

Key inspection report

CARE HOMES FOR OLDER PEOPLE

Lawton Rise Specialist Care Centre

**Heathside Lane
Goldenhill
Stoke on Trent
Staffordshire
ST6 5QS**

Lead Inspector
Peter Dawson

Key Unannounced Inspection
13th July 2009 08:30

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

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

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

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

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

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SERVICE INFORMATION

Name of service Lawton Rise Specialist Care Centre

Address Heathside Lane
Goldenhill
Stoke on Trent
Staffordshire
ST6 5QS

Telephone number 01782 773 000

Fax number 01782 773 900

Email address

Provider Web address

Name of registered provider(s)/company (if applicable) Ross Healthcare Limited

Name of registered manager (if applicable) Mrs Sally-Ann Latham

Type of registration Care Home

No. of places registered (if applicable) 62

Category(ies) of registration, with number of places Dementia (62)

SERVICE INFORMATION

Conditions of registration:

1. 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 - Code DE.

2. The maximum number of service users to be accommodated is 62.

Date of last inspection New Service

Brief Description of the Service:

Lawton Rise provides nursing care exclusively for people with dementia care needs. It encompasses all aspects of current good practice in this specialist area of care.

The home is purpose built, including a new extension opened in January 2009 providing facilities for up to 62 people. Care is provided in small units over 2 floors. There is a shaft lift to the first floor.

All bedrooms are for single use. All except one have en-suite facilities, some have showers. There are several specialist bath and shower areas located on both floors. In total there are 9 lounge areas many are themed to provide alternative-choice settings for people.

All areas are furnished to a high standard with quality furniture, fittings and equipment. The environment has been established to provide a homely, comfortable and luxurious setting and reflects the individual and small group living needs of people with dementia. It encompasses the best in current thinking on the provision of care for this special group of people.

SUMMARY

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

The quality rating for this service is **3 Stars**. This means the people who use this service experience **excellent** quality outcomes.

The unannounced key inspection was carried out by one inspector on one day from 8.30 am – 6.30 pm. The National minimum standards for Older People were used as the basis of the assessment of the service.

An Annual Quality Assurance Assessment (AQAA) was completed and returned to us by the Registered Manager prior to the inspection and provided us with comprehensive information about the service. The AQAA is a legally required self-assessment document containing information about what the service think they do well, what progress they have made over the past year, what they think they could do better and their plans for improving the service over the next 12 months. Some information from the AQAA is included in this report.

A newly built extension to the home was opened in January 2009 increasing the number of places from 46 to 62. At that time the name of the holding company by Majesticare was changed to Ross Healthcare. Everything else remained the same, only the name changed. The new extension and increased numbers were approved by us and also the changed name resulting in a new registration. Although the service was previously rated as 3 stars, the new registration requires inspection within 6 months and a rating must be assessed for the new registration.

The majority of people were seen in the lounge and bedroom areas and several were spoken with. Seven visiting relatives and a volunteer were also spoken with and most staff on duty throughout the day. The Registered Manager was present throughout the inspection and there was an open and helpful dialogue about the service.

We were able to see all the communal areas and a sample of bedrooms throughout the original building and new extension. We inspected records including a sample of care plans, risk assessments, medication records, staffing records, completed audit tools and other documents.

People spoken with expressed high levels of satisfaction with the service at Lawton Rise. Visitors confirmed they could visit at any time and made comments such as: “the staff are wonderful, they are very patient and will do anything to make life comfortable for my (relative)” “we were lucky to choose this home, it is probably the best there is, we cannot fault it”.

Positive comments were received from people using the service who were spoken with. A person who gave a fairly lengthy account of her experience, when asked what she thought about the service after being resident for several months said: "It is very satisfactory" – something of an understatement from what she had told us but this comment was made at the start of the inspection and set the tone for the very positive comments from people throughout the day and also our view of the service.

What the service does well:

A high standard environment purpose built that provides a comfortable, homely, pleasant place to live. Furnishings, fittings equipment and décor reflect the care and costs involved in providing an environment suited to the specialist needs of people with dementia.

Staffing levels are good and geared to providing person centred care. The staff team is well trained with specialist training in the needs of people with dementia. Nursing and care staff work well together with the same objectives of establishing levels of communication and engagement with people to maximise their independence and quality of life.

There is a varied and full programme of activities. Two Activities Co-ordinators work a total of 69 hours per week. They lead on activities but work closely with the rest of the staff team to provide a range of activities to meet the diverse individual needs of people. Activities are sometimes simple but always innovative. Internal and external activities suit the interests and choices of people, based upon chosen lifestyles and clearly provide a quality of life for people all at different stages of dementia.

Care plans contain detailed information about the specialist person centred care that people need. This includes the health, personal, social, recreational and emotional support that people need to maximise their potential and sustain quality of life.

Visitors report a relaxed atmosphere where they can visit at any time and are involved in activities and events if they wish. Visitors said that they were kept informed of the progress of their relatives and were involved in care planning and reviews.

There are positive relationships with external professionals. Staff know when to seek advice, support or assistance from those professionals.

There is an open style of management. The Manager is readily available to all people using the service, their relatives, staff and external professionals. The home have established an enviable reputation in the community for this specialist service. Resources are allocated to provide a high quality

environment, well trained staff and the best current practice for people with dementia needs.

What has improved since the last inspection?

This service was previously a 3 Star service.

Registration of the new annexe and change of company name means that the service must be treated as a new service and inspected within 6 months of the new registration.

This inspection was carried out to assess the quality of the service at this time.

It is therefore not relevant to comment upon changes since the last inspection and previous registration.

What they could do better:

A high quality service is provided in all outcome areas for people using the service.

One area requiring improvement, is in aspects of medication. Pain control medication was out of stock for at least 4 days for one person. This situation was predictable - sufficient medication must be obtained to complete the medication cycle. Where errors are made and medication is out of stock immediate action should be taken to ensure people have the medication prescribed for them.

PRN (as required) medication that is reviewed by the GP must remain on the MAR sheet until discontinued. This will enable an audit at all times of the current medication in stock.

Steps being taken to store medication at the recommended temperatures should be pursued swiftly. Medication can become unstable if stored at incorrect temperatures.

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

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

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

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

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

This is what people staying in this care home experience:

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

Standards 1 – 5 were inspected on this visit.

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

Comprehensive information allows people to make a judgement about the suitability of the home for them and pre admission assessments ensure that their needs can be met.

EVIDENCE:

A brochure pack is available in the reception area of the home and available to all prospective or current people using the service, their families and visitors. This is presented in a brochure format but includes the Statement of Purpose and Service Users Guide, giving good information about the home and the specialist services it offers for people with dementia. It includes information about activities with sample activity programmes, forthcoming events, meetings and sample menus. This information has been updated to include

information about the changed registration including the newly-built extension and the change of name of the company owning and operating the home.

The information provides people with all the information they need to make a judgment about the suitability of the home for them. People are always invited to visit prior to admission, although this is not always possible and relatives or representatives of the person are involved in visits, discussions and arrangements prior to admission.

Care Plans and other documents seen showed that a pre-admission assessment is always carried out by the Manager or other nurse in the person's current setting. This may be their own home, hospital or other place. A Key Worker as well as Named Nurse is allocated now prior to the person coming to live at Lawton Rise and it was pleasing to see that Key Workers are now involved in the pre-admission visit where possible. This ensures the person can meet the key people who will provide the care for them after admission.

In the sample of records of people recently admitted to the home there was also a multi-agency assessment co-ordinated by the Social Worker. The assessments form the basis for the initial care plan, constantly reviewed and updated that becomes an evolving document.

When a decision has been made that the home can meet the needs of the person, a confirmation letter is sent confirming that all assessed needs can be met.

All people have a contract. The Local Authority provides one for those who are assisted with funding, for those funding their own care a contract is provided directly with the home.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

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

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

This is what people staying in this care home experience:

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

Standards 7 – 11 were inspected.

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

Good care planning ensures that people's health, personal and social care needs are clearly identified and met. Closer monitoring is needed to ensure people have the medication prescribed to maintain their health and wellbeing.

EVIDENCE:

We saw a sample of care plans including people recently admitted and others resident for longer periods.

The care planning format in use by the Majesticare Company is detailed and comprehensive, of course the plans are only as good as the information included in them, but this was detailed and there were no gaps.

We saw care plans for dementia, well being profiles, waterlow and dietary assessments, pain control and medication care plans with details of medications prescribed and the reasons for them. Risk assessments were in place relating to falls, fire safety, bed-guards and daily living. Social histories had been completed for all with family providing much needed, valuable information. All were completed in detail providing staff with the knowledge and detail needed to provide individual personalised care. Changes in health care are addressed with short- term care plans. For instance where tissue viability deteriorates, care plans for pressure relief are recorded, charts established for wound care, equipment provided with a plan for bed-rest and repositioning. Only two people have low-grade pressure damage to heels, one had been imported from hospital, but both swiftly and appropriately treated and monitored. This is testament to staff skill and care in preventive measures - particularly in a setting where physical dependency levels are high in addition to the other higher level of care people need as a result of their dementia care needs.

People using the service and their relatives are involved in the planning of care they are invited to discuss plans at any time and also invited to regular care plan review meetings.

As part of nutritional monitoring people are weighed regularly and several people have food and fluid intake charts to monitor daily progress. Checks showed that intake was prioritised and this included inputs at night where possible as well as daytime. Promotion of good tissue viability is a priority. Pressure relieving equipment is readily available – virtually all beds have overlay mattresses, there are 11 alternating mattresses in use with a further 4 on order. Pressure relieving cushions are available in the lounge or bedroom areas. Checks of some assessed for cushions showed that they were in use in the lounge as risk assessed. Checks of nutritional intake charts were sampled, generally inputs were adequate but where shortfalls had been identified people had been referred to the GP and nutritional supplements prescribed and/or referrals to the dietician.

Monthly audits of waterlow scores, weights, and skin integrity have been established and monitored by the Manager. There is a monthly ongoing record for all people and any changes identified and monitored closely. We were able to see an overview of aspects of health care from the audits. There are additional monthly audits of accidents, medication and fire risk assessments.

A range of health care professionals are involved in specific clinical care delivery for advice, training and support were needed. Staff know when to make referrals to external health care professionals. All visits by external professionals are recorded. Several GP practices are accessed by the home, health and medication checks are carried out sometimes on initiation by the home. A close relationship exists between the home and the Primary Care Trust. Continuing Health Care Funding has been established for several

people. Liaison with Care Dependency Assessors and close working with the Outreach specialist nurses and Community Psychiatric Nurses from the PCT is vital in this area and this is clearly evident.

A course is arranged commencing November 2009 providing a full training programme for nursing staff on palliative care, incorporating the Department of Health Gold Standards for palliative care. This has been arranged with the local Primary Care Trust and will be eventually cascaded to all staff.

We inspected the system of medication where some shortfalls were identified. A person prescribed analgesic liquid (pain control) medication 4 times a day had not been given this in the 4 days prior to this inspection. The MAR sheet (Medication Administration Record) recorded "out of stock" on each of the 13 times it should have been given. Stock originally received was clearly inadequate to last the remaining period of the medication cycle. The last entry was 9am on Friday with a comment to contact the surgery on Monday (day of the inspection). A letter had finally been taken to the surgery on that date but the medication may not be available for a further 2 days. This situation is clearly unacceptable. The home must ensure that there is sufficient medication in stock to complete the medication cycle. When stock runs out immediate action should be taken to replace it and interim measures taken to provide alternatives. On the record mentioned a previous entry by staff recorded on the MAR chart was "Liquid analgesic omitted due to a long drug round"

Some PRN (as required) medication had not been given for sometime and requests for reviews by the GP's had not been actioned in the interim 2 weeks. The medication was not recorded on the MAR sheet although it was present in the medication trolley. A count of medication must continue until the medication is ceased by the GP and then destroyed.

The medication storage room is small, with no window/ventilation. Staff are recording temperatures of the room but confirmed that some temperatures recorded had been too high. This had been reported to Managers and the possibility of air conditioning being considered for this area. The AQAA stated "We are in the process of planning a further medication room upstairs, so that the medication can be delivered to upstairs residents from that floor, rather than moving the medication trolley between floors. Also a nurse office has been put upstairs and we are planning a nurse to be based there at all times, to make time management more efficient" - This will clearly resolve some medication storage problems and reduce the time of the medication round.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

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

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

This is what people staying in this care home experience:

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

Standards 12 – 15 were inspected on this visit.

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

People are able to enjoy a full and stimulating lifestyle with a variety of options available to them. They are supported by a well trained committed staff team, regular visits and support from visitors and an environment devoted to the needs of people with dementia.

EVIDENCE:

Personal interests and hobbies are incorporated into the pre-admission assessment and continue with input from people in the home, and their relatives, establishing a picture of previous lifestyles and matching those experiences to satisfy their social, cultural, religious and recreations needs and interests.

There is a social care plan tailored for each person and every activity is documented daily. The accent is upon providing individual engagement and stimulation rather than a task orientated method of care. Physical and

personal care needs are carried out in an atmosphere of personal engagement without pressure of time, allowing each individual the personal time and input they need to feel individual.

Planned activities are posted in the reception area, although this is flexible. Relatives are involved in activities and on the day of the inspection relatives were joining in a karaoke session in the pub lounge. People using the service singing songs they knew, playing instruments or simply watching with interest from afar. The home was very much alive and light-hearted. In contrast a group of more dependent, less mobile people were later seen in a first floor lounge, with light therapy and background music, having hand massage and clearly benefiting from the therapeutic value of a relaxed but stimulating experience. Many do not have verbal communication – this was one alternative means of positive communication.

The home works with people in small groups that cater for their ability or mood at the time of the activity. There are lots of different areas where people can simply relax alone or with relatives. There is a pub lounge, pottery, Victorian lounge and indoor garden. Pastoral care for several religious groups is provided by visiting clergy. The AQAA states "There is an area for reflection, where all faiths can enjoy a period of personal reflection"

There is a large very pleasant garden area that people can safely access, to walk, sit or be involved in growing their own plants. There is good access to this area from the lounge areas and several people were sitting outside enjoying the sun accompanied by staff, who were promoting light-hearted conversation and fun.

There are now 2 Activity Co-ordinators employed for a total of 69 hours per week. They are both in the home daily, sometimes in the evenings and also on Saturdays – demonstrating that activities are an integral part of care throughout the day.

Corridors are full of items of interest and to stimulate. These include lots of rummage areas for people to enjoy, walls adorned with historical prints of the local area, old fashioned music corridor, pottery and mining pictures. There are food pictures in the dining areas to remind and enable choice.

A dog, cat and budgies live at the home too.

There are external visits to promote continuity in the community. As an example 4 people are taken to the local Carvery for a meal, escorted by an activities worker and nurse. They sit near to the serving area and make choices before enjoying their meal.

Many activities have been introduced as a result of suggestions from relatives meetings, these include a Wii console, table skittles, outdoor activities and others.

Each person has a personal photo diary so that their own personal photographs are kept for them and their relatives to enjoy. Some are kept in the reception area with permission of the person and relative.

There is a calm, family type atmosphere. Visitors said they feel "part of the family" and could "come at any time".

Some volunteers visit, one was a person whose relative had died at Lawton Rise, but she has continued to come several times a week and will go and speak to each person, most of whom she has known for a long time.

Another couple who transferred their relative from another home they had reservations about, said that they were "absolutely delighted" with the care and quality of life at Lawton Rise compared with the previous setting. Both are already involved in the residents meetings and one has become the resident's representative to attend the monthly Heads of Department meeting with staff at Lawton Rise.

The importance of including relatives and others in daily care is summarised in the AQAA:

Birthday cakes are made and families invited. Many now have birthday parties held in the home for their relative, bringing outside family and friends in. This is very successful. We also have several relatives who request they meet and travel from Lawton Rise on the day of the funeral and come to the home afterwards for the usual gathering of family and friends. This is also very successful"

This achieves the objective of fully integrating people using the service, their relatives, visitors and staff. This is undoubtedly improving the quality of life for people at Lawton Rise.

Food is geared to the needs and choices of people in the home. Individual preferences are known and there is food for people on the move. Staff now eat with people in the home and no longer wear uniforms creating a more informal family experience.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

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

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

This is what people staying in this care home experience:

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

Standards 16 – 18 were inspected on this visit.

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

People have access to a clear complaints procedure and are listened to. Referrals to protect people from abuse or discrimination are swiftly and appropriately made.

EVIDENCE:

There is a clear and accessible complaints procedure on view in the reception area. It is also given to people using the service and their relatives and included in the statement of purpose and service users guide. All staff have a handbook on employment that also explains the complaints procedure.

There is an open culture that allows people to express their views and concerns in a safe and understanding environment. The home keeps a full record of complaints and includes details of the investigation of the complaint and actions taken, all within an agreed timescale. The home learns from complaints and readily makes changes.

There has been one complaint, part of which related to the preferred location of a person in a lounge area, a change was made and the complaint well documented.

Policies and procedures for safeguarding adults are available and give clear guidance to those using them. All staff have training in the Safeguarding of Vulnerable Adults (SOVA). The Manager is an approved trainer and ensures all staff have adequate training and information. Three referrals to the SOVA team (Social Services) have been referred, one was not actioned the other two were and related to incidents between residents that presented potential conflict. Referrals were initiated appropriately and where necessary strategy meetings arranged on a multi-disciplinary basis.

Past training has been provided for all staff in the Protection of Vulnerable Adults. The staff training matrix confirmed that this has continued with new staff.

The AQAA states "We listen to what residents tell us and would support them in making a complaint. All staff are trained in SOVA and work to these regulations. We are proactive, following procedures to respond to evidence or suspicion of neglect". Discussions and records seen during the inspection support this.

Environment

The intended outcomes for Standards 19 – 26 are:

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

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

This is what people staying in this care home experience:

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

Standards 19 – 26 were inspected on this visit.

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

The living environment is appropriate for the particular lifestyle and needs of this special group and is homely, clean, safe and comfortable.

EVIDENCE:

The main building was completely upgraded following Majesticare acquiring the home in December 2006. A new extension was added and completed in January 2009. The home was registered to accommodate 46 people - the new extension was approved to provide 62 places for people with dementia care needs.

The whole environment is now to a very high standard with high quality furniture, fittings and décor. It reflects the needs of people with dementia needs in its construction, furnishing and operation. The environment is fully able to meet the needs of people together with their diverse, specialist and often complex needs.

All 62 bedrooms are for single use only and with the exception of one all have ensuite facilities, some have shower rooms – toilet and bathing facilities exceed those in the National Minimum Standards. There are lots of different activity and communal spaces that people are free to access. There are 9 different lounge and access areas, one has a bar and there are two sensory lounges on the first floor. There are satellite kitchens in the main lounge areas where food and drinks are prepared and served throughout the day. There are clutter free corridors with hand rails to assist people who are mobile and safe, accessible outdoor areas for people to enjoy including easily accessed garden areas with plenty of comfortable seating or people can walk in complete safety, with a raised garden area for ease of use.

The environment offers a comfortable, high quality place to live. The service goes that 'extra mile' to provide an environment that fully meets the diversity needs of people that use the service now or in the future.

The considerable cost in upgrading the original and new build has improved outcomes for people living there.

Staffing

The intended outcomes for Standards 27 – 30 are:

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

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

This is what people staying in this care home experience:

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

Standards 27 – 30 were inspected on this visit.

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

People benefit from a well trained, experienced and committed staff group and they are protected by robust recruitment procedures.

EVIDENCE:

Staffing numbers have increased as required since the opening of the new extension – the number of people has increased from 46 – 62. At the time of this inspection there were 53 people living at the home.

Staffing levels have increased to meet the needs of the increased numbers of people. There are now 2 nurses and 10 carers on duty throughout the day, there are plans to increase to 12 carers per shift as more people are admitted. These numbers do not include the Manager who works full time in the home and two Activity Co-ordinators who work a total of 69 hours per week. Other staff are in place to support the operation of the home and include administrative, housekeeping, maintenance and catering staff.

There has therefore been a high level of staff intake since completion of the extension but people are being admitted to the home on a phased basis. The

objective is to allow people to settle and their needs known to staff before the next person is admitted. The AQAA states "We have a high intake of new residents who require time to settle and potentially affect the status quo of the community. We need to revise working practice i.e. how to best allocated staff to incorporate the new building whilst keeping the high standard we have set for the home in terms of care delivery and culture". This is well managed.

Staff members are encouraged undertake training beyond the basic requirements. The Company recognise the benefits of a skilled, trained workforce. Training was evidenced from the staff training matrix seen.

Being a specialist centre for dementia considerable training in dementia care is provided for all staff by a specialist training agency, approved by the Alzheimers Society. A recent course that included End of Life Care for people with dementia was held in the home and relatives were invited to the course too. One relative seen during the inspection said that she had enjoyed the course and found it extremely helpful. Several relatives attended.

All staff have training in the Mental Capacity Act and diversity. There was evidence of induction training to Skills for Care standards and over 80% of care staff are trained to NVQ2 or above. All Senior Carers have completed NVQ3 or 4. Two staff have completed NVQ4 and two more presently studying for the award. Another member of staff is studying for the Diploma in Dementia.

We saw a sample of staff files that showed robust recruitment practices were in place and included: criminal records checks, 2 written references, health checks and documentary evidence of identity and qualifications.

In relation to recruitment the AQAA states:

"We encourage residents to take part in the interview process with new staff, so that we assess how the candidate interacts with a resident. We ask the resident for their thoughts on the applicant, as they are the ones who will be receiving the care".

The annual supervision planner showed that all staff have supervision 6 times per year. Nursing staff have regular clinical supervision from the Manager.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

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

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

This is what people staying in this care home experience:

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

Standards 31 – 18 were inspected on this visit.

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

A well run and managed home with positive leadership that benefits residents and people living there can be sure of good standards and a high quality of life.

EVIDENCE:

The Registered Manager has been in post for 2.5 years. She is a nurse and has considerable experience in providing care for older people. She has

completed the required Registered Managers Award and recently obtained the Diploma in Person Centred Dementia Care.

The Manager takes a positive lead in the home and is readily available to people using the service, their relatives, staff and visitors. The AQAA states that she "visits all areas of the home every day". Her management style is open and inclusive. the home is run in the interests of the people living there.

There is a clear management structure showing how the organisation works and this is available to all staff.

There are regular audits in relation to Health & Safety, Fire Safety and a range of clinical practice. There is a current business plan and the home works within a specified budget. A quality assurance system provides feedback from people in the home and their relatives. Recently Quality assurance has been particularly directed at people new to the service. All relatives are invited to 3 monthly reviews of care. Relatives meetings are held 2 monthly, with additional ones for visiting speakers and a representative joins the monthly meeting with heads of the departments in the home.

Majesticare provides a good level of support to the home. All home managers meet together with the company's 4 Operational Managers. The Operations Manager for Lawton Rise visits 2 weekly and also carries out monthly visits required under Regulation 26 – these reports were seen and found to be comprehensive, reviewing and reporting upon a wide range of aspects of care and practice.

The Manager has undertaken Mental Capacity Act and Deprivation of Liberties Safeguarding training. This has been cascaded to staff. Requests for Independent Mental Capacity Advocates (IMCA's) have been referred for and appointed to two people. This is necessary where people who lack capacity to take important decisions and have no one except paid staff to advise or support them. They have been successful protecting the interests of people whilst making important decisions about their lives.

Record keeping is of a consistently high standard, records are secure and the Data Protection Act followed. Working practices are safe, supported with a range of policies and procedures updated regularly by the home and corporate provider. Staff are given practice handbooks and easy access to a wide range of training. Spot checks and quality monitoring systems provide management evidence that practice reflects the home's and the organisations policies and procedures.

The AQAA was received by us prior to the inspection and contained good information that has been supported in evidence during this inspection. It states that plans for improvement in the next 12 months will be "To complete

full occupancy of the new extension, maintaining high care delivery and a happy community”

SCORING OF OUTCOMES

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

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

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

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

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

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

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	4
13	4
14	3
15	3

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

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

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

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

Are there any outstanding requirements from the last inspection? NO

STATUTORY REQUIREMENTS

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

No.	Standard	Regulation	Requirement	Timescale for action
1	OP9	13(2)	The home must ensure that adequate stocks of prescribed medication are available at all times.	20/07/09

RECOMMENDATIONS

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

No.	Refer to Standard	Good Practice Recommendations



Care Quality Commission

Care Quality Commission

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