

# Key inspection report

## Care homes for older people

<b>Name:</b>	Oriel Care Home Ltd
<b>Address:</b>	87 Hagley Road Old Swinford Stourbridge West Midlands DY8 1QY

**The quality rating for this care home is:**

two star good service

A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

<b>Lead inspector:</b>	<b>Date:</b>
Ann Farrell	2   2   0   7   2   0   0   9

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

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

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

**Outcome area (for example Choice of home)**

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

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

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

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

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

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

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

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

## Reader Information

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## Information about the care home

Name of care home:	Oriel Care Home Ltd
Address:	87 Hagley Road Old Swinford Stourbridge West Midlands DY8 1QY
Telephone number:	01384375867
Fax number:	01384443597
Email address: .....	criel.care@btconnect.com
Provider web address:	

Name of registered provider(s):	Oriel Care Home Ltd
Type of registration:	care home
Number of places registered:	25

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	25
Additional conditions:		
The maximum number of service users who can be accommodated is: 25		
The registered person may provide the following category of service only: Care Home Only (Code PC); To service users of the following gender: Either; Whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category (OP) 25		

Date of last inspection									
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Brief description of the care home
Oriel House is situated on the main Stourbridge to Oldswinford Road, a short distance from Stourbridge town centre, where there is a range of local facilities. The home comprises two properties, which are linked by an enclosed walkway. The larger of the properties was constructed as a private dwelling in the mid 19th century and conversion works have been carried out in a sensitive way, with care being taken to retain many of the original features. All areas are decorated and maintained to high standards, with a rolling programme of maintenance being evident. There are twenty-five single rooms, twenty-one having en-suite facilities. Two

### Brief description of the care home

conservatories, in addition to the living room and two dining rooms, ensure that residents have a choice of seating areas and association. There is an attractive garden, which provides a pleasant view from the conservatory and a safe area in which residents may exercise.

The owners visit the home at least once a week to monitor standards and obtain up to date information about its functioning and operation.

Information relating to the weekly fees for Oriel Care Home range from £) % £, ' , with individual top up fees paid on an individual basis, has been provided from the home. It should be noted that fee information included in the report applied at the time of this inspection and people may wish to obtain more up to date information from the care home.

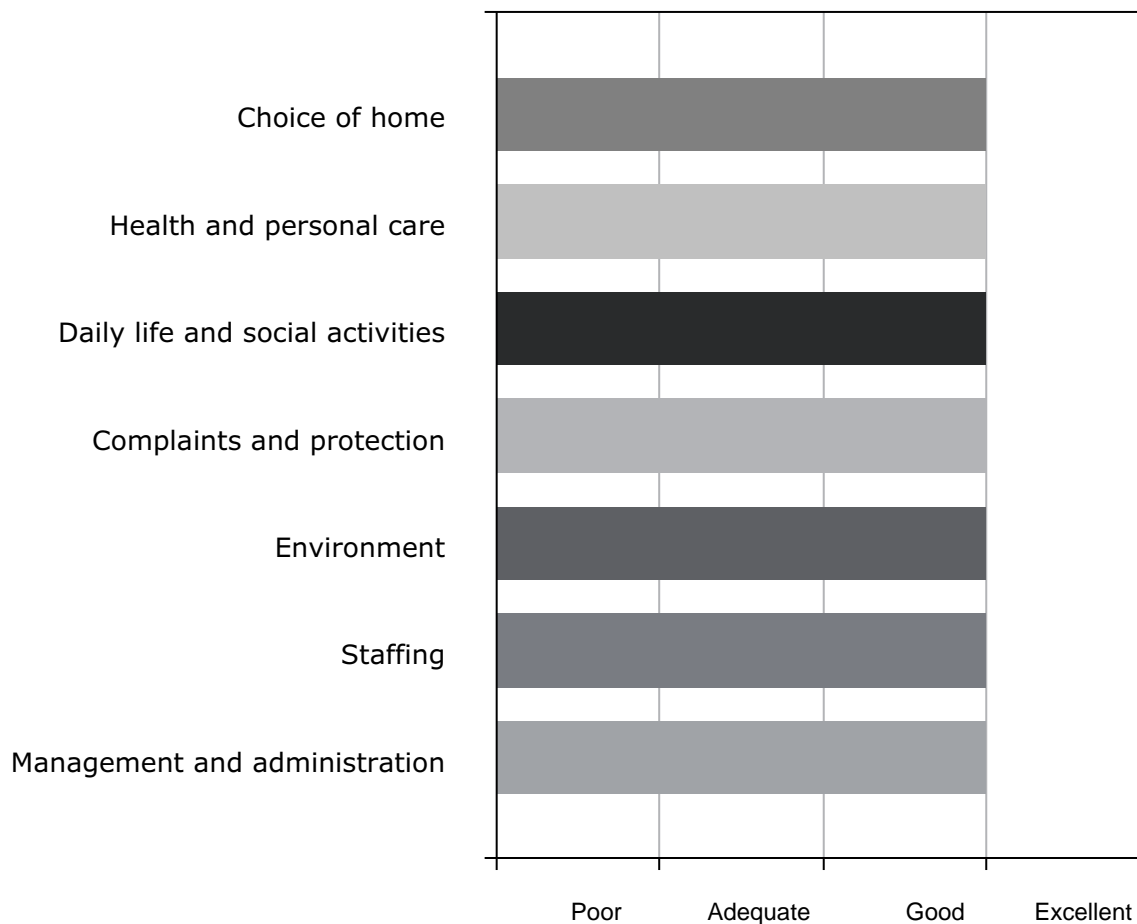
## Summary

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

The quality rating for this care home is:

two star good service

### Our judgement for each outcome:



### How we did our inspection:

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

The last key inspection was undertaken on 4th September 2007 when the home was given a two star rating. An annual Service Review (ASR) was undertaken on 4th September 2008. This is a process where we receive information from a range of sources and if no changes are identified a report is produced based on the information received without a visit to the home.

This inspection found the home continues to provide good outcomes for people living there. However, some areas of improvement were identified which are outlined in the area "What the home could do better". As a result of the findings of this inspection a further key inspection will be undertaken by August 2011. However, we can inspect the service at any time if we have concerns about the quality of the service or the safety of

the people using the service.

The focus of inspections undertaken by the Care Quality Commission (CQC) is upon outcomes for people who live in the home and their views of the service provided. This process considers the care homes capacity to meet people's needs and focuses on aspects of service provision that need further development.

Prior to this fieldwork visit taking place a range of information was gathered to plan the inspection, which included notifications received from the home or other agencies and an Annual Quality Assurance Assessment (AQAA). This is a questionnaire that was completed by the manager and it gave us information about the home, staff, people who live there, any developments since the last inspection and their plans for the future.

The inspection was undertaken over one day by one inspector. The deputy manager was available for the duration of the inspection. The home did not know that we were visiting.

At the time of inspection the home had two vacancies and information was gathered by speaking to and observing people who lived at the home. Three people were "case tracked" and this involves discovering their experiences of living at the home by meeting or observing the care they received, looking at medication, care files and reviewing areas of the home relevant to these people, in order to focus on outcomes. Case tracking helps us to understand the experiences of people who use the service.

Staff files, training records and health and safety files were also examined. At the time of inspection seven people who live in the home and six staff were spoken with in order to gain comments. Surveys were also sent out to gain feedback about the home and we received eight from people who live in the home, two from staff and three from Health and Social care professionals. Feedback and comments were very positive and examples can be seen throughout the report.

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

There is a warm and friendly atmosphere, so people feel welcomed to the home when moving in or visiting. There is an open visiting policy enabling people to visit at a time that suits them, so relationships are maintained. Comments received included; "There is nowhere like it; it is excellent".

"The staff are wonderful, you just have to ask for something and it is done".

"I am very happy here, I have never heard anyone grumble or complain".

There was a six weekly rotating menu with a choice of food and a good variety so people's nutritional needs are met. Comments included;

"The food is excellent - a good variety and choice".

Prior to coming to stay at the home people are encouraged to make informed decisions about whether they would like to live there. Pre-admission assessments are completed, so that staff and people who are considering living in the home are confident that their individual needs can be met appropriately.

People have access to a varied range of health care professionals so that they can be reassured their health care needs are met. People are cared for in a respectful manner by staff working in the home, so that people's self-esteem and dignity are upheld at all times.

The home is maintained to a good standard; there is a pleasant area to sit outside, so people have a pleasant and homely environment to live.

People at the home are helped to stay as independent as possible and they can go out either on their own or with relatives or friends. An activities coordinator works during the week and there is a good range of activities for people to participate in if they wish to ensure their social needs are met and their well being maintained.

Newspapers are delivered daily and people can have a telephone installed in their own bedrooms if they wish, in order to maintain contact with friends and relatives.

There are generally good staffing levels and staff receive a range of training, so they have the skills and knowledge to meet people's needs.

The home responds to complaints and people feel they are listened to, so they can be assured any concerns are addressed.

People can be confident that the registered manager has good leadership skills and abilities to maintain a good standard of care for people living in the home.

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

They have developed a record of people's life histories as part of the care planning process, so staff have relevant information about people's past lives in order to plan for the future.

They have acquired equipment for one person with poor eyesight to meet their needs.

The activity coordinator has attended training sessions, so their knowledge and skills are developed in this area and four people living in the home went away on holiday this year.

They have implemented check lists to monitor areas as part of the quality assurance process to ensure areas are addressed and people needs are met.

Two staff have completed National Vocational Training (NVQ) level 4 and two staff have become infection Control Champions, enhancing staff knowledge and skills and ensuring the risk of cross infection is reduced.

They have developed a complaints, concerns, compliments folder providing people with opportunities to make comments ensuring an open approach and continuous improvement.

The manager have developed a new process for staff supervision and exit interviews for staff leaving employment, so staff are provided with appropriate support and learning can be achieved.

They have decorated some bedrooms and replaced carpets, replaced the bathroom hoist and flooring, a new en-suite had been provided in one bedroom and the passenger lift replaced enhancing the environment for people who live in the home.

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

Care plans should have more comprehensive details about the support people require to ensure people's needs are met in a consistent manner.

Systems for monitoring food, fluid intake and bowels needs to be more robust to ensure people's welfare.

The manager should liaise with the GP practice with a view to monitoring of chronic diseases such as diabetes, high blood pressure, asthma etc. to ensure people's health is maintained to an optimum level.

Staff should consult with the GP about the use of aromatherapy for people living in the home, to ensure there are no contraindications to its use.

Records of health and social care professionals visits should indicate the outcome of visits, and plans put in place to ensure any advice is followed to ensure people's needs are met effectively, care can be monitored and followed up effectively.

Staff should be given training in respect of tissue viability, catheter care and health conditions to enhance their knowledge and understanding of people's needs and ensure they are met effectively. Also the tissue viability risk assessment should clearly indicate when changes occur.

A review of the bed rail risk assessment should be undertaken and should be developed to provide a more comprehensive document for staff use if required in the future.

The medication system needs to be more robust to ensure safe systems and people receive the medication prescribed for them.

All staff should receive updated training in respect of safeguarding. Also training should be provided in respect of the Mental Capacity Act and Deprivation of Liberty Safeguards, commensurate with the position, so people are protected and supported appropriately

Effective staff hand washing facilities should be provided in bedrooms where personal care is provided, in order to reduce the risk of cross infection.

Criminal Record Bureau checks and Protection of Vulnerable adult checks must be undertaken for all staff commencing employment where there has been a break in service, to ensure robust recruitment systems and people are protected.

The quality assurance systems should be developed further with the development of audits, meetings etc, to improve the process of feedback and continuous development.

Water from showers should be regulated to a maximum of 43 degrees (plus or minus 1 degree) to reduce the risk of scalds. Also systems should be in place to check the temperature of water from showers and ensure water is run off regularly to reduce the risk of legionella.

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

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

## Details of our findings

### Contents

Choice of home (standards 1 - 6)

Health and personal care (standards 7 - 11)

Daily life and social activities (standards 12 - 15)

Complaints and protection (standards 16 - 18)

Environment (standards 19 - 26)

Staffing (standards 27 - 30)

Management and administration (standards 31 - 38)

Outstanding statutory requirements

Requirements and recommendations from this inspection

## Choice of home

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

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

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

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

Judgement:

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

Information is available for people moving into the home to assist them in making a decision about moving into the home.

The assessment process provides people with assurance their needs will be met on moving into the home.

Evidence:

The home had a service user guide available for people who were considering moving into the home. There was also a copy available in each persons bedroom for them to refer to and included the complaints procedure, a contact and a copy of the six week menu. This document provides people with information about the services and facilities to assist them in making a decision about moving into the home. H\YgY` g\ci `X VY`i dXUH`YX`UbX`]h`]g`U`gc`fYV`ta a YbXYX`h`Uh`h`Y`V`ta d`U]bhg`dfcW`Xi fY`UXj ]gY people of thier right to contact Social Services with complaints if`h`Ymk ]g\`"

## Evidence:

Feedback from surveys indicated that everyone had received enough information to help them decide if they wanted to move into the home and they had received written information about the homes terms and conditions.

The home provides residential care for people who require long term or respite care. The deputy manager stated they go out to assess people before they move into the home to determine if the home is able to meet their needs and they are invited to visit the home before moving in. This enables them to view the facilities, meet staff and other people living there in order to sample what it would be like to live there. One file was looked at for a person who had recently moved into the home. A pre entry assessment had been completed by two staff with the person and thier daughter. This provides staff with details about the range of people's physical, social, and mental health needs, so staff can determine if the person's needs can be met in the home. They had also received a copy of an assessment form a social worker, ensuring a robust process. Staff had signed the assessment form to indicate they could meet the persons needs, but this had not been confirmed it in writing with the person. The deputy manager stated they confirm admission verbally. It is recommended that this process be formalised and admission be confirmed in writing to the person planning to move into the home, so they can be confident thier needs will be met upon moving in.

The deputy manager stated there was a trial period of one month and a review is held at the end of the month with the person, relatives, social worker and a member of staff. A review had not occurred in this instance as the social worker could not attend, but an alternative date had been arranged. This provides opportunity to discuss whether the person would like to continue living there and if their care needs are being met or any changes are required.

## 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.

The systems in place for planning people's care and meeting health care needs require further development to ensure people's well being is maintained at all times. The medication systems need developing further to ensure people receive the medication that is prescribed for them.

Evidence:

Each person living in the home had a care plan. This is a document that is developed by staff following an assessment of individuals needs. It outlines what they can do independently, the activities people require assistance with and the actions staff need to provide in order to support them.

Four people's care files were looked at in detail. There was evidence that risk assessments had been completed in respect of manual handling, tissue viability (Skin care), nutrition and falls. Risk assessments are completed in order to identify any areas of risk and enable staff to put appropriate strategies in place to reduce the risks, so that people live a meaningful life; risks are reduced and well being is promoted.

## Evidence:

The care plans were of varying standards with some providing very little detail and gave adequate information. However, they were found to be generally lacking in detail and some had not been updated where changes had occurred. Therefore, we could not be certain that each person had care plans that were up to date, accurate and addressed their needs. All care plans need to be personalised and provide detail of the action to be taken by staff to support people, as this could result in poor care practices and evaluation of care may not be accurate.

Risk assessments were in place for tissue viability and indicated they had been reviewed regularly, but the design of the document did make it clear when changes had occurred. It was noted that in one case an area of need had not been included in the assessment, so would mean it was not accurate. In another case one person was assessed as being at high risk, but there was no care plan in place and the district nurses had not been contacted for advice. On discussion with the deputy manager she stated staff had not received training in this area. It is recommended that staff receive training in respect of completing the waterlow assessment, the action to take if risks are identified and the care of people who are at risk of developing pressure sores.

A risk assessment in respect to nutrition is used in conjunction with record of body mass index (BMI) and regular weights to assess peoples well being and determine if any interventions are required. On inspection of some records it was noted that some people had been gradually losing weight over a period of time and no action had been taken until recently. On discussion with the deputy manager she stated she had identified the issue when undertaking an audit of the care plans and had recently called the dietician for advice. It was good that the dietician had been called and action was now being taken. However, staff should have been more proactive and action should have been taken in a more timely manner. Staff were recording some people's food intake as they had identified problems with eating, but it was noted that food charts were not being completed in a consistent manner. The manger will need to take action to ensure these areas are addressed. The deputy manager stated that training had been arranged with the dietician for staff in the near future.

In another care plan it was noted that a physiotherapist had visited and provided exercises for them to continue with. There was no care plan to indicate any exercises were taking place. The deputy manager stated the activities co-coordinator was supporting people with exercises for some people. She confirmed she was supporting some people with exercises, but not with the person we had case tracked.

There was evidence of a speech therapist visiting one person, but the record did not indicate the outcome of the visit and the deputy manager could not advise us of the

## Evidence:

outcome. Staff will need to ensure that the outcome of all visits by health care professionals is recorded, so that advice can be followed up appropriately and people's needs met.

Care plans for some people indicated problems with constipation. there was no evidence of any monitoring and on discussion with the deputy manager she stated some people would tell staff if there was a problem. However, she confirmed there was no system for monitoring people who were not able to tell staff. This areas will need to be reviewed and suitable monitoring systems put in place where necessary.

Records indicating the personal care given were kept in people's bedrooms and daily records were maintained by staff for other areas. Care plans were evaluated each month and the information was generally of a good standard. Also a review was held every six months with the person living in the home and thier relatives giving them an opportunity to discuss the care plans and anything else they wished. Feedback from the surveys indicated that everyone received the care and support they needed. There was always/usually enough staff on duty and staff always/usually listened to them and acted upon what they said. Comments included;

"There is nowhere else like it - it is excellent".

"They are there as soon as the buzzer has gone".

"I am happy, I am more than satisfied with the care I get and everyone gets good care".

"It is like a little holiday home". "I am so grateful to every member of staff here for looking after me with such care and dedication, nothing is too much trouble for them. My sincere thanks and praise to each and everyone. They are wonderful people, who make me feel we are one big happy family".

"The home is good in every way; provides excellent care and attention with comfortable accommodation and interesting and varied activities".

Everyone living in the home was registered with a local General Practitioner (GP). They have the option of retaining their own GP. on admission to the Home (if the GP was in agreement). People had access to other health and Social Care professionals and records demonstrated visits were undertaken by social workers, dentist, chiropodist, optician, physiotherapist, and specialist nurses. This ensures people's health care needs are being met. Feedback from health and social care professionals

## Evidence:

was positive indicating that staff usually seek advice and act upon it to meet people's needs and improve their well being. Comments included;

"Generally very caring and considerate home and staff who look after their clients to a very high standard".

"All patients individual needs are met, patients are always happy and have good feedback for carers. What ever we ask, the staff always are helpful. If we need to know anything about the patients all staff are knowledgeable about their health and social needs".

"High level of personalised care; warm attitude, takes residents out for trips".

There was no evidence of monitoring of chronic diseases such as diabetes, high blood pressure, asthma, etc. and on discussion with the deputy manager she stated this was not occurring. It is recommended the GP practice be contacted about such follow up to ensure such conditions are monitored and complications prevented.

Some people have aromatherapy, which was very positive as it has a beneficial effect on people's well being. However, it is recommended that the GP be consulted about the use of this treatment to ensure there are no contraindications to its use.

On discussion with people living in the home they stated;

"They would get the doctor if I was ill".

"The optician comes here or some people go to Old Swinford and some people are taken to the dentist in the care".

"I go to hospital - as soon as I get the appointment, they make the arrangements".

People are given the option of administering their own medication and a form is signed by them if they wish to continue. Staff do determine if they are able to undertake the procedure, but there was no risk assessment, monitoring or care plan in place. This area will need to be addressed.

The home's medication system consisted of a blister and box system with printed Medication Administration Record (MAR) sheets being supplied by the dispensing pharmacist on a monthly basis. All medication was stored safely in locked trolleys and in locked cupboards. There is a suitable system for checking repeat prescriptions and

## Evidence:

medication into the home. However someone had only recently been admitted to the home and staff had not confirmed the medication details with the GP. The manager will need to ensure medication details are checked with the GP or hospital for anyone who is moving into the home.

On inspection of medication for the current month they were found to be correct for the majority of audits. However, the audits for some of the boxed medication were not correct. They do use homely remedies and the details were available, which had been agreed with the GP. Staff recorded the temperature of the fridge regularly to ensure it was within safe limits. It is recommended that the manager undertake audits of staff who administer medication.

Staff were observed to assist people in a sensitive manner and were seen to be giving people choices about the food they ate and what they would like to drink. Observations indicated that people living in the home respond to staff in an easy relaxed style. People seemed to be well supported by staff to choose clothing appropriate for the time of year which reflected their individual culture, gender and personal preferences. Also staff were seen to knock on people's bedroom doors before entering.

There is a pay phone in the hall if people wish to make a telephone call and a number of people have a telephone in their own bedrooms. There are two lounges, so people can have a choice of areas to sit and meet visitors. People are given the option of having locks to bedroom doors and lockable facilities in their bedrooms if they wish to enhance their privacy.

## 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.

Arrangements for visiting the home were flexible, so people are able to maintain important relationships. People are consulted about their wishes and a range of activities are available if they choose to join in enhancing people's well being.

There is a choice of healthy meals that meets people's dietary requirements.

Evidence:

There was no evidence of any rigid rules or routines in the home and people who live there can go outside on their own or with friends and family as they choose, depending on their abilities. On discussion with people living in the home they stated they could get up/go to bed when they wanted and spend time as they wished. People are able to bring personal items of small furniture, pictures, ornaments etc. into their bedroom, providing a home from home atmosphere reflecting their personality. Visiting was flexible enabling people to visit at a time that suited them, so people living in the home could maintain contact with friends and family.

The home employs an activities coordinator Monday to Friday and there was a weekly plan of activities on the notice board, so that people were aware of them if they wanted to attend. The range of activities included games, chair activities, bingo,

## Evidence:

walks, sing a long, trips out in the car, quiz, aromatherapy, outings for pub lunches, coffee, packed lunches by the river. There was a garden fete recently, which raised funds for activities in the home at a later date. One person told us staff had put on a show last year and they were putting on another one this year "Star in thier eyes".

There was a range of books available and it was stated two people with poor eyesight received talking books, which they enjoyed. Also newspapers were delivered to the home, so that people can keep abreast of the news. A television is available in each lounge plus videos and CD equipment if people wished to listen to music. There was also a piano and key board available and one of the people living in the home plays the piano. On the day of inspection she was playing the piano and people were in one of the lounges having a sing song. Feedback from surveys indicated that there was always/usually activites that peopel could take part in if they wanted. Comments included:

"Activities every deay. Lovely outings".

"I get up and go to bed when I want".

"If you feel a bit down they come and cheer you up".

"We have a nice variety of activities".

"I still play the piano and we have community singing on Wednesday afternoon".

"We had a lovely garden fete last Saturday".

"The staff are always happy".

The home provides the opportunity for people to follow their own religion ensuring their religious needs are met and a religious service is held in the home regularly.

There is a six week week rotating menu, based on people's preferences, which is changed three times a year. The menu demonstrated a variety of nutritious meals with a choice at each meal time and people living in the home confirmed that they are offered a choice each day. Special diets can be arranged for reasons of health, taste and cultural/religious preferences and these were being provided. Drinks and snacks were available between meals. A record of food taken by people is kept, but where alternatives to the main meal were taken the record was not very clear. It is recommended that this be followed up to ensure an accurate record is maintained. On

Evidence:

discussion with catering staff they were aware of people's dietary needs. The kitchen was clean and very orderly and they had received a 5 star award recently.

There are two dining rooms, one in each part of the home. People have a choice of where to take their meals and can take them in their bedrooms. The dining tables at breakfast and lunchtime were well presented with condiments, cutlery etc. Meals were nicely presented and staff provided assistance appropriately where necessary. Feedback from surveys indicated that most people liked the food served in the home.

Comments received included; "The food is excellent; a good variety and choice".

"You get a good variety and choice of food"

"Don't rush us at meal times. I am a slow eater and it makes me worried if they are rushing to clear up".

## Complaints and protection

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

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

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

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

Judgement:

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

There are appropriate systems in place to ensure people's concerns are taken seriously and they are protected from harm.

Evidence:

A complaints procedure was available and a copy was in the service user guide, which were available in each person's bedroom. The procedure advises that people can contact us with any concerns if they wish. They can also contact social services and it is recommended that this be reflected in their complaints procedures.

They have suitable systems for recording complaints, the action taken to address the issues and follow up with the complainant at a later date to ensure the issue had been resolved to their satisfaction. This demonstrated a robust procedure and showed that people's concerns were taken seriously.

There were procedures in place for safeguarding people against abuse and records indicated that about one third of care staff had not undertaken training in this area. On discussion with some staff they stated they had not received training in this area, but on checking the training details it indicated they had received training in 2006. The AQAA stated training had been arranged in this area for September 10th. It is recommended that all staff receive updated training in this area to ensure they have up to date knowledge of the procedure to follow in the event of any allegation.

Evidence:

Staff had completed an assessment for everyone in respect of Deprivation of Liberty Safeguards, indicating that no one's liberty was being deprived. There was no evidence that staff had undertaken training in respect of the Deprivation of Liberty Safeguards or the Mental Capacity Act and this will need to be addressed so they are aware of their responsibilities in respect of safeguarding people and how to support them if they lack capacity to make decisions, commensurate with their position in the home.

Staff do not usually hold money on behalf of people living in the home.

Feedback from surveys indicated that people were aware of who to speak to informally if they were not happy and they were aware of how to make a complaint.

## 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.

People live in a homely, clean and comfortable environment that meets their needs.

Evidence:

The building is a large, detached, two storey property. The home is situated on the main Stoubridge Road, a short distance from Stourbridge town centre, where there is a range of local facilities. There is limited off road parking and a very pleasant well maintained garden with path and seating for use when the weather permits. The home is well maintained internally and externally with level access to the building for wheelchair users. The home comprises of two properties, which are linked by an enclosed walkway. A partial tour of the home was undertaken and it was found to be warm, clean and maintained to a good standard. The atmosphere was calm, relaxed and friendly and there were no unpleasant odours.

Bedrooms were personalised and reflected individual tastes, gender and cultural preferences. People are encouraged to bring in their own possessions in to create a home form home environment. A call bell facility was available in each bedroom so people can call for assistance if required. Lockable facilities and locks to doors were available if people wished, in order to enhance privacy arrangements.

There were twenty five single bedrooms, twenty one having en-suite facilities that

## Evidence:

consist of a toilet and wash hand basin and some had a shower facility. The water temperature of showers were not controlled and were above the recommended 43 degrees in order to reduce the risk of scalding. Also staff hand washing facilities (liquid soap and paper towels ) were not always available in en-suite areas in order to reduce the risk of cross infection. These areas will need to be addressed to ensure peoples safety and reduce the risk of cross infection. Comments included;

"The home is always very clean ".

"Its like a hotel".

Each building has a lounge and dining room, and there is an additional conservatory attached the the lounge in the original building, so people have a choice of areas to sit and take thier meals. There is a bathroom in each building with hoist, for people who have mobility problems. Toilets were strategically placed around the home and were provided with liquid soap and paper towels.

A passenger lift enables people to access all areas of the home and the home has a range of equipment to assist people with reduced mobility e.g. portable hoists, hand rails, raised toilets etc.

The laundry equipment was adequate to allow sluice and pre-wash cycles and there were procedures in place to reduce the risk of cross infection with the use of gloves and red bags.

The kitchen was well organised, clean and tidy, but it was noted potatoes were stored on the floor. These should be stored off the floor, for hygiene purposes.

During discussion with people living in the home they all stated they were happy living there. One person stated they had only come for respite, but had decided to stay permanently. They were free to move around the home, using all communal areas as they wished, visiting between the Hagley and Istock units and the seating in the gardens.

## Staffing

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

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

There are no additional outcomes.

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

Judgement:

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

There are adequate numbers of staff on duty to meet people's needs. There is a rolling programme of training to provide staff with the knowledge and skills to meet people's needs appropriately.

Evidence:

On the day of inspection there was a deputy manager, a supervisor and four care staff on duty. The duty rota indicated there were usually four care staff on duty during the morning, two in the evening and two overnight. There was an on call rota, so there was a senior member of staff available out of office hours in the event of an emergency. Ancillary staff such as domestic, laundry, catering, administration, and maintenance staff support care staff. Comments received from people living in the home and visitors included;

"There is nowhere else like it - It is excellent".

"The staff are wonderful; you just have to ask for something and it is done".

"They are there as soon as the buzzer has gone".

"I am happy and I have never heard anyone grumble or complaint"

Evidence:

"Staff are always happy".

"I am happy; I am more than satisfied with the care".

Recruitment records for new staff were sampled and showed that appropriate recruitment checks had been made on two of the three files. A member of staff who had previously worked at the home and had a break for approximately a year had returned, but the manager had not completed the appropriate checks again. Where someone has a break in employment checks such as Criminal Record Bureau check and Prevention of Vulnerable Adults checks must be completed to ensure a robust recruitment procedure and people are protected.

New staff undertake induction training when commencing employment to the home, so they are familiarised with the homes policies and procedures etc. and this was evidence at the time of inspection.

There is a rolling programme of staff training and records indicated the majority of staff had completed training in respect of fire safety, manual handling, food hygiene, health and safety, first aid, infection control and medication. A large number of staff had NVQ level 2 in care or above and six care staff are currently undertaking the training. : ci f senior staff had completed NVQ level 3 and three staff have commenced the training since the last inspection. All the senior staff and six care staff have completed some training in respect of caring for people with dementia. The manager stated in the AQAA that training had been organised for safeguarding in September 2009. Training provides staff with the appropriate skills and knowledge to care for people living in the home.

Feedback from staff surveys indicated that staff received training they need to do thier job and keep them up to date.

## Management and administration

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

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

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

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

Judgement:

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

The home is run in peoples best interest and there is good leadership and direction ensuring people's needs are met. Some further development of the quality assurance systems are required to ensure continuous development.

Evidence:

The manager had completed NVQ level 4, the Registered Managers Award and is registered with us the manager of the home.

The staff do not generally hold money on behalf of people living in the home. However, some relatives were on holiday at the time of inspection and they were holding a small amount of money on behalf of one person and records were in place.

Prior to the inspection an Annual Quality Assurance Assessment (AQAA) was completed. The document gave some information about the home, staff, people who live there and the improvements over the past year and the plans for the future of the home and it was completed to a satisfactory standard.



Are there any outstanding requirements from the last inspection?

Yes

No

## Outstanding statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action

## Requirements and recommendations from this inspection:

### Immediate requirements:

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

No.	Standard	Regulation	Requirement	Timescale for action

### 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	Where people administer thier own medication a risk assessment must be completed and suitable monitoring systems put in place.  To ensure safe systems are in place.	24/08/2009
2	9	13	Staff must confirm the details of medication for anyone moving into the home with thier GP or the hospital.  To ensure people receive the correct medication.	24/08/2009
3	9	13	Staff must ensure the correct administration and recording of all medication  To ensure people receive the medication prescribed to them.	24/08/2009

## Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
4	29	19	Where there has been a break in employment all recruitment checks must be undertaken before someone commences work again.  To ensure they are suitable to work with vulnerable people.	27/08/2009

## 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	1	Ensure the forms containing reference to the Care Quality Commission are updated to reflect the current address.
2	3	Write to people following assessment to confirm if the home can meet their needs.
3	7	Care plans must include all areas of need and provide detailed information about the support people require from staff to meet their individual needs and they must be updated when any changes occur to ensure a consistent approach to care.
4	8	It is recommended that a more comprehensive risk assessment be obtained for the use of bed rails, so that staff consider all areas of risk if considering using them in the future.
5	8	It is recommended that the GP practice be contacted regarding the monitoring of chronic diseases such as diabetes, high blood pressure, asthma etc, to ensure people's well being and complications are prevented.
6	8	It is recommended staff receive training in respect of catheter care plus health conditions to ensure they have the appropriate knowledge to understand people's needs and ensure they are met effectively.
7	8	Staff must ensure that the outcome of all health

## 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
		professionals visits is recorded and plans put in place to ensure any instructions are followed to ensure people's needs are met effectively.
8	8	Suitable systems should be put in place to ensure the monitoring of areas such as food intake and bowels etc. to ensure appropriate follow up and action is taken where necessary to meet people's needs.
9	8	Staff should receive training in respect of completing tissue viability risk assessments and pressure area care, so they have the knowledge and skills to meet people's needs and prevent pressure sores.
10	15	It is recommended the record of meals taken by people living in the home provides clear information about the alternatives taken and by whom to demonstrate people are receiving choices.
11	18	It is recommended that all staff receive updated training in respect of safeguarding to ensure staff are aware of the action to take in the event of an allegation of abuse.
12	18	All staff are provided with training in respect of the Mental Capacity Act and the Deprivation of Liberty Safeguards, commensurate with their position in the home, so they are aware of their responsibilities in supporting people who lack capacity and they are up to date with recent legislation.
13	19	Potatoes should be stored off the floor for hygiene purposes.
14	19	Action should be taken to ensure the water from shower units in en-suites is regulated to 43 degrees to reduce the risk of scalding.
15	26	Suitable hand washing facilities should be provided in people's bedrooms/en-suites where staff provide assistance with personal care to reduce the risk of cross infection.
16	33	The manager should continue with the process of developing the quality assurance systems to include feedback from a range of stakeholders, audits, meetings etc, to improve the process of feedback and continuous development.
17	38	The manager will need to follow up on the outstanding issues in respect of the emergency lighting and fire

## 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
		extinguishers to ensure they are in effective working order.
18	38	The manager must ensure the portable hoist is serviced on a regular basis to ensure it is safe and fit for purpose.
19	38	Systems should be in place to check the water temperature and run off water regularly from shower units to ensure it is safe and reduce the risk of legionella.

## Helpline:

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