent about 8 hours there.

While we were visiting the main method of inspection we used is called "case tracking". This means we look to see what records say and then try and find out from observation and discussion how well people's needs are being met.

We used all the information we gathered and the rules we have, to see what outcomes there are for people in their daily lives.

What the service does well:

The home gets good information about the needs of people who are thinking about moving in and arranges for them to make visits and stay overnight. This helps everyone to see whether the service is suitable to meet their needs if they decide to move in.

People have lots of things to do to keep them busy and can make choices about whether they join in. This includes doing artwork, working on the farm, going on outings and holidays, and going to classes. There are lots of the things people have made in the Art Barn around the home, and artwork is exhibited from time to time. One person says "I can relax when I want to."

They also go on holiday or days out if they prefer. One person says "I'm going on holiday with my friend."

People tell us they like living at the home, can have their rooms how they like and can choose the décor. "I'm having new curtains. I picked the colour from a chart."

The home is good at recognising the way people express their sexuality and staff try to support people with advice and counselling that might be needed.

People living at the home know who the manager is and feel able to go to him when they need to. This means they are comfortable in his presence and that they would be able to express their views or concerns.

What has improved since the last inspection?

The manager has been in post for just over a year. Before his appointment an acting manager took over the service and worked hard to address the 22 requirements from the inspection in 2007. Last time we visited there were seven requirements. This time there is one. This shows that the new registered manager has been working hard to achieve the things that are required. The manager has set himself targets for further improvements he feels are needed and he and the staff team have worked hard to improve things.

Work has started to make sure that information about the home is available in different ways to help people understand it. A DVD is being made with sign language and simple sentences so that people may find it easier to understand.

Care plans for people have been looked at and show they are reviewed more regularly. They also show individual ways people might need support if they sometimes get agitated or angry and how staff can identify what might trigger this. This shows a more constructive approach to managing difficult behaviour.

Staff have been working hard to get "health books" set up for everyone. Some more work is needed on these so that proper "health action plans" can be set up showing specific needs, but there has been good progress. Staff also work hard to try and make sure people understand their own health issues and what appointments are for.

Staff and the management team have made significant improvements to the way medicines are managed. We have previously had concerns about the numbers of errors, missing signatures and anomalies. Staff have had training updates and the manager and a deputy have had more advanced training to help increase their knowledge and understanding of safe practice. There are regular audits and checks to make sure safe procedures are being followed. There is also clear guidance for staff about medicines in occasional use or about more complex dosing regimes. This helps ensure medicines are given as prescribed to keep people well.

What they could do better:

There is only one thing that Mr Sear must do by law. This is outstanding from the last inspection and must now be complied with.

This is to do with supervision of staff. Although supervision has improved the improvement has not been sustained in all cases. We know the management team has worked hard to address the other things they had to do, and they must now get this right. Staff are still not having one to one meetings with a manager as often as they should do. This is needed to monitor their work, to support them with understanding their roles and the philosophy of the home. It will also help to ensure that performance and development needs are addressed promptly to make sure all staff are supporting people properly.

There are some other things that the manager could think about doing to improve things further and he can tell you about these. Further improvement in the way "time limited" training is monitored and updates arranged should be made.

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

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

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

The Commission consider Standard 2 the key standard to be inspected.

This is what people staying in this care home experience:

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

1, 2 and 4

Quality in this outcome area is **good**. This judgement has been made using the available evidence including a visit to this service.

People (or their representatives) have the information they need to help them make an informed decision about whether the home will be able to meet their needs. They can then "try it out" before they make up their minds.

EVIDENCE:

Work has started to produce information for people thinking about moving to the home on a DVD. This is taking the form of clear and simple sentences that are simultaneously presented in sign language. This is now waiting to be edited. Visual aids and pictures are also to be used when editing is complete. This means people (or their representatives) will have access to the information in a variety of forms to suit their needs.

The company's website, where people have also been able to access information, is currently being reconstructed and so the information is not available from that source at present although it is anticipated work will be complete soon.

Care plans contain an assessment of people's needs. We looked at one for someone who has been admitted recently and records show their needs were assessed before they moved in.

Records also show that where admissions are planned, people are able to visit the home before deciding whether they want to move there. These visits are recorded together with any incidents or activities that will assist in developing a better picture of someone's likes and dislikes as well as their support needs. One person confirmed "I came to visit" before they decided to come and live at the home and that they have decided they like it there. Records showed that a staff member worked with them to try and help orientate them to local surroundings.

We know from correspondence with the manager that appropriate decisions are taken when it becomes clear the home is not suitable to meet changed needs.

Individual Needs and Choices

The intended outcomes for Standards 6 – 10 are:

6. Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
7. Service users make decisions about their lives with assistance as needed.
8. Service users are consulted on, and participate in, all aspects of life in the home.
9. Service users are supported to take risks as part of an independent lifestyle.
10. Service users know that information about them is handled appropriately, and that their confidences are kept.

The Commission considers Standards 6, 7 and 9 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):

6, 7, 8 and 9

Quality in this outcome area is **good**. This judgement has been made using the available evidence including a visit to this service.

Individuals are involved in many decisions about their lives, and the manager is continuing to improve how people are actively involved in planning the care and support they receive.

EVIDENCE:

Each person has a care plan and the format of these has been revised. They are more tailored to the needs of each person and individual areas of need are then cross-referenced with risk assessments where appropriate. This means staff should be clear about how they are expected to meet people's needs safely.

We made a requirement last time about guidance being clear and specific where people have behaviour that challenges. The new care plans have removed the "standard" blanket guidance about how behaviour is to be managed. They now set out likely triggers for each person as well as interventions staff should use to try and prevent behaviour escalating.

However, one we saw set out that "To those who know [him/her] it is easy to spot that [resident's name] mood is low". We discussed with the manager that the plan should set out what signs would lead staff to conclude that the person was experiencing difficulties so that these were not overlooked by staff with less experience – or misinterpreted.

People who are able to do so, have signed an agreement about who might look at their care plans. Some people have signed parts of their plans. However, other information is not signed to show that it has been discussed with them or their representatives.

The manager wrote in information he sent to us, that he feels there remain gaps in the system but has plans to address them as part of ongoing improvements. He has committed the service to improving by developing a "person centred plan" for one person and then training staff so that they are able to develop these for others. He considers they will then be even more focussed on the needs of individuals, their personal goals and the support they require.

The home's quality audit records the view of one reviewing officer that the home could do better in that "recommendations made at review should not be left as unmet". The person centred planning process – if used appropriately – will help to ensure this does not happen. The manager has already implemented management meetings where issues that need following up are discussed. Records show agreed actions are then delegated.

We had comments from staff showing they feel the home does well in that it cares for "individual needs", gives "the care that is required", and is "considerate for the residents' needs and wants".

Two people tell us that staff "always" listen to and act on what they say and one says this "usually" happens. They also tell us they can decide what they do in the evenings, day time and at weekends. One person says they can go to the art barn "when I want". This shows people feel they are able to make decisions.

Most people require assistance to manage their finances and records are kept showing where they are supported to get money from their banks and what has been done with this. People's wish to spend larger amounts of money is subject to wider consultation to make sure they understand what they are doing.

One person showed us their cheque book and card and says "I do my own money". The manager says sometimes the person needs additional support and guidance in order to do this properly but people are able to have some independence and choice in this area subject to abilities and risk.

We know from previous visits that people are able to participate in some parts of the domestic routine. Some help prepare their meals and drinks, and keep their rooms or cottages clean. One person says "I'm good at washing up and drying dishes. I put my laundry in the washing machine then in the basket and the domestic hangs it up for me."

People have some opportunities to plan what happens in the home through residents' meetings. Some are also involved in a catering committee so they can be actively involved in planning menus and making suggestions about things they would like to see happen in this area.

Work is ongoing to make sure people can more easily understand what is in their care plans.

Lifestyle

The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users' rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.

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

This is what people staying in this care home experience:

12, 13, 15, 16 and 17

Quality in this outcome area is **good**. This judgement has been made using the available evidence including a visit to this service.

People who use services are supported to make choices about their life style, and to develop their life skills.

EVIDENCE:

People's records show that they have opportunities to engage in a range of activities – recreational, social and educational. There is a tutor who can support people with learning opportunities where they do not attend 'outside' courses or classes.

While we were visiting some people went out shopping. Others used the Art Barn or Barrington Farm. One person had gone fishing on the beach and told us they had caught a fish but "it wasn't big enough to bring home".

Staff made comments to us like “outings are arranged”, that the home “gives the residents plenty of opportunity to engage in activities of their choice”. One also says the service is good at “organising activities within and outside the home, including holidays.” While we were there a keyworker told us about arranging day outings for someone who finds staying away from the home stressful and difficult. The person prefers to have days out as an equivalent alternative. One of these involved meeting up with the person’s family and staff supporting them with that.

The organisation has shown before that they support people with relationships and with issues to do with sexuality where appropriate.

One person told us “I am going on holiday”, that they had chosen this from a brochure and are going with a friend who also lives at the home.

Records show where one person has declined to attend more organised activities and they told us that they like the home because “I can relax when I want to.” Records show another person who as recently moved to the home has been accompanied on regular walks around the local area and village to help them become familiar with their surroundings and the local community.

The dining room used by those who live in the older part of the home, has been redecorated to provide a more pleasant environment for people to eat their meals. People tell us that they like their meals, “The food is good”, and that the chef “cooks us lovely food”.

The dining room has been used in the past for staff and workers from the farm. The manager is making alternative arrangements so that only people who live in the home will be using it. This will improve the mealtime experience for people as there will be fewer people and less traffic in and out of the area.

One person has to have supervision with their meals due to the risk of choking and aspiration. This is now set out more clearly in the person’s own care plan together with guidance about how staff are to support the person safely.

The home produces some of its own food on the farm, including meat. People have access to fresh meat and vegetables.

We would see from records that where there are problems with possible eating disorders this is reflected in risk assessments to show why access may need to be restricted for someone’s wellbeing. Another person’s plan sets out how they are to be supported to try and control weight gain.

These things show that staff try to support people with their diet in a way that promotes their health and welfare.

Personal and Healthcare Support

The intended outcomes for Standards 18 - 21 are:

18. Service users receive personal support in the way they prefer and require.
19. Service users' physical and emotional health needs are met.
20. Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
21. The ageing, illness and death of a service user are handled with respect and as the individual would wish.

The Commission considers Standards 18, 19, and 20 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):

18, 19 and 20

Quality in this outcome area is **good**. This judgement has been made using the available evidence including a visit to this service.

People's personal care needs are met with regard to their privacy and dignity. Systems for administering medication safely have improved greatly so that people are supported to maintain their health and wellbeing.

EVIDENCE:

People's personal care needs are set out in their individual plans, together with information about any associated risk showing how staff are to do this safely – for example by providing supervision to people with epilepsy when they are bathing.

Care plans for people set out where people might be particularly sensitive to issues for example their weight and body image. Guidance for staff sets out how staff are to promote their dignity and self esteem and to avoid triggering any difficult behaviour or mood swings.

We also heard staff speaking respectfully to people and knocking on their doors before entering. This shows that people's dignity and privacy is respected.

Staff are in the process of completing health books for people. This work has not yet been completed to develop a "health action plan" but is in progress. Some parts of the information has not been used appropriately – for example one person's "health action plan" has been used only to record appointments. The health professional who was involved in developing the system has now moved on but the manager is arranging for work with the replacement person to continue to develop these books to reflect a holistic approach to maintaining people's health.

Records show that people are supported to attend appointments with specialists where this is required, as well as for screening appointments. They also show people are referred for advice if they are not well. One person told us they had been to "see the doctor this morning". Another says they have seen a health professional about their weight and how their keyworker is supporting them to manage this. "I've got to eat less". This means people have access to the health care advice or treatment they need to keep them well.

Records show that extensive efforts are being made to explain a medical procedure to one person in an effort to gain informed consent. The manager is aware of issues about people's capacity to consent to treatment and the need to record decisions made in people's best interests.

Some people living at the home have autism. Not all staff have had training in this area. This is recognised by a consultant who feels that staff would be more able to manage and respond to people consistently were they to have training in this area. One staff member also recognised the need for this training in their survey comments to us. The manager has already planned to address this and has arranged for training to be delivered in September. A specialist from the local Community Learning Disabilities Team is to help with this. This will help staff to respond to people with autism more consistently and to understand why people may react in a particular way.

Staff have access to training in diabetes awareness so that they are able to support people who have the condition. Over 80% of the staff are listed as having the training so they understand how to support people with the condition safely.

The home's own quality assurance questionnaire shows that the epilepsy nurse feels there is good communication from the home to her, and she would recommend the home continues with regular updates and "full training" for new staff. Less than half the staff have 'epilepsy awareness' training on lists of training completed. However, some who do not have it, have completed training in the administration of rectal diazepam. This would help them be aware of the more severe impacts epilepsy may have and how they should respond in such an emergency.

We looked at medicines in the main home on the medication trolley.

Care plans contain assessments of risk showing whether people are able to manage their own medicines or whether they will need support from staff do to this safely.

21 out of 29 staff listed on information we were given, have had training in the administration of rectal diazepam, used in emergencies (e.g. for epilepsy) although for one person the record also shows that this has expired

Some staff have had additional training in the management of medicines to make sure they are able to do this safely. The training list provided shows that the validity of medications training is considered to be 'time limited' and that periodic refreshers are needed. Again, for one person this has expired.

Seven staff have had training in giving insulin injections. However, training matrices supplied show this expired for everyone recently.

These things mean that although staff have had training in a range of areas to help them understand health related issues, updates are needed to adhere to the home's own targets for ensuring staff remain competent to carry out procedures.

We checked the administration records in use in the main home since 22nd June. These showed no omissions and were also being used to record the amounts of medicines received or disposed of, as well as the dates that some liquid medication was opened. This provides a more robust system for checking and auditing that medicines have been given to people as prescribed to keep them well.

We checked the balances of some medicines not in the monitored dosage system but held separately. These corresponded with the doses given and signed for, showing medicines are given properly.

There is guidance for staff about the administration of medicines needed only occasionally and what these are to be used for. We could see that the reverse of the administration record chart is used appropriately to record why the medicine was given if it was needed. These entries support that such medication is not given unnecessarily.

The manager or deputy sign and date stamp the reverse of the medication administration records to show when audits have been carried out and medicines checked so that they can make sure staff continue to follow safe practices in administration and recording of medicines.

The manager tells us if there are occasional errors and these have decreased. This shows staff feel able to be open and honest if there are problems. The manager lets us know what he has done to follow these up, whether this involves investigation, additional support, assessment or training.

Concerns, Complaints and Protection

The intended outcomes for Standards 22 – 23 are:

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

The Commission considers Standards 22, and 23 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):

22 and 23

Quality in this outcome area is **good**. This judgement has been made using the available evidence including a visit to this service.

People who use the service are able to express their concerns, and have access to an effective complaints procedure. There are measures in place to help protect them from abuse.

EVIDENCE:

Three people we spoke to tell us they have no complaints about the home but if they did they would speak to the manager or their keyworker. They say they are happy there. We asked if staff were always polite and treated them well. People tell us staff are good and “help me if I need it.” Three people completed surveys with help from their keyworkers and say that staff “always” treat them well.

Staff say in their surveys that they know what to do if someone or a representative of theirs expresses concerns about their care. The manager says he has an open door policy for people living in the home. We know from our visit that he was approached regularly, including when in his office, by people who wanted to talk to him about their day or their plans. This shows that people living in the home feel confident in approaching him, know who he is and feel they can talk to him.

One of the directors makes regular visits that include speaking to people living and working in the home, to ensure they are happy with the way they are supported by staff.

The manager's office has moved downstairs from the main administrative block to a location near the main courtyard, kitchen and dining room. This means he is better able to monitor interactions between staff and people living in the home as they move around and so be aware of any situations that might need his intervention to prevent them escalating.

Improved systems of auditing money held for safekeeping on behalf of people living in the home have been put in place following significant failures in adherence to procedures in the past. These involve more regular checks and follow up of any anomalies. Some of the records show that there are issues which need follow up by particular members of staff. They show that the manager does check regularly to ensure risks of financial abuse are minimised.

Staff have training in recognising and responding to abuse. We know that the manager has asked the adult protection team for advice if he has needed to and that he knows about referring concerns to the team or to the "protection of vulnerable adults" register.

The recruitment procedure for prospective staff includes a checklist so that the general manager can make sure all the necessary information and checks are completed before staff start work. This helps to ensure that staff are not employed who could present a known risk to vulnerable adults.

Environment

The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

The Commission considers Standards 24, and 30 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):

24 and 30

Quality in this outcome area is **good**. This judgement has been made using the available evidence including a visit to this service.

People benefit from living in an environment that is homely, clean and safe and suited to their needs.

EVIDENCE:

We looked around part of the home including areas used by those who we "case tracked", and at records associated with fire safety. These show that equipment is tested and maintained so that it works properly and people could be evacuated promptly if a fire broke out.

One person is having their room decorated. They told us about this and say "I chose the colour. I had a chart. It will be nice when it is done." People are able to have their rooms as they would like and their own belongings around them.

We had no concerns about cleanliness in areas that we saw. Care staff are supported by domestic staff in maintaining standards of cleanliness. Staff

have access to training in infection control so they understand how to minimise the risks of any outbreak spreading, and there is supporting policy guidance for them to follow. (As with some other time limited training, for two people this is shown as due for update.)

The manager says in the information he sent that they had implemented a strict regime of disinfection during a period when noro virus outbreaks were common and that although some staff had the virus, none of the service users was affected.

Staff have have access to training in food safety and hygiene so that they understand how to avoid cross-contamination when they are supporting people with meal preparation.

The home's main laundry is situated in an outbuilding. The manager has plans to refurbish and improve this area, which he told us about the last time we visited. He recognises that the home could have better laundry procedures and facilities and plans to improve this.

Staffing

The intended outcomes for Standards 31 – 36 are:

31. Service users benefit from clarity of staff roles and responsibilities.
32. Service users are supported by competent and qualified staff.
33. Service users are supported by an effective staff team.
34. Service users are supported and protected by the home's recruitment policy and practices.
35. Service users' individual and joint needs are met by appropriately trained staff.
36. Service users benefit from well supported and supervised staff.

The Commission considers Standards 32, 34 and 35 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):

32, 34, 35 and 36

Quality in this outcome area is **good**. This judgement has been made using the available evidence including a visit to this service.

People are supported by a competent and effective staff team. However, individual staff are not always receiving the support and supervision that they should.

EVIDENCE:

Over half of the staff team have national vocational qualifications so they have the underpinning knowledge that will help them support people effectively. Some people have this at above the minimum level (level 3).

A range of other training is available to staff about specific needs including epilepsy, diabetes awareness and crisis intervention. All six of the staff who completed our survey say they are given training that is relevant, helps them understand and meet people's individual needs, keeps them up to date and gives them enough knowledge about health care and medication. This means that staff feel they are provided with training to support people effectively.

There is access via day care staff to support with communication so that staff can work effectively with people who find this difficult.

The quality assurance survey indicates that other professionals find staff work cooperatively with them in delivering care. This helps show that staff are working properly with others to ensure people's needs are met and they act on advice or information they have been given.

We looked at recruitment files for three staff who have been appointed since our last visit. These show that all necessary checks are in place before they start work, to ensure that they do not present a risk to vulnerable people.

Records also show that the probationary period is used constructively with the performance of staff being reviewed at the end of it, and extension arranged if this needs improvement. Clear goals are set down where there are shortfalls.

Four out of six staff completing our surveys say their induction covered "very well" what they needed to know to do the job when they started. Two others say it "mostly" covered what they needed.

At our last two inspections we have made a requirement about staff being supervised properly. This is to ensure they understand their roles fully, can support people in line with the home's philosophy and so that any initial problems with staff performance can be addressed.

Some supervision is delegated to deputy managers and they and the manager have had training, based on information the manager sent to us. However, only three out of six staff who completed our surveys felt that their manager met with them regularly so support them and discuss how they were working. Three felt this happens sometimes.

Dates on records show practice is variable. One person had received regular supervision during the course of the last year. However, records for two others show this is infrequent. One person had no supervisions since September 2008, two others had none since January this year and two more had nothing since February. This means that we cannot conclude our requirement has been complied with although there has been some improvement.

Conduct and Management of the Home

The intended outcomes for Standards 37 – 43 are:

- 37.** Service users benefit from a well run home.
- 38.** Service users benefit from the ethos, leadership and management approach of the home.
- 39.** Service users are confident their views underpin all self-monitoring, review and development by the home.
- 40.** Service users' rights and best interests are safeguarded by the home's policies and procedures.
- 41.** Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- 42.** The health, safety and welfare of service users are promoted and protected.
- 43.** Service users benefit from competent and accountable management of the service.

The Commission considers Standards 37, 39, and 42 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):

37, 39 and 42

Quality in this outcome area is **good**. This judgement has been made using the available evidence including a visit to this service.

People benefit from living in a home that is efficiently run, taking into account their views, and where their health, safety and welfare is promoted.

EVIDENCE:

The manager has now been in post for just over a year. He has completed his registration with us and participates in regular training and updates.

He has made improvements in making sure care and support is much more tailored to individual needs and is reviewed regularly. He has also worked with staff to make significant improvements in the way that medicines are managed – as shown by records and observation.

This shows that he has taken responsibility for improving the service and working towards compliance with regulations. He has worked cooperatively with us over the last year in improving the service and addressing significant shortfalls identified in earlier inspections. Before he assumed his post we presented a report with 22 requirements. Last year there were 7 and this year we have made only 2.

During our visit, Mr Sear made notes about discussions and suggestions that he felt were appropriate to respond to, in improving things, so we have not needed to make numbers of recommendations for good practice.

Our observations show that people living in the home feel comfortable in approaching the manager and they did so regularly throughout our visit.

The information we asked for from the manager was completed fully and showed a range of information about what the home does well, in addition to identifying areas of improvement that the manager recognises are needed. We will monitor progress in these areas at future reviews or visits.

There are regular surveys asking for the opinions of people with an interest in the home and we were able to see the results of these. The general manager takes the lead in ensuring this process is carried out annually. The process for looking at the quality of the service provides for consultation with people living and working in the home, purchasers of care and health care professionals. This shows the manager is taking responsibility for acting upon suggestions and working to improve the quality of the service.

In addition to the annual surveys, one of the directors visits the home regularly to report on the quality of the service to the provider and manager. This process provides for people living and working in the home to be asked for their views about what is going on there and the care they receive. This shows that people are able to make comments about their experiences that will lead to actions if needed.

The home has achieved a Certificate of Recognition for Investors in People, valid until 2011. This is an external audit of the quality of the service with particular reference to training and shows the home has achieved the required standard for the certificate.

We looked at a sample of records to do with the safety of the home, maintenance and testing contracts. These show that equipment in use is tested and serviced to make sure that it remains safe with the exception of a hoist that is no longer needed. There are also test on the heating and wiring systems to make sure these do not pose avoidable risks and continue to work effectively and safely.

The majority of staff have training in first aid. However, the training matrix shows that for 6 staff this has recently expired and needs renewal.

They also have training in health and safety. This means staff are equipped with basic knowledge that contributes to the safety and welfare of people living in the home. However, for one person this expired in 2007.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 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	
<i>Standard No</i>	<i>Score</i>
1	3
2	3
3	X
4	3
5	X

INDIVIDUAL NEEDS AND CHOICES	
<i>Standard No</i>	<i>Score</i>
6	3
7	3
8	3
9	3
10	X

LIFESTYLES	
<i>Standard No</i>	<i>Score</i>
11	X
12	3
13	3
14	X
15	3
16	3
17	3

PERSONAL AND HEALTHCARE SUPPORT	
<i>Standard No</i>	<i>Score</i>
18	3
19	3
20	3
21	X

CONCERNS AND COMPLAINTS	
<i>Standard No</i>	<i>Score</i>
22	3
23	3

ENVIRONMENT	
<i>Standard No</i>	<i>Score</i>
24	3
25	X
26	X
27	X
28	X
29	X
30	3

STAFFING	
<i>Standard No</i>	<i>Score</i>
31	X
32	3
33	X
34	3
35	3
36	2

CONDUCT AND MANAGEMENT OF THE HOME	
<i>Standard No</i>	<i>Score</i>
37	3
38	X
39	3
40	X
41	X
42	3
43	X

Are there any outstanding requirements from the last inspection? YES

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.	YA36	18.2.a	<p>Outstanding requirement Staff must be supervised with the agenda and frequency set out in national minimum standards. This is so staff receive adequate supervision and support to ensure they understand their roles fully, can support people in line with the home’s philosophy and so that any initial problems with staff performance can be addressed.</p> <p>Timescale of 31/12/07 and 30/09/08 unmet.</p> <p>Breach of this regulation is an offence.</p>	08/07/09

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.	YA6	The work to identify signs that people are experiencing difficulties with mood or agitation should continue with increase clarity about these signs. This is so staff who are less experienced do not overlook or misinterpret these signs and can intervene appropriately to support people.
2.	YA19	Training in epilepsy awareness should be reviewed in line with suggestions from a health professional, to make sure all staff are able to access training promptly. This is so they can be confident in recognising different types of seizures as well as dealing with emergencies.
3.	YA19	Time limited training should be reviewed to ensure that updates are delivered to staff promptly. This is so that the manager can be sure people's knowledge and competence to deal with health care issues is maintained and is up to date.



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