



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	The Allenbrook Nursing Home
Address:	209 Spies Lane Halesowen West Midlands B62 9SJ

The quality rating for this care home is:

two star good service

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

Lead inspector:	Date:
Ann Farrell	2 7 0 5 2 0 0 9

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

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

The Commission for Social Care Inspection aims to:

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

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

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	The Allenbrook Nursing Home
Address:	209 Spies Lane Halesowen West Midlands B62 9SJ
Telephone number:	01214225844
Fax number:	01214232837
Email address:	
Provider web address:	

Name of registered provider(s):	The Allenbrook Nursing Home Ltd
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Type of registration:	care home
Number of places registered:	36

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	6	0
old age, not falling within any other category	0	36
Additional conditions:		
Age: Dementia (DE) age 55 and above.		
The registered person may provide the following category of service only: Care Home with Nursing (Code N); To service users of the following gender: Either; Whose primary care needs on admission to the home are within the following categories: Dementia (DE) 6, Old age, not falling within any other category (OP) 36		
Date of last inspection		
Brief description of the care home		
Allenbrook Nursing Home is three storey building situated close to the Halesowen and Quinton border and is a few minutes walk from local shops, churches and amenities. The home is accessible by public transport and offers a small parking area at the front of the property for visitors. Accommodation is on two floors, which is serviced by a passenger lift enabling people to access all areas. There are four double bedrooms, (all		

Brief description of the care home

en-suite) and 28 single bedrooms, (27 of which are en-suite). There is a large lounge/dining room with a conservatory off one end of the lounge leading to a pleasant garden area with plenty of garden furniture including a gazebo to provide shade. Meal times are flexible and people may choose to eat in their respective rooms or in the communal dining area. An open visiting policy is in operation and relatives and friends may call at any reasonable time. A range of activities are offered and a regular church service is held at the home. In addition to the GP other visiting healthcare professionals include, dentist, optician, chiropody and an occupational therapist. A hairdresser visits fortnightly and complimentary medicine may be arranged on request. Allenbrook Nursing Home aims to provide people with a secure, relaxed, and homely environment in which their care, well being, and comfort is of prime importance. Information was available at the nurses station advising people about the services and facilities. Arrangements for fees should be discussed at the time of making enquiries.

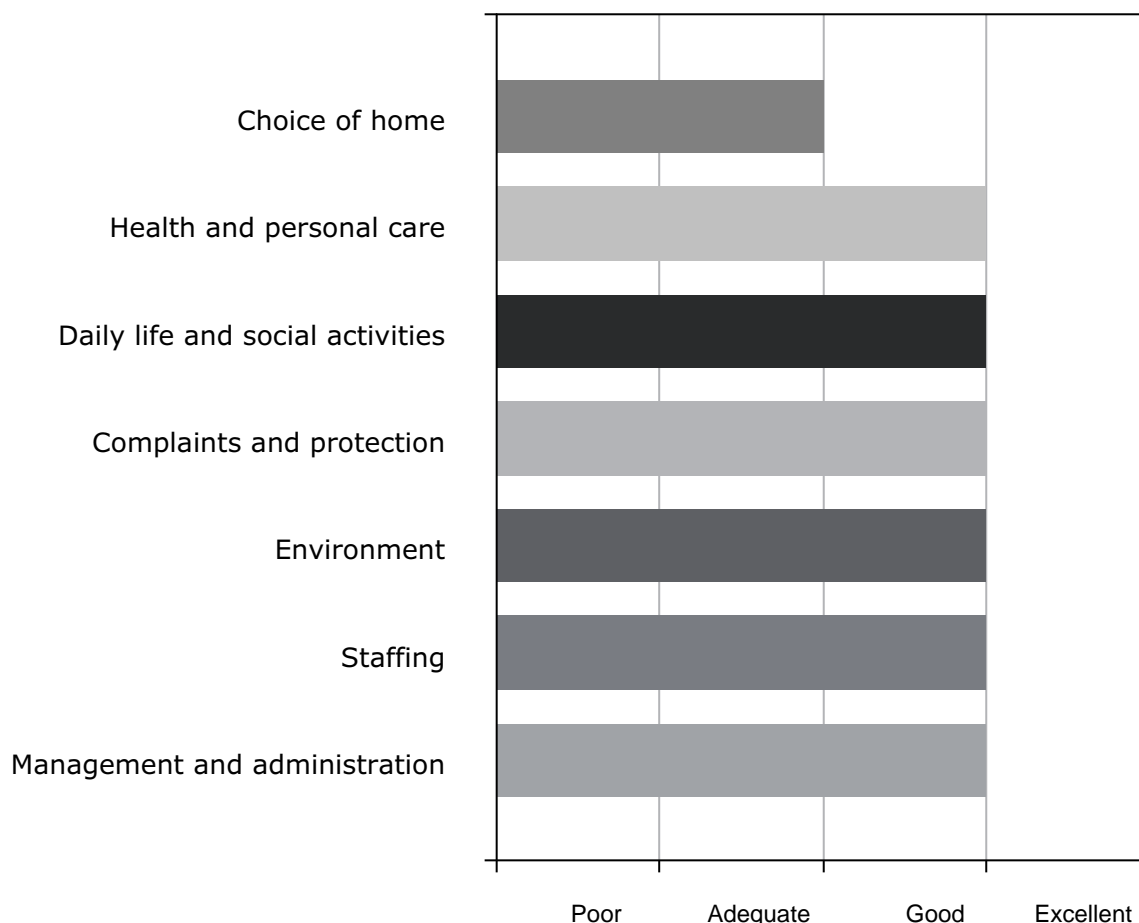
Summary

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 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.

The last key inspection was undertaken on 29th May 2007 when it was given a two star rating and provided good outcomes for people living in the home. An annual Service Review (ASR) was undertaken on 8th May 2008. This is a process where we collect information about the home from various 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. However, some areas of improvement were identified which are outlined in the area "What they could do better". As a result of the findings of this inspection a further key inspection

will be undertaken by 21st May 2010. 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.

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 two days and they did not know we were visiting on the first day of the inspection. The Deputy Manager was available for the duration of the inspection. The home did not know that we were visiting on the first day of inspection.

At the time of inspection the home was full 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 and 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 four people who live in the home, two visitors and four staff were spoken with in order to gain comments. Surveys were also sent out to gain feedback and we received surveys from six from people living in the home, five from relatives, two from health professionals and eight from staff. All feedback and comments received were positive.

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; "I have been extremely satisfied with the food, which has been varied and excellent. The care too has been all that one could wish for during the day and night".

The home is maintained to a good standard internally and externally and there is a pleasant area to sit outside. People live in a pleasant and homely environment.

The food was of a good standard with a choice, so people received varied and nutritious meals. The kitchen has received a 5 Star award for hygiene.

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.

Staff recruitment procedures were of a good standard ensuring staff are suitable to work with people living in the home.

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

What has improved since the last inspection?

There has been an improvement in the activities and entertainment with the employment of an activities co-ordinator. Also music to movement is held every two weeks, so people are stimulated and their well being maintained.

A regular church service is held in the home, so people's religious needs can be met.

A communication tool has been developed to assist staff to communicate with people who have difficulty expressing their needs, so needs can be met more effectively.

Bus passes and the ring and ride service is in the process of being organised so that people can go out if they wish.

The home has employed a full time handy man and part time gardener and weekly meetings are held with them to ensure all areas are addressed and the home is maintained to a good standard.

Staff training has been ongoing and a large number of staff have achieved National Vocational Training in care. The Manager and Deputy Manager have both achieved the Registered Managers Award and care staff have completed training in respect of dementia, so providing staff with the skills and knowledge to meet people's needs

What they could do better:

A review of the assessment process should be undertaken and action taken to provide a more comprehensive assessment, so that people's needs, preferences and what is important to them can be planned for and met when they move into the home.

The care planning system needs to be developed in order to provide a comprehensive plan of care that details the action required by staff to meet people's needs, so a person centred approach to care is achieved.

A review of all recording systems needs to be undertaken and followed up to ensure all aspects of care are being addressed appropriately and people's needs being met in an appropriate manner.

A review of all bed rails must be undertaken and action taken to ensure people are safe when being cared for in bed.

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

A review of infection control procedures should be undertaken and action taken to reduce the risk of cross infection.

A clear auditable system for recording people's money deposited in the home must be maintained to ensure their money is safeguarded.

Systems must be implemented to ensure night staff receive regular fire drills, so people living in the home are safe at all times in the event of a fire.

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

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

Details of our findings

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

Information for people moving into the home should be reviewed to ensure it is up to date, informative and available in alternative formats to assist people to make a decision about moving into the home.

A more comprehensive assessment process is required to ensure people's needs can be met in a person centred manner upon moving into the home.

Evidence:

The home has a service user guide and statement of purpose available at the main nurse's station. Copies were available in some bedrooms, where the person could read it or use it. On discussion with the deputy manager she stated the service user guide was not available in alternative formats. It was noted the document referred to Commission Social Care Inspection, Social Care inspection and Care Quality Commission and this could be confusing to people looking at it. It is recommended the document be reviewed and changed to reflect up to date information, which is user

Evidence:

friendly and in formats that are accessible to people, so they are aware of the services and facilities.

The home provides nursing 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 and consult family or nurses in hospital where possible. A care plan is drawn up as soon as possible, which enables staff to determine if they can meet people's needs and outlines the assistance they require. One file was looked at for a person who had recently moved into the home. The assessment covered all the areas outlined in the National Minimum Standards, but information obtained was rather brief and did not cover all areas of people's needs. It was found that the assessment included areas and no care plans had been drawn up to address the needs. Also care plans had been drawn up for areas that were not included in the assessment. The assessment process will need to be reviewed to ensure a comprehensive process is in place in order to provide a person centred approach. The manager may wish to consider requesting a copy of the social workers assessment to assist with the process.

People can visit the home before moving in so they can have lunch, view the facilities, meet staff and other people who live there in order to sample what it would be like to live there. On discussion with one person they stated they did not visit as they were in hospital, but relatives visited on their behalf. Feedback from surveys indicated that all had received sufficient information when moving into the home and a contract of residence. On discussion with one relative they stated they had visited the home and were given a booklet about the home, which they felt provided enough information. They stated, "I felt at home when I walked through the door. It had a nice feel. I feel that I can go and ask questions".

The deputy manager stated following admission to the home there is a trial period of up to three months and a review is held at the end of a month. This provides further opportunity to discuss whether the person would like to continue living there and if their care needs were 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 peoples care and meeting health care needs need further development to ensure a person centred approach. The medication systems need to be reviewed and developed further to ensure robust systems so 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.

Three peoples care files were looked at in detail. There was evidence that risk assessments had been completed in respect of manual handling, tissue viability, nutrition etc. 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. It was noted that bed rail risk assessments were not consistently completed and some bed rails in use

Evidence:

with pressure relieving equipment were not sufficiently high enough to ensure people's safety. The managers will need to review this and take appropriate action.

Generally it was found that the planning of care was inconsistent and 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. Records for one person identified a member of the Speech and Language team and visited, but the advice given was not transferred into the care plans for staff to follow. Also one person had lost weight whilst they were in hospital, which had been identified when they were weighed on return to the home. However, there was no care plan in place to address this and they had not been weighed since return from the hospital to determine if they were gaining weight again, although it was stated that they had a good appetite. Generally it was found that people's weights were monitored between 1- 3 monthly. Usually people's weight is monitored monthly as it assists staff in monitoring people's well being, unless there is a reason to monitor more frequently due to weight loss. Although weight loss was not observed in the records seen the manager should ensure people are weighed regularly to ensure robust systems and peoples well being.

Staff had food/fluid charts to record people's intake in order to monitor that they were receiving an adequate diet and fluids. However, on inspection it was noted that these had not been recorded in sufficient detail to determine if people were receiving and adequate intake to ensure their well being. Other areas where monitoring was taking place, but records were not consistently kept was in respect of bowel movements. The deputy manager stated they kept telling the care staff about filling in the charts. The manager will need to review the arrangements and take appropriate action to ensure records for monitoring various aspects of care are completed to demonstrate people are receiving the care they require.

In some cases there were no care plans for tissue viability and pressure relief for people who were at risk of pressure sores. Also there was no evidence seen of charts to demonstrate regular pressure relief was occurring e.g. turns. Although there was no a problem in the home with pressure sores the managers will need to ensure this is addressed in order to demonstrate appropriate action is taken to prevent pressure sores from occurring.

Records in respect of renewing people's wound dressing indicated they were not occurring regularly. For example in one person's file it stated the dressing should be renewed alternate days, but records indicated that on some occasions it was done

Evidence:

daily and it could be up to six days between dressings. On discussion with the deputy manager she stated dressings were being renewed, but they had not been recorded. The management team will need to follow up this issue to ensure people's dressings are renewed regularly, records are maintained and healing is achieved.

It was noted that one person had a care plan for pain relief and the evaluation indicated they were still in pain despite the pain relief offered. There was no evidence of follow up by the staff and changes to medication were made when a relative raised the concern during a hospital visit. There was no evidence of pain monitoring charts, so staff could determine the severity of the pain and response to medication. The management team will need to review this area to ensure people receive appropriate pain relief and their comfort maintained.

The care plan for one person with epilepsy did not indicate the care of a person at the time of the fit or any first aid measures to ensure their safety.

During the course of the morning it was noted that staff had placed linen from beds on the floor of bedrooms before removing it to place in a receptacle for laundering. This is poor practice in respect of cross infection and will need to be addressed in order to reduce the risk of cross infection.

Feedback from surveys indicated that people receive the care and support they require; staff listen to them and act upon what they say. Comments included; "I can't think of anything which could be done better". "I am very satisfied with every branch of the service".

On discussion with people living in the home and visitors they stated; "It's very nice". "The girls are very nice". "They come quickly to call bell". "I have not been able to find fault with anything". "I am more than happy". "She is very well looked after". "They do anything to help".

Staff were observed to be using appropriate manual handling techniques and treated people with respect. Interaction observed was generally good.

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 and optician MacMillan nurse. This ensures people's health care needs are being met.

Evidence:

Feedback from health professionals was good and it was stated "Staff know the clients and aim to provide individual care". Staff refer patients appropriately for support".

The homes 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 a locked room in locked cupboards with the exception of destroyed medication. On inspection of the medication for the current month it was found that audits were correct for the medication that was in the blisters. However, some of the audits for boxed medication were not correct indicating people had not received some of their medication correctly. Some medication could not be audited as there was no record of the amount of medication entering the home.

The home does not have a robust system for checking medication for new people moving into the home and rely on what is brought in with them and some discrepancies were noted. The management will need to ensure they have a robust checking systems for all medication entering the home especially for any new people moving into the home. Other areas to be addressed were; administration of medication via artificial feeding tubes (PEG) as staff had no information about the most appropriate method of giving this medication. They were also giving medication covertly in someone's food, which they stated was in the persons best interests, but there was no evidence of a Multi Disciplinary discussion about this practice. Some people were administering their own inhalers and a risk assessment had not been undertaken to determine they were able to undertake the procedures safely. Also it was noted the GP had provided the home with a letter stating all medication could be crushed for all his patients. Although this was not occurring it is not appropriate as each individual should be assessed if liquid medication is not available.

There is a quiet lounge to enable people to communicate with friends and relatives in private and arrangements can be made for people to have a telephone in their bedrooms if they wish. People have facilities to store valuables/medication in their own bedrooms if they wish, but there are no locks to bedroom doors to enhance the arrangements for privacy. People living in the home should be consulted about having locks on their bedrooms doors and records retained of their decision.

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 what they want to do and there is a good range of activities available to enhance their well being.

There is a choice of healthy meals that meet all 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 activity co-ordinator, who works sixteen hours per week, which is flexible depending on the needs of people living in the home and at the time of

Evidence:

inspection she was working early in the morning. She was very enthusiastic with a bright and bubbly personality. She commenced employment in October 2008 and compiling a book called a year at Allenbrook with people living in the home. They have celebrated festivals such as Burns night, Easter, St Georges Day etc. They do arts and crafts and have made Easter bonnets and are now making summer hats. They are also making things for the summer fete and hanging baskets and the money that is raised will be used to buy a Karaoke machine and CD's for people's entertainment. They celebrate birthdays and try to arrange entertainment for them. Recently celebrated one person 100th Birthday, which included a visit by the Mayor.

There are a range of games in the home e.g. skittles, bingo, play your cards right, scrabble jig saws and she spends time with people in there own bedrooms in one to one discussion. They visited Merry Hill before Christmas and are now in the process of applying for bus passes and arranging the ring and ride service so that people can go out if they wish. She is also in the process of arranging a pub lunch and she produces a newsletter each quarter to keep people up to date with what is going on in the home. School choirs and scouts have visited the home plus Father Christmas and there was a lucky dip for the Children. She has just taken over responsibility for the library and arranges deliveries of a range of books people like to read. There is a clothing sale in the home every six weeks, for people who are unable to go out shopping. She is also responsible to undertake a monthly survey with people asking about cleanliness, activities, communication and greeting in the home.

Feedback from surveys indicated that people living in the home always liked the meals and the activities arranged, but outside activities could be improved. Comments included; "The food is excellent and so is the care". "The home offers varied activities and excellent food". "I have been extremely satisfied with the food, which has been varied and excellent. The care too has been all that one could wish for during the day and night"

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.

There is a four week rotating menu, based on people's preferences. The menu demonstrated a variety of nutritious meals and people living in the home confirmed 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. On discussion with catering staff they were aware of people's needs for special diets and they stated a range of foods were available for supper in the evening when they were not on duty. They had received a 5 star award for hygiene in the kitchen.

Evidence:

There was no record of the food taken by people to demonstrate they were receiving a nutritious diet and staff tick a form to indicate they had a meal or had been fed.

There is one dining room on ground floor adjacent to the kitchen. The dining tables at breakfast and lunchtime were presented satisfactorily and meals were nicely presented. Staff provided assistance where necessary. Comments received in relation to meals and drinks were positive and included; "The food is very nice". "I can't grumble about the food, you only have to say you want some more and they will give it you".

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 so people are protected from harm.

Evidence:

A complaints procedure was on display in reception and in the service user guide. Feedback from surveys indicated people knew who to speak to if they were not happy and they knew how to complain if they had any concerns.

We have not received any complaints about the home and their complaints record demonstrated one formal complaint had been recorded. The record did not provide us with details of the complaint and after some time a copy of the response was found. There was no record of informal concerns/complaints in the home, which could suggest the staff only record formal written complaints and concerns are not recorded. It is recommended that suitable systems be developed to record informal complaints and concerns and the action taken in order to demonstrate a pro active approach and continuous improvement.

Records indicated that most care staff and nursing staff had undertaken training in respect of safeguarding and on discussion with members of staff they had a satisfactory knowledge of the procedure within the home. There was no evidence of training in respect of the Mental Capacity Act and Deprivation of Liberty safeguards. There was a policy in respect of the Deprivation of Liberty safeguards and on

Evidence:

discussion with the Deputy Manager she stated some senior staff had received training in respect of Deprivation of Liberty safeguards and they were trying to arrange the training for other staff. Staff will also need knowledge about the Mental Capacity Act to ensure they are aware of the procedures for supporting people who lack capacity to make decisions.

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.

Evidence:

The home is a detached three-storey building with adequate off road parking to the front of the building for visitors. The exterior is very well maintained with level access to the building for wheelchair users and seating outside for use when the weather permits. A partial tour of the home was undertaken and it was found to be warm, clean and maintained to a good standard. Ongoing maintenance of the home and garden is achieved with the employment of a handy person and a gardener.

One visitor stated, "The home is always clean and warm".

There is a bathroom on each floor with assisted bathing facilities plus a wet room, so people have a choice of bathing facilities. A passenger lift enables people to access all areas of the home.

There are twenty eight single bedrooms and four double bedrooms, which have en-suite facilities consisting of toilet and wash hand basin. A call bell facility was available in each bedroom so people can call for assistance if required. Lockable facilities were available in bedrooms, so people could store medication and valuables, but bedrooms

Evidence:

doors did not have locks to enhance privacy. People should be consulted about their wishes in respect of locks to doors. The Deputy Manager stated they were in the process of replacing beds with profiling beds, which are more suitable for people with nursing needs as they enable easier moving and positioning in bed and aid their comfort.

The main kitchen was clean, well located and adequately equipped for its purpose. There was one large lounge which is divided by the dining area plus a conservatory to the front of the building, which overlooks a pleasant exterior.

The laundry is well equipped with industrial capacity washing machines and tumble driers that meet the requirements for sluicing and disinfection of linen. There is a sluice facility on both floors, which are suitable for cleansing of bedpans and urinals to reduce the risk of cross infection. .

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.

People are supported by staff who are trained. The recruitment system for employing new staff is satisfactory for the protection of the people who live in the home.

Evidence:

On the day of inspection there were thirty four people living in the home. The Deputy manger plus one nurse and nine care staff were on duty. The duty rota indicated there were one or two nurses on duty in the mornings with six to seven carers; one nurse and five to six carers in the evening; one nurse and three carers overnight. From the rotas seen this was usually achieved except if there was sickness and this appeared adequate to meet people's needs. Ancillary staff such as domestic, laundry, catering, administration, maintenance and gardening staff support care staff. Comments received from people living in the home and visitors included;

"The care is great, the staff are good" "I have not been able to fault anything; I am more than happy with the care". "The staff are very helpful". "Staff come quite quickly if I call for help". "The staff are very good".

Recruitment records for new staff were sampled and showed that appropriate recruitment checks had been made to ensure staff were suitable to work with

Evidence:

vulnerable adults before they commenced work in the home, so people were protected. Checks on nurses registration status was not undertaken with the Nursing and Midwifery Council on a regular basis and this will need to be addressed, to ensure they are registered to practice.

Following employment new staff undertake induction training. There is a rolling programme of staff training that includes fire safety, manual handling, food hygiene, infection control, safeguarding first aid and dementia. Records indicated the majority of the nursing/care staff had undertaken the training. All care staff with the exception of three have completed National Vocational Qualification (NVQ) level 2 in care and they are currently undertaking the training. Also six staff are currently undertaking NVQ level 3. The Deputy Manager has just completed the Registered Managers Award. Training provides staff with the appropriate skills and knowledge to care for people living in the home.

Feedback from staff indicated they were given support and received training that was relevant to their roles and helped them understand and meet the needs of people living in the home. They felt the home was organised and people were happy.

Comments included;

"There are lots of different courses for staff"

"Staff morale is mostly good, resident's needs are met".

"Allenbook is very efficiently run".

"Good training, good care, good health and safety, good staff morale".

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.

Systems are in place to ensure the health, safety and protection of people living in the home. The quality assurance systems need to be developed further so feedback is obtained and continuous improvement achieved.

Evidence:

The manager works on a full time basis and does work some late and night shifts, so can monitor practices at all times.

Small amounts of money are held on behalf of people living in the home. It was stated that no one acts as appointee or agent for any one living in the home. The systems in place for the safekeeping of people's money were adequate with records and receipts. However, auditing was difficult and there needs to be clearer auditable systems with a running balance to demonstrate robust systems for managing people's money.

Prior to the inspection an Annual Quality Assurance Assessment (AQAA) was completed. The document gave some information about the home, staff, people who

Evidence:

live there and the improvements over the past year and the plans for the future of the home. However, it would have benefited from more detail in order to demonstrate practices in the home.

The manager undertook audits of care plans and the activity co-ordinator undertook a monthly survey with people living in the home. However, there was no evidence of any other audits or questionnaires to other stakeholders. There were monthly management meetings, but meetings with people living in the home, relatives and staff only occurred intermittently. Also records in respect of staff supervision indicated it only occurred approximately twice a year. Systems for auditing and feedback need to be developed further in order to obtain feedback about the home and feed into a quality assurance system, so that continuous improvement can be achieved.

There are systems in place for servicing and maintaining equipment to ensure the health and safety of people living and working in the home. The fire system and equipment had been checked, so that people are safe in the event of a fire occurring. Checks were made on hot water outlets to ensure it is maintained at a satisfactory temperature to prevent scalding etc. There was no formal system for checking wheelchairs on a regular basis, which will need to be addressed to ensure they are safe for use. Fire drills are undertaken every four weeks by the maintenance man. On discussion with him he stated it was mostly with day staff and he will need to look into a system for fire drills with night staff.

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	8	13	An audit of all bed rails undertaken and action taken to ensure they are of sufficient height. To ensure the safety of people when in bed.	26/06/2009
2	9	13	Where medication is administered via a PEG feeding tube advice/information must be sought to the most appropriate arrangements. To ensure the safe and effective administration of medication.	26/06/2009
3	9	13	A risk assessment must be undertaken where people are administering their own medication.	26/06/2009

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
			To ensure they are able to undertake the procedure safely.	
4	9	13	<p>If there is a need to give medication covertly or crushed an individual assessment must be completed, a multi disciplinary discussion held and records retained.</p> <p>To demonstrate it is in the best interests of the person.</p>	26/06/2009
5	9	13	<p>Systems for receiving and checking medication into the home must be robust especially for someone moving into the home.</p> <p>To ensure people receive the correct medication.</p>	26/06/2009
6	9	13	<p>All destroyed medication must be stored in locked cupboards.</p> <p>To ensure the safe storage of medication.</p>	26/06/2009
7	9	13	Robust medication systems must be in place to include the accurate administration and recording of medication.	26/06/2009

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
			To ensure people receive the medication prescribed for them.	

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	The service user guide should be reviewed and amended to provide up to date and useful information for people considering moving into the home. Alternative formats should also be provided to ensure they are more accessible to people with disabilities.
2	3	The assessment process should be reviewed and developed to include information from social workers etc. so that people's needs can be met in a person centred manner upon moving into the home.
3	7	All care plans should be person centred and outline in detail the action required by staff to meet peoples needs so care is individualised to meet people's needs and is consistent.
4	8	Consideration should be given to providing staff with training in respect of health care conditions to enhance their knowledge and understanding of peoples needs to ensure they are met effectively.
5	8	Systems for infection control should be reviewed and action taken to reduce the risk of cross infection.
6	8	Systems must be in place for monitoring of pain, so that appropriate action can be taken in a timely manner to maintain people's comfort and well being.
7	8	People should be weighed at least once a month and more often if there are any signs of weight loss etc. so that appropriate interventions can be implemented where concerns are identified.

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
8	8	Robust recording systems must be in place to demonstrate people's conditions are being monitored and they are receiving the appropriate care to meet their needs in an effective and consistent manner.
9	15	It is recommended that a record of food eaten by people is retained in the home, so that it can be seen if they are eating a nutritious diet.
10	16	Systems be implemented to record informal concerns/complaints and the action taken to address them to demonstrate continued improvement.
11	18	Staff are provided with knowledge about the Mental Capacity Act and Deprivation of Liberty Safeguards, commensurate with their position in the home, so they are aware of how to support people who lack capacity to make decisions.
12	19	Systems should be in place to consult people about locks to bedroom doors with records and appropriate action taken where they are requested.
13	29	Regular checks of nurses registration status should be undertaken with the Nursing and Midwifery Council
14	33	The quality assurance system needs to be developed further in order to gain feedback from a range of stakeholders, so continuous improvement can be achieved and outcomes for people improved.
15	35	A clear auditable system for money held on behalf of people must be in place to demonstrate thier money is safeguarded.
16	36	A system of regular formal supervision should be developed in order to provide support for staff.
17	38	A formal procedure for regular checks of wheelchairs is implemented, to ensure they are safe to use.
18	38	Systems should be implemented to ensure all night staff undertaken at least two fire drills each year.

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