

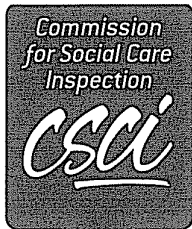


## **CLS CARE SERVICES GROUP**

## **INSPECTION REPORT DOCUMENTATION**

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Making Social Care Better for People

CSCI Merseyside Area Office 2nd Floor South Wing Burlington House Crosby Road North Waterloo, Liverpool L22 0LG

Tel: 0151 949 9540 Fax: 0151 949 9549

www.csci.org.uk



Mr Nick Dykes CLS Care Services Limited Pepper House Market Street Nantwich Cheshire CW5 5DQ

25 July 2008

Our Ref: WS/S70473

Commission For Social Care Inspection Care Standards Act 2000/Children Act 1989

Name of Home: Belong Macclesfield

Date of Visit: 23 July 2008

Time of Visit: 10:00 am

Dear Mr Dykes

I am writing following the above inspection when I was accompanied by Joan Adam, regulatory inspector. The reason for this inspection was to check whether requirements and recommendations made at the inspection on 3 January 2008 had been addressed, and to follow up concerns expressed by relatives. The outcome is as follows.

Choice of Home

Belong has a statement of purpose and a service user's guide, and copies of these are available in each of the houses and in the main communal area. However people living at the home and their relatives are not given their own copy of the service user's guide.

Regulation 5(2) of the Care Homes Regulations 2001 states that: The registered person shall supply a copy of the service user's guide to each service user.

Two relatives who contacted us said that they were not aware of how, or to whom, they should make a complaint. This is important information

that should be made available to all residents and their families as part of the service user's guide.

### **Willow house**

This unit, which provides intermediate care for up to eleven people, now has its own team of support staff and a registered nurse is on duty between 8am and 1pm. At present not all of the nurses are employees of Belong, but we were told that the nurse who was on duty when we visited was soon to become an employee, working between 8am and 3pm from Monday to Friday. This will provide greater continuity of care. The support staff we spoke with in this unit said that they had not received any training about rehabilitation.

Care documentation remains problematic due to trying to combine documents provided by health and social care professionals with the home's own care planning system and to avoid duplication. We looked at two care folders and found that, although it was difficult to work out what had been written by the home's staff and what had been written by visiting professionals, important information regarding the care of the two individuals could be found in the folders.

The storage of medicines had not improved and was unsafe. One of the medicine administration record sheets looked at had been hand-written and was not counter-signed by a second person to confirm accuracy.

### **Health and Personal Care**

We visited Willow, Oak, Poplar and Holly houses. Medicines storage and recording was good, with the exception of Willow, as detailed above.

Bedrails were seen in use only in Oak house. One person had a bed with built-in rails and they were also protected by a padded cover on the inside. The other two people had rails that were not well fitted to the bed leaving a space between the mattress and the bottom rail. The rails were several inches apart. This presents a risk of entrapment. The rails were not fitted with padded covers. The risk assessments did not show that the risk of entrapment had been considered when making the decision to use bedrails. For one person the rationale for the use of bedrails was that she had fallen out of bed in November 2007. The use of any restraint should be regularly reviewed and consideration given to whether there might be a better way to keep the person safe.

## **Complaints**

There was a record of complaints that have been received since the home opened. The file did not have an index so that made it difficult to track complaints. A letter of complaint dated 16 July 2008 had been received and was responded to on 22 July by the operations director who is supporting the home. A detailed written response had been sent to the complainant but there was no evidence that an investigation had been carried out. The response invited the complainant to a meeting, to which the home manager would also be invited.

The CLS complaints procedure that we were shown states that complaints should be addressed to the CLS customer feedback manager but this was not followed. The manager and the operations director agreed that the complaints procedure for Belong needs to be reviewed so it is clear for that home. People living at the home, and their relatives, need to be given the name of the person to whom they should address any complaints or concerns that they have, and this should be the home manager. They should also be given contact details of a more senior manager in the organisation who can be contacted if they are not satisfied with the manager's response.

## **Staffing**

The number of staff on duty in each of the houses has been increased during the day and at night and staff we spoke with felt more able to cope. Each house has been developing its own staff team and recruitment is continuing. Oak house currently has only six permanent members of staff and has a higher use of bank and agency staff. The manager told us that she is now using staff from only two agencies that have provided the best service and are able to ensure continuity of personnel.

## **Management**

The home has a new care manager and we have been informed that she is going to apply to be registered as manager with the commission. She is an experienced manager and is very enthusiastic about her new role. She has completed specialist training about the care of people with dementia. We have been told that CLS are recruiting a general manager for Belong who will have responsibility for the business functions of the village. However lines of responsibility between the care manager and the general

manager are not clear and we were concerned that the registered manager must be in day to day control of all aspects of the home that affect the people who live there as the registered manager has legal responsibilities for the service under the Care Standards Act and regulations.

Requirement 4 in the following table has been made as a result of this inspection. Remaining requirements were issued at a previous inspection and have not yet been met. Action must be taken to meet requirements as they are made under the Care Standards Act 2000. Recommendations are seen as good practice and should be given serious consideration.

Requirements				
No	Standard	Regulation	Required Action	Timescale for action
1	OP8	13(4)(c)	Risk assessments for the use of bedrails must be in place and regularly reviewed so that people are cared for safely in bed. Where bedrails are used they must be fitted safely and checked regularly. (Timescale of 25/02/08 not met)	25/07/08
2	OP9	13(2)	Suitable arrangements must be put into place to ensure that medicines are stored securely. (Timescale 25/02/08 and 31/03/08 not met)	25/07/08
3	OP9	13(2)	When printed instructions are not provided with medicines, staff must handwrite all the details from the medicine label onto the record sheet, which must be checked by a second person, and then	25/07/08

			both sign the record. This is so that staff have clear instructions how to give residents their medicines so they receive them safely as prescribed by their GP. (Timescale of 25/02/08 not met)	
4	OP16	22(1)(5)	There must be a complaints procedure for the service that is readily available for service users and their representatives and the complaints procedure must be followed when dealing with all complaints so that service users and their representatives can be confident that their concerns are handled properly.	31/08/08

<b>Recommendations</b>		
<b>No</b>	<b>Standard</b>	<b>Good Practice Recommendations</b>
1	OP6	Staff caring for people in the intermediate care unit should receive specialist training in rehabilitation so that people are enabled to maximise their independence and return home.
2	OP1	A copy of the service user's guide should be provided to each person living at Belong so that they and their families can have access to important information as and when they need it.

Reference to this inspection will also be contained within the next inspection report.

If you would like any advice about these requirements please contact me directly or Ann Gray, Regulation Manager.

This letter will not be published but will be made available on request to members of the public or other enquirers.

Yours sincerely

Wendy Smith  
Regulation Inspector

Inspection North West  
01772 730100

Copy to: Ann Gray Regulation Manager CSCI

We welcome your feedback to help us improve our service.  
Please feel free to contact the Customer Service Unit on  
0845 015 0120



Belong Macclesfield  
Kennedy Avenue  
Macclesfield, Cheshire  
SK10 3DE

T: 01625 508700  
F: 01625 508750

E: [enquiries@belong.org.uk](mailto:enquiries@belong.org.uk)  
[www.belong.org.uk](http://www.belong.org.uk)

13 August 2008

CSCI  
Merseyside Area Office  
2<sup>nd</sup> Floor South Wing  
Burlington House  
Crosby Road North  
Waterloo  
Liverpool  
L22 OLG

**For the attention of Wendy Smith**

Dear Sirs

**Belong Macclesfield**

Thank you for your recent letter dated 25 July. I would like to take the opportunity to formally respond to your requirements and recommendations.

**Choice of Home**

Following recent customer feedback we are now ensuring that each new resident receives their own bound copy of "Your guide to living in Belong Macclesfield" when they arrive in the village. Each household continues to have a copy available for anyone to view.

**Complaints Process**

There are copies of the CLS Customer Feedback procedure available in the entrance to the village along with the relevant section out of 'Your Guide to Living'. We also provide leaflets in reception.

Each household now has a customer feedback book within the entrance area and we actively encourage our visitors to provide feedback. Following a recent meeting with families we have decided to hold regular household meetings which will include families and friends of residents. Belinda Jones will lead on this process.

We are currently developing our annual customer satisfaction survey.

**Willow House**

The intermediate care team have provided some training for support staff and more rehabilitation training is planned. We are continuously improving Care documentation in partnership with the PCT. We have now put a counter signatory on Medication record sheets when they are handwritten to confirm accuracy.

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Storage procedures have been addressed and when wardrobes are used for storage of medication, keys are now kept secure.

#### **Health and Personal Care**

Bedrails – A review of the assessment was carried out on the same day of the visit and 1 rail was removed. For those residents using bed rails, protectors are in place.

#### **Complaints**

The index of complaints is kept electronically and was made available for inspection prior to the regulators' leaving the building. However, the offer to view this information was not taken up.

Regarding the complaint dated 16 July, an initial investigation had taken place prior to the letter sent on 22 July. However the purpose of the invitation to the meeting was to gather more information and to clarify concerns. We believe that our procedures were followed. This complaint is now resolved.

The electronic files demonstrated that the existing customer feedback policy for the CLS group is being followed. The Customer Feedback Manager and Operations Director are currently developing the Customer Feedback procedures in line with the Belong Values. It is our intention that every resident and family member will be clear on the process.

#### **Management**

We would like to confirm, as we discussed during the visit on 23 July, that the registered manager, Belinda Jones, is responsible on a day to day basis, for all aspects of care and support provided to residents living within our households and having been a registered manager for a number of years Belinda fully understands her legal obligations under the Care Standards Act and regulations.

I would also like to confirm that we have appointed our new General Manager, Simon Norris, for Belong Macclesfield. Simon takes up position on 8 September 2008.

Please do not hesitate to contact me should you require any more information.

Yours faithfully

Nick Dykes  
**Chief Executive**

