Care Quality Commission

Key inspection report

Care homes for older people

Name:	Holmewood Residential Care Home
Address:	Holmewood Lamplugh Road Cockermouth Cumbria CA13 0DP

The quality rating for this care home is:	one star adequate service

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

Lead inspector:	**Date:**							
Diane Jinks	2	3	1	0	2	0	0	9

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

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

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

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

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

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

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

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk 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 mission of the Care Quality Commission is to make care better for people by:

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

Reader Information

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Information about the care home

Name of care home:	Holmewood Residential Care Home
Address:	Holmewood Lamplugh Road Cockermouth Cumbria CA13 0DP
Telephone number:	01900828664
Fax number:	01900821958
Email address:	
Provider web address:	

Name of registered provider(s):	Lakeland Care Services Ltd
Type of registration:	care home
Number of places registered:	26

Conditions of registration:		
Category(ies) :	Number of places (if applicable): Under 65	Over 65
old age, not falling within any other category	0	26

Additional conditions:

The registered person may provide the following category of service only: Care home only - Code PC. To service users of the following gender: Either. Whose primary care needs on admission to the home are within the following categories: Old age, not falling in any other category - Code OP. The maximum number of service users who can be accommodated is: 26.

Date of last inspection	3	0	1	0	2	0	0	8

Brief description of the care home

Holmewood offers accommodation and care for up to 26 older adults. The home is decorated and furnished to a good standard, is pleasant and comfortable. All of the bedrooms are for single occupancy, but one can be used for two people sharing if requested, they are spacious and individually decorated and furnished. All of the bedrooms have an en-suite toilet and bath or shower. The home has several communal lounges and a dining room. There is a passenger lift, a platform lift to assist with three stairs, handrails, grab rails and a range of equipment to assist people in their day-to-day lives. The home is set in large well-maintained gardens, including a vegetable

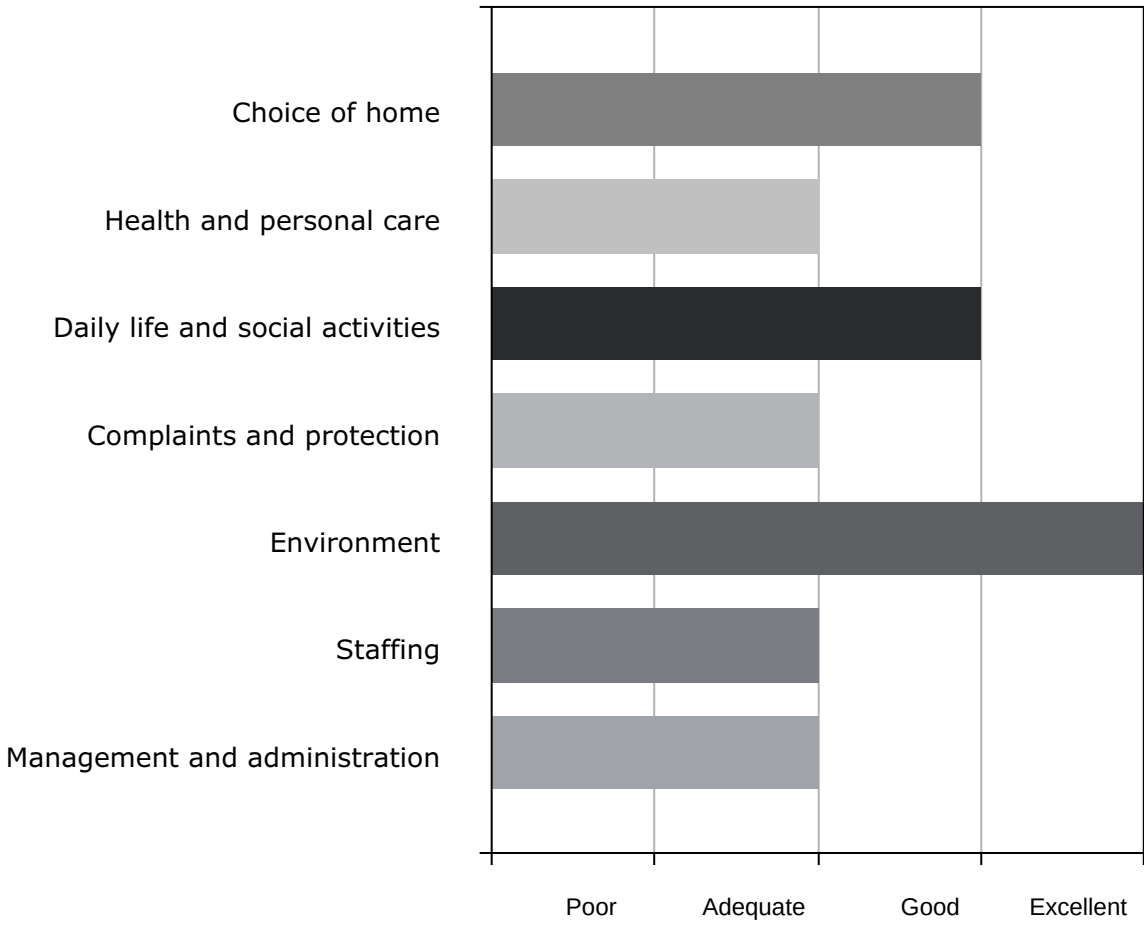
Brief description of the care home
garden seating areas and a large car park. Further information about the home and the services provided can be obtained from the manager at Holmewood.

Summary

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

The quality rating for this care home is:	one star adequate service

Our judgement for each outcome:



How we did our inspection:

The inspection of this service takes into account all of the information we have received since the last inspection. We sent surveys to some of the people that live and work at this home in order to obtain their views about Holmewood. The inspection included a visit to the home. We looked at a variety of the records that the home is required to maintain. We looked around the home to assess the general environment and living accommodation provided to people that use this service. During our visit to the home we spoke to some of the people that live and work at Holmewood, including the deputy manager. The registered manager also completed an annual quality assurance assessment (AQAA) and returned this to us. The information recorded in the AQAA provides us with information about the service and helps us to check the information we gather during the visit to the home.

What the care home does well:

The home provides an excellent and comfortable environment for people to live in. It is warm, clean and decorated to a high standard. People using this service told us that the home is always clean and fresh. One of the people we spoke to during our visit to the home said; 'the home is always clean and never smells. My friend is very happy and content here'.

The home also provides a variety of stimulating activities and entertainment for the residents and sometimes their families and friends. People told us that there were interesting things for them to do, if they wished to join in. Residents commented on the food provided at the home. They said that it was nearly always very good, with plenty of choice and variety. One person said; ' it's like a hotel, the food is very good.' One of the visitors we spoke to told us that they were always welcomed in the home and 'looked after very well.'

People using this service particularly commented on the attitude and kindness of staff working at the home. Examples of their comments include: ' I am very happy here, it is my home,' 'the staff are very caring, kind and helpful,' 'the staff have a lovely attitude and are very attentive.'

The home experiences a low turnover of staff with many of them having worked at the home for a number of years. This helps to ensure people using this service receive consistent support from people they know well and trust.

People living at Holmewood and their families and friends are asked to complete satisfaction surveys. Informal meetings are frequently held, which provide another forum for people to have their say. These things help the manager to see what the home is doing well and where further improvements might need to be made.

What has improved since the last inspection?

Further improvements to the information contained in individual care plans were noted, particularly around the risk assessment process. Some nutritional assessment has started to be implemented too. However, there are still some gaps that need to be addressed.

The manager has made improvements to the way in which medication is stored. This has helped to ensure that medicines are secure and stored in line with legislation.

Staff have undergone more training over the last year and they tell us that this has helped them with their work and helped them to understand some of the specialist needs of people using this service. Staff told us; 'staff are fully trained in all aspects of the job.' Another said, 'we are provided with all relevant training and updates relating to care to help ensure all residents needs are met.'

Improvements to the environment at the home are also in progress. All of the private bedrooms have en-suite facilities. However, some of them have baths that are not always accessible by the people that live there. These are now being replaced with showers that people will be able to access independently or with minimal support from staff.

What they could do better:

At our last inspection of this service we required the manager to make improvements to various matters related to the safe operation of the home. Some of these requirements have not been met resulting in us repeating them.

Particular areas include care plans, especially where people have specialist requirements such as behaviour that may be aggressive or challenging or medical conditions that may at times need emergency treatment. Care plans relating to nutritional needs also need to be improved to help ensure nutritional intake is properly monitored and people receive professional advice and support as soon as necessary. We also found that care plans are not always updated as quickly as they should be when people's needs change. This could result in people not receiving the care and support they require.

There are some gaps in the procedures designed to protect people living at the home from the risk of harm, abuse or being supported by unsuitable staff. The manager needs to review the processes in place for reporting incidents of possible abuse. This will help to ensure that the responsible agencies decide whether or not a situation is related to 'safeguarding' and requires further investigation.

Similarly, the processes for recruiting new care staff also need to be reviewed to ensure that the home's procedures are correctly followed and new staff are recruited safely.

The manager must make sure that we (Care Quality Commission) are notified of every event that adversely affects the health and well being of people using this service. She must also ensure that in the event of an accident occurring, proper records are maintained.

We noted that some of the communal areas of the home do not have call bells that are easily accessible to people using this service. This means that they are not always able to summon the help of staff when they need it. The manager should give consideration as to how this situation can be resolved.

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

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

Details of our findings

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Choice of home

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

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

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

This is what people staying in this care home experience:

Judgement:

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

People using this service have an assessment of their care and support needs before they move into the home. This helps to ensure that the home will be suitable and able to meet their needs and expectations.

Evidence:

The home produces a Statement of Purpose and Service User Guide. These documents provide people with information about Holmewood and the services it can provide. Prospective residents are able to visit the home and discuss their care needs with the manager and the staff.

The manager also carries out a pre-admission assessment with the prospective resident and their relative or representative, if they wish. This initial assessment covers people's mental awareness, memory loss, depression and any history of aggression but does not take into account their needs in relation to general daily living activities. This is an area that the manager could improve upon to ensure the

Evidence:

assessment covers all aspects of a persons individual care needs.

Where people are referred to the home by their social worker, the manager ensures that a copy of their assessment is obtained too. This information helps to make sure that the home will be suitable and able to meet the needs and expectations of people wishing to use this service.

When people move into the home they are given a copy of their contract. This provides them with information about the terms and conditions of their stay at Holmewood.
The manager has identified that further improvements could be made to the admission process to help prospective residents get a 'flavour of life at Holmewood.'

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

Care plans at the home do not always reflect the current care and support needs of people using this service. This means that people may not always receive the care and support they need.

Evidence:

We looked at a sample of four care records during our visit to Holmewood. At our last visit to the home we asked the manager to ensure that everyone using this service had a detailed and up to date plan of their care needs and of how those needs would be met. The manager told us that care plans are developed from the pre-admission assessment and that all aspects of people's health and social care needs are taken into consideration.

We found that some improvements to care plans and care records have been made. These are not consistent and there are still some gaps in the care planning process. We also found that care plans are not always reviewed and updated in a timely manner.

Evidence:

Care records include information about the level of assistance people need with their daily living activities. They are developed and written in a way that recognises and encourages people to be as independent as possible. Residents or their relatives, have signed to confirm that their care plans have been discussed with them.

The plans contain some element of risk assessment, including the risks associated with falls or poor mobility. Nutritional assessments are also undertaken, although these are not always as detailed as they should be. For example one person is recorded as being overweight, continuing to put on weight and of having raised cholesterol levels. The care plan does not include strategies for monitoring or helping this person to manage their dietary intake.

Another person's records show that they have lost weight and the information recorded in their care plan about eating and drinking does not reflect their current needs. Food and fluid intake records have not been completed properly and there are frequent occasions recorded where food has been refused, with nothing to indicate what has been done to help ensure that good nutrition is maintained.

There is no indication on either of the records to show that professional advice and guidance has been sought. This places people at risk of receiving poor or inappropriate nutrition.

Some people have medical conditions that could, at times require emergency treatment or first aid, whilst others may sometimes display behaviour that may be aggressive or challenging. There is insufficient, detailed information in their care plans to help ensure staff manage these matters safely and effectively.

People using this service told us and daily records confirm, that people have access to other health care professionals such as doctors, community nurses, chiropodists, dentists and opticians. People are also supported to attend hospital appointments if necessary.

We looked at the way in which medication is managed at the home. There are policies and procedures in place and staff receive training in the safe handling and administration of medication. We looked at a sample of the medication administration records and at the storage arrangements in place at the home.

We have previously asked the manager to ensure a suitable and secure cabinet is obtained for the safe keeping of controlled drugs. The home now has such a cabinet, which complies with current legislation. We found that medications at the home are

Evidence:

generally stored safely and securely, although we did note that on one occasion during our visit, the medication trolley had been left unattended and unlocked, whilst the staff member was in the dining room opposite administering medication. This is poor practice. Medication should always be kept secure to avoid errors and accidents.

We looked at a selection of medication records during our visit. We found that they are maintained accurately and up to date. Where special instructions have been made by the doctor, these have been followed carefully.

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.

People are provided with suitable social and leisure activities to help ensure they live a fulfilling and enjoyable lifestyle.

Evidence:

The manager told us that the home has a full entertainment and activity programme each month. We saw the programme for the forthcoming month. This included trips out, visits to the home by singers and cabaret artists, party nights, whist drives (with sherry) and spontaneous activities in the home such as dominoes, card games and bingo at the request of residents.

There are two main lounge areas in the home. One is generally quieter and used for music, the other has a large, modern television. During our visit some of the residents were actively watching and discussing some of the TV programmes. They also commented on the lovely attitude and attention of the staff, although they did wonder where the coffee and biscuits had got to! They said that the 'staff are very kind and look after them very well; they give us tender loving care.'

After lunch some people rested in their own rooms or in one of the lounges. Some people read the newspaper or a magazine. Later the staff organised a game of bingo

Evidence:

and people either joined in or observed the event as they choose.

We observed the serving of the lunchtime meal. The dining room was nicely laid for lunch, table cloths and napkins, providing a very pleasant and relaxed area for people to eat their lunch in. Some people choose to eat their meals in their own room. The lunch time meal was nicely presented and people were offered a choice, there were hot and cold drinks available. The staff offered support and encouragement, in a sensitive manner, to people who needed it.

The menu for the week is on display outside the dining room. However, the residents we spoke to didn't know it was there. Consideration should be given to how the menu is presented and displayed so that it is more easily accessible to the people who use this service. The menu does show that there are choices for lunch and tea, including a hot choice and there is plenty of variety at breakfast including cooked options.

We observed staff supporting residents during our visit. They supported people well and with thought and kindness. They helped people to transfer into comfortable lounge chairs after they had chosen where they would like to sit. Where necessary, staff used handling equipment and explained to the resident what was happening to help reduce anxiety. Staff handled people carefully and ensured that people's dignity was preserved by making sure clothing was put straight and tidy.

Some of the people we spoke to during the visit to Holmewood said; 'One of my relatives lives close by and I am able to walk to their home myself. I like to go out for a walk. Staff are very good and caring. I can have a bath when I wish and I am most impressed with the specialised bath, it makes it easy for me to bathe.'

They told us; 'there are activities and games going on at the home and I can join in if I wish. I am very happy with the home and have no complaints.'

Another person said; 'I am very happy here. I have no complaints at all - it's like being at home.'

A visitor to the home that we spoke to said; 'I am very pleased with the care home. It is much better that some of the others I visit. It is always clean and never smells. The food is very good it is like a hotel, I can have a meal with my friend here if I like, they often invite me to stay. The staff are very good to visitors and always make them tea or coffee and biscuits at least. My friend is very settled here and happy and content. The staff are very caring, kind and helpful.'

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

There are some gaps in the safeguarding and protection processes in place at the home. This potentially places people using this service at risk of harm and of being supported inappropriately.

Evidence:

The home has a complaints process in place and people using this service tell us that they know who to speak to if they have any concerns. We have not had any complaints raised with us about the home. The manager told us that she has not received any complaints either. There is a recording process in place at the home to help monitor any complaints that the manager may receive. We looked at the record book. It shows that the home mainly receives suggestions and compliments. Where minor concerns have been raised, they have been dealt with straight away.

At our last inspection of this service we asked the manager to make sure that people using this service were properly protected from the risks of suffering harm or abuse.

We found improvements in the staff training. Training records show staff have received training in safeguarding of adults (abuse) and the staff we spoke to confirm this. They know to report any concerns to the manager. Some staff have also received training in dementia care and awareness to help them understand the illness and the needs of residents who may have this condition.

Evidence:

The manager told us that senior staff at the home have also undertaken training to help them understand the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards legislation. There are some information booklets at the home about this important legislation. The manager should also obtain a copy of the MCA Code of Practice to help ensure that the correct protocols are followed and people using this service are protected.

There are some gaps in the safeguarding processes in place at the home.

The safeguarding procedures in place need to be reviewed and updated to meet the requirements and guidance of the Independent Safeguarding Authority and the local authority's safeguarding guidelines. The procedure must clearly identify that social services take the lead role in making decisions about safeguarding.

We found that that the manager does not always ensure that we are notified of incidents and accidents, as required, about events that adversely affect the well being of people that live at Holmewood. We saw evidence of incidents that should have been referred to the social worker for further investigation, but there was no evidence to confirm that this had been done.

The home has now developed a policy on the recruitment of ex-offenders to help ensure that only suitable people are employed as care workers. The recruitment of staff includes criminal record bureau (CRB) checks, protection of vulnerable adults (POVA list)checks and reference checks, but these are not always carried out before a person commences work at the home. This places people using this service at risk from harm.

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

The home is maintained to a high standard. This helps to make sure that people living at Holmewood are provided with a safe, warm and comfortable home.

Evidence:

Holmewood provides a warm, comfortable and safe environment to the people that live there. The home is well maintained, furnished and decorated to a high standard. There are laundry assistants, housekeepers and a general maintenance person employed at the home. These people help to make sure that the environment and hygiene at the home is kept to a good standard.

There are various communal areas at the home for use by residents, including two comfortable lounges, a small designated lounge for those residents who wish to smoke and a pleasant dining room. All of these rooms have views out into the large garden.

All of the private bedrooms used by residents have en-suite facilities, with either a bath or shower. The baths in the private rooms are difficult for most people to access. The manager told us that there are plans to replace some of them with showers, which will be easier for people to access and help them maintain their independence. We looked at some of the bedrooms at the home. These too are also well maintained and furnished. People are able to bring in some of their own possessions to help personalise their own space.

Evidence:

There is equipment at the home to help people with their mobility. Handrails are fitted throughout the corridors, there is a passenger lift to the first floor and handling equipment such as hoists are available to help staff transfer residents safely. The home has a specialised bath that residents can easily access. Many of the people we spoke to told us about this bath and how much they enjoyed using it.

There are call bells in the bedrooms of residents and in communal toilet/bathroom areas. However, we noted that there was no easily accessible means of summoning help in the communal lounges. We saw one person needing assistance, they called out for staff but were not heard. We went to find a member of staff to come and help this person. The manager needs to ensure that there are accessible call systems provided in every room.

The manager provided information about the servicing of electrical, gas and central heating appliances. She also told us that there are infection control policies and procedures in place at the home and that many staff have received training in this subject. These measures also help to ensure that the home is safe and hygienic for the people that live there.

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

Staff receive training to help them do their job well and safely. There are gaps in the recruitment process which may place people using this service at risk from unsuitable care staff.

Evidence:

The manager told us that staffing levels are adjusted to meet the changing needs of the people that use this service. Sometimes they are increased in order to allow more one to one time with residents. Many of the staff at the home have worked there for a long time and there is a low staff turnover. This helps to ensure that people using this service receive consistent support from people they know well.

The staff participating in the inspection of this service told us that there are always enough staff on duty to meet residents needs. One person did tell us that this is an area that could always improve so that more time could be spent with residents.On the day of our visit there appeared to be a sufficient number of staff on duty, but they were very busy throughout the day, attending to care needs and activities. Another member of staff said; 'there are not usually staff shortages. If we have residents that are ill extra staff can be brought in. Managers are very good really and always try their best with staffing matters.'

Some of the people that use this service told us that the staff 'were very good, caring,

Evidence:

kind and helpful.' Another person said; 'we get very good attention from staff, they have a lovely attitude and look after us very well.'

The manager provided us with information about staff qualifications, in particular National Vocational Qualifications (NVQ). Most of the staff at the home have achieved NVQ level 2 with others achieving level 3 in care. Housekeeping staff are included in the NVQ programme and undertake this qualification in the relevant subject.

At our last inspection of this service, we identified some shortfalls in the staff recruitment processes and we required the manager to make improvements. A policy and procedure has been developed in respect of the employment of people who may have a criminal record and CRB checks are undertaken as part of the recruitment process.

We looked at the recruitment policy and procedures in place at the home. It is written with equality and diversity in mind and states that people must complete application forms to aid the assessment of their suitability and attend for an interview. It provides clear instructions regarding the checks that must be carried out, such as CRB checks and seeking references.

We looked at a sample of staff recruitment files. We found that application forms are not always completed as required. We also found that previous employment histories are not checked with applicants and that suitable references are not always obtained before the person starts to work at the home. Failure to make these checks place people using this service at risk of receiving care from unsuitable care staff.

The manager told us that there is a staff training and development plan in place at the home. Staff receive induction training, including 'shadowing shifts' when they first start to work at the home. We looked at a sample of staff training records. They show that staff have undertaken recent training in a variety of subjects to help ensure they work safely and understand the needs and requirements of the people they care for. Core training subjects such as manual handling, fire prevention, basic food hygiene, infection control, first aid and safeguarding adults (abuse)have been undertaken. We found that some staff have undertaken additional training to help them understand some of the specific needs of people using this service, for example; dementia awareness, diabetes, nutrition and the prevention/care of pressure sores.

The staff participating in the inspection process told us that they are 'provided with all relevant training and updates.' One person said; 'staff are fully trained in all aspects of their job to help ensure people's care needs are met.' Another member of staff told

Evidence:

us; 'I feel up to date with my training now. There has been a lot of training provided and I take every opportunity to attend. The dementia training was very interesting and helped me understand the changing needs of some of the residents we look after.'

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

The home is generally run with the best interests of service users in mind. There are some gaps in procedures, reporting and record keeping, which may at times compromise the health safety and welfare of people using this service.

Evidence:

The home is run by a qualified and experienced manager who is registered with us, the Care Quality Commission. She is supported in her work by the directors, general manager and the deputy manager at the home.

The manager completed the AQAA when we asked for it and provided us with information about the home, including where improvements have been made and the plans for further improvement over the next twelve months. We found that some of the information provided in the AQAA did not accurately reflect the situation at the home, in particular the areas regarding safeguarding adults and staff recruitment.

The home operates a customer satisfaction system, which involves obtaining the views

Evidence:

of residents, their relatives and visitors to the home. Resident's meetings are held on an informal basis but do help to ensure people using this service have a say in how the home is run. The information gathered in this way helps the manager to review the service and make improvements where necessary.

During our visit to the home we looked at the way in which staff are supported to do their work. We found that staff receive regular supervision and support from senior members of the management team. New staff are supervised and have their practice monitored. Supervision helps to ensure that staff work to the policies, procedures, aims and objectives of the service. It also helps the manager to identify any shortfalls there might be in staff training and development needs. Staff told us that they receive regular support from the manager and are able to discuss things with her.

We looked at a selection of the policies and procedures in place at the home and at a sample of the records that the home is required to keep. We have discussed these in the relevant parts of this inspection report.

We found that people using this service have risk assessments in their care plans. These help to identify areas where people may be at risk of harm or injury and generally provide strategies to help reduce and manage those risks.

We looked at the way in which any accidents are recorded and reported. From the sample of records we looked at and from the information we have received from the home, it is apparent that not all accidents are recorded. In addition, the manager does not always ensure that we are notified, as required, about events that adversely affect the well being of people using this service. We have previously asked the manager to make improvements to this matter.

The manager has told us that there are procedures in place to manage the control of infection and staff have received training in this subject. The home has developed an action plan to help ensure the home continues to operate as safely as possible in the event of a pandemic situation.

At our last inspection we made some requirements to help ensure that improvements were made to the service. The law requires the manager to implement the requirements we make. We found that there are requirements that have not been properly implemented and we have had to make some repeated requirements as a result.

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
1	7	13	People using this service must have a comprehensive plan of how their care and support needs will be met and managed safely. Care plans provide the basis to ensure appropriate care and support is give to each individual. Where people have specialist needs, clear strategies and plans must be in place to help ensure that staff manage situations safely.	15/12/2008
2	7	15	People using this service must have a comprehensive and up to date plan of their care needs and requirements. The plan must set out in detail the action that needs to be taken by staff to ensure that all aspects of their health and social care needs are met and the outcomes achieved. Any changes to the service users needs must be clearly recorded in the plan. (Previous timescale of 31/01/07 not met).	01/12/2007
3	18	13	Arrangements must be made to ensure that people using this service are protected	15/12/2008

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
			from suffering harm or abuse. People using this service must be safeguarded from abuse, neglect and harm. All allegations or incidents of abuse must be followed up promptly and relevant authorities notified.	
4	29	18	The staff recruitment practices and procedures used at the home must be reviewed to ensure that people using this service are protected from any risk of harm. Amendments must be made in line with current legislation and good practice to ensure that proper checks are made and references obtained prior to staff working at the home. (Previous timescale of 31/01/07 not met).	01/12/2007
5	29	19	You must ensure that there are robust recruitment and selection procedures in place. People using this service must be protected as far as practicable from people who may be unsuitable to work in a care setting.	15/12/2008
6	37	17	The records required to be kept by regulation and in relation to the protection of people using this service must be maintained	31/12/2008

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
			accurately and up to date. Accurate record keeping helps to ensure that the rights and best interests of people using this service are protected and promoted.	
7	37	17	Records must be maintained and up to date to help ensure that people using this service are kept safe and receive the care and support they need. This includes staff recruitment records, training records, care plans and health and safety risk assessments. (Previous timescale of 31/01/07 not met).	31/12/2007
8	38	37	You must ensure that the Commission for Social Care Inspection is notified of any event that adversely affects the health and well being of any person using this service. You are required by law to notify CSCI of such events. This information helps to inform the judgements made by CSCI regarding the quality of the service.	15/12/2008

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	7	15	People using this service must have a comprehensive and up to date plan of their care needs and requirements. The plan must set out in detail the action that needs to be taken by staff to ensure that all aspects of their health and social care needs are met and the outcomes achieved. Any changes to their needs must be clearly recorded in the plan. Care plans provide the basis to help ensure people receive the care and support they need.	31/12/2009
2	8	13	You must make sure that people using this service have full and detailed assessments of their nutritional needs and requirements. Where issues are identified, appropriate	31/12/2009

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
			professional advice and guidance must be obtained. It is important to maintain the health and well-being of people using this service. Failure to take appropriate nutrition can result in serious consequences for health.	
3	9	13	You must ensure that there are safe procedures for the administration and storage of medication. Medication must be stored securely at all times to help ensure that people using this service receive only the medication prescribed by their doctor and as he intended. Securely stored medicines help to reduce any risk of errors being made.	30/11/2009
4	18	13	Arrangements must be made to ensure that people using this service are protected from suffering harm or abuse. People using this service must be safeguarded from abuse, neglect and harm. All allegations or incidents of abuse must be followed up	30/11/2009

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
			promptly and reported to the relevant authorities.	
5	29	19	A robust procedure for the recruitment of staff must be in place and followed. People using this service must be protected as far as practicable from people who may be unsuitable to work in a care setting.	30/11/2009
6	37	17	The records required to be kept by regulation and in relation to the protection of people using this service must be maintained accurately and up to date. Accurate record keeping helps to ensure that the rights and best interests of people using this service are protected and promoted.	31/12/2009
7	38	37	The Care Quality Commission must be notified of any event that adversely affects the the health and well being of people using this service. You are required by law to notify CQC of such events. This information helps to inform the judgements made by CQC regarding the quality of the service.	30/11/2009

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	3	The homes pre- admission assessment should include an assessment of all daily living activities such as personal care, communication, mobility, social interests and personal safety. This information would help to ensure that people's needs and expectations are fully explored, recorded and will supplement the information provided by the person's social worker.
2	12	Consideration should be give to the provision of meaningful, social stimulation for people who are confined to their rooms for whatever reason, taking into account their individual interests and hobbies.
3	15	Consideration should be given to producing menus in a more appropriate format so that they are easily accessible to the people that use this service.
4	22	Serious consideration should be given to installing an accessible alarm/call system in every room. This will help ensure that people using this service are able to attract the attention of staff quickly, when needed.
5	31	The registered manager should ensure that the home operates to meet its stated purpose, aims and objectives and complies fully with the policies and procedures it has in place.

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