Commission for Social Care Inspection

Making Social Care Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	The Conifers Nursing Home
Address:	16-18 Johns Lane Great Wyrley Walsall West Midlands WS6 6BY

The quality rating for this care home is:	three star excellent service

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

Lead inspector:	**Date:**							
Mandy Beck	0	7	0	4	2	0	0	9

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

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

The Commission for Social Care Inspection aims to:

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

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

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	The Conifers Nursing Home
Address:	16-18 Johns Lane Great Wyrley Walsall West Midlands WS6 6BY
Telephone number:	01922415473
Fax number:	01922411388
Email address:	info@conifersnursinghome.co.uk
Provider web address:	

Name of registered provider(s):	Sovereign Healthcare Associates Limited

Type of registration:	care home
Number of places registered:	40

Conditions of registration:		
Category(ies) :	Number of places (if applicable): Under 65	Over 65
old age, not falling within any other category	0	40
physical disability	40	0

Additional conditions:
The maximum number of service users who can be accommodated is: 40
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: Old age, not falling within any other category (OP) 40 Physical disability (PD) 40

Date of last inspection								

Brief description of the care home
The Conifers is a nursing home situated in Great Wyrley, close to Cannock and Walsall. It is accessible by all major road and rail networks and a regular bus service. The home is a two-storey building, purpose-built in 1986 and located in a built-up housing

Brief description of the care home

estate with adjacent parking. The home has single and double bedrooms, most of which have en-suite facilities. There are two lounges and two dining areas, plus a quiet room. Other services include a hairdressing room, and garden/patio facilities. All areas of the home have access via stairs and passenger lift. There is also an annex housing a training and office suite, extensively used as a nationally accredited staff training school.

The fees the home charges are not included in the service user guide, people are requested to contact the home for this information.

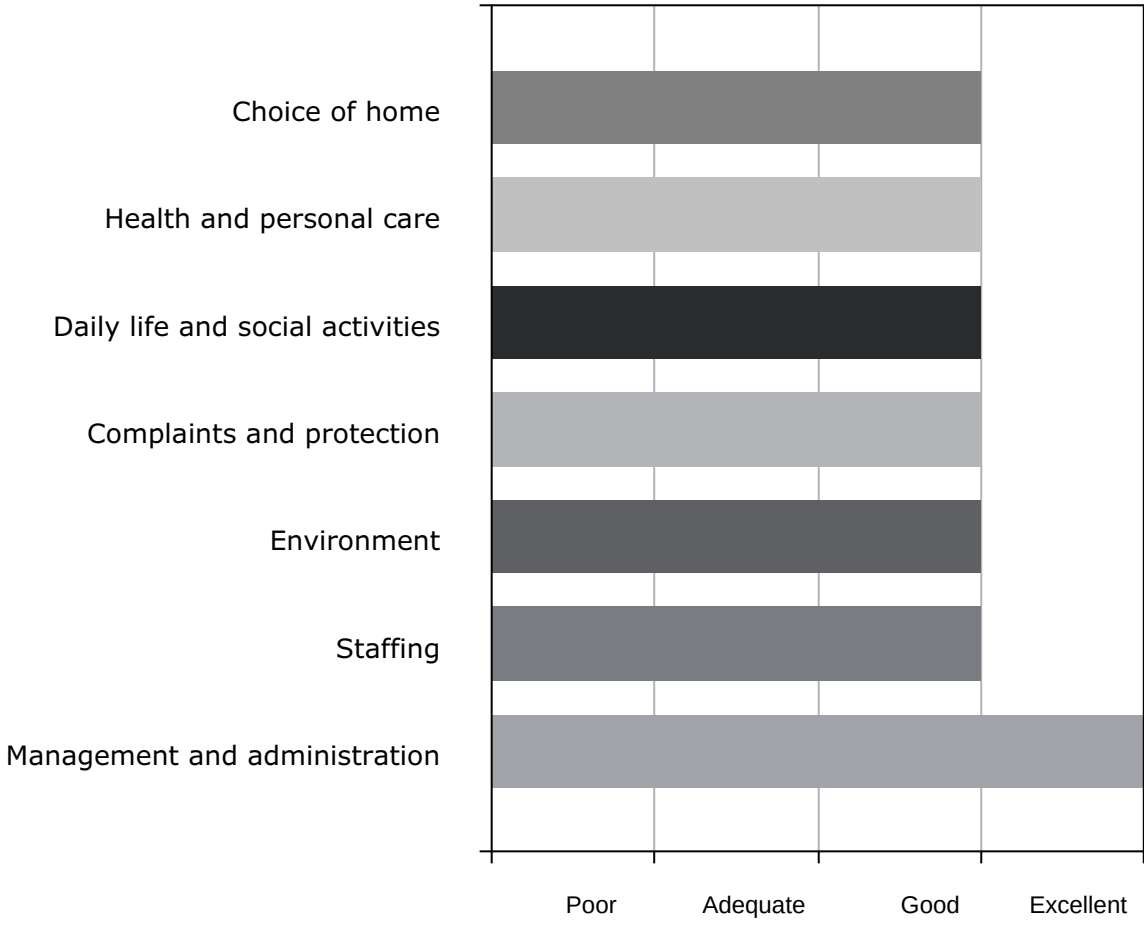
A copy of the most recent inspection report is available in the reception area of the home for people to read.

Summary

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

The quality rating for this care home is:	three star excellent service

Our judgement for each outcome:



How we did our inspection:

This was an unannounced inspection of the service and took place over one day by one inspector.
We looked at all the information that we have received, or asked for, since the last inspection. This included the Annual Quality Assurance Assessment (AQAA) that was sent to us by the service. The AQAA is a self assessment that focuses on how well outcomes are being met for people using the service. It also gave us some numerical information about the service. We have looked at information we have about how the service has managed any complaints. What the service has told us about things that have happened in the home, these are called "notifications" and are legal requirement. We have looked at the last key inspection report and the result of any other visits that we have made to the service in the last 12 months. We have used relevant information from other organisations. We spent time talking to people who use the service and to the staff who support them. We looked, in depth, at the care of three people who use

this service. This is part of our case tracking process and helps us make judgements about the services's ability to meet people's needs.

What the care home does well:

The home provides good sources of information for people to help them make up their minds about living in the home. People told us "I visited the home unannounced and on three occasions and was made to feel very welcome and impressed by the attitude of the staff and congenial atmosphere".
Each person living at the home will have their needs assessed and care planned.
People received prompt medical attention. We have been told "My mother receives a good level of support and care in the home", "staff are quick to respond to any medical treatment".
Meals are generally good and people are happy with the choices they have.
The home has a positive approach to complaints. People said "I am very thankful my mother lives here, the staff are friendly and mostly help you sort out any problems", and "on the odd time we have made a complaint it has been dealt with promptly".
The home is very clean and welcoming. People said "it is always spotless, my mum's room is cleaned every day the home is always fresh and clean".
The home is run in the best interests of the people living there. People can expect to be consulted about the home and the service they receive.

What has improved since the last inspection?

The home has made improvements to the infection control procedures. This will help reduce the risk to people living in the home.
The home has improved the activity provision. People now have more choice of activity with more being planned.

What they could do better:

The home needs to develop a more individualised approach to care planning. Current care plans do not lend themselves to individualised planning.
We have made good practise recommendations in relation to medication administration.

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

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

Details of our findings

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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.

The home offers good sources of information to people to help them make decisions about living in the home. People can be assured that the home will assess their needs in full before they are admitted.

Evidence:

The home provides good sources of information for people. Both the service user guide and statement of purpose have all of the information needed in order to help people make up their own minds about moving into the home. We have recommended the home includes the range of fees it charges for residency and any added extras in the service user guide. The manager also told us that people are aware of the fees they are expected to pay because they are all given a contract and terms and conditions when they move into the home.
We looked at the needs assessments of three people living in the home as part of our case tracking process. We found that each person was visited either at home or in hospital prior to their admission. This gave both the person and the home the

Evidence:

opportunity to discuss their needs and whether or not the home could meet them. We have recommended that more information be included in people's assessments. For example the home had recorded in one person's assessment of their personal care needs "needs full assistance". It may be better for the person if the home had recorded what "full assistance" is needed so that all staff could be very clear about the care to give people.
We spoke to people about moving into the home. They told us "they are very good, they make sure that everything was right for me". We asked if people had a chance to visit the home before they made their decision about moving in. People said "I visited the Conifers on at least three occasions and was made to feel welcome and impressed by the attitude of the staff and the congenial atmosphere". "My daughter came in my behalf and what a good choice she made".
The home does not provide intermediate care services.

Health and personal care

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

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

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

People living in this home can feel confident their healthcare needs will be met.

Evidence:

As part of our case tracking process we looked at the care of three people during this inspection. Each person has their own risk assessment for the use of bed rails, moving and handling needs, pressure sore development and nutritional screening. These documents help staff identify those people at risk and to take necessary action to reduce the risk for people. Risk assessments we saw had been completed but staff were not always recording when they had been reviewed. We looked at care plans for people, we found them to be preprinted and not necessarily offering an individualised approach to care planning. It can be hard to offer person centred care when care plans are all the same for each person. We have asked the home to consider reviewing this. The manager told us that this is already in process and should be introduced in the near future.
We looked at a care plan for one person who needed extra care during mealtimes. There were two care plans and both contained different information but all were relevant to the care of the person. We have recommended the home put all of this

Evidence:

information in one care plan. This will be easier for both the person and staff to follow. Other care plans needed more description of the care to be given. For instance one person had a left sided weakness as a result of a stroke, this would have an impact on the way in which care staff assist the person but this had not been included into the care plan. Staff had recorded "encourage to do a much for herself as possible" but there were no details as to what that is or what encouragement staff should give.
The home does complete a nutritional screening tool for each person. This will help them to identify those people at risk and take appropriate action. We saw in one person's case this had happened, they had been referred to the dietician for advice and support with unplanned weight loss. The home does need to improve the way in which it is weighing and recording people's weights. In one care plan we saw "weight to remain stable" but we found no recorded weight for this person. In another case the home had not recorded one person's weight since October 2008, when we asked staff about this, they told us "the person can't get onto the scales to do it anymore". We discussed this with the manager who told us the home has weighing scales to attach to the hoist. We recommend the home begins to record the weight of people on a regular basis so that they can take action for any unplanned weight loss/gain.
Each person is assessed for their risk of developing pressure sores. We saw that where the home had determined the risk was high for people, they had been provided with the pressure relieving equipment they needed. Each pressure sore risk assessment is kept under regular review by the home and where necessary the home will seek the support and advice from the tissue viability nursing service.
People are assessed by the home for their risk in moving and handling. We saw that these risk assessments had been updated regularly and had included changes in people's conditions. Concerns have been raised recently about one unexplained injury and some bruising to a three residents. This is currently being investigated by the local authority. We have determined through this inspection, the staff are aware of people's needs in relation to moving and handling. The home has ten trained moving and handling trainers to make sure that good practise is continued.
People have access to specialist medical nursing when they need it, as well as regular appointments with the dentist, opticians and chiropodist. Each person is registered with a doctor. People told us "staff are quick to respond and act on several occasions for medical treatment", "I am very thankful for the care my mother receives a good level of support and care in the home".
We looked at the medication systems the home has in place. There are good systems in place for the ordering, receipt and safe storage of medication. We were made aware of concerns in by one relative who told us they had to wait a number of days for pain relief to be obtained by the home for one person. The home has investigated this with the local authority and the situation has been resolved. The home is working with the dispensing pharmacist to make sure that this doesn't happen again.

Evidence:

We looked at the administration of medication and we have made some good practise recommendations. We saw handwritten entries on the medication administration record (MAR) with no staff signature. It is recommended that two staff sign these entries to reduce the risk of errors in transcribing occurring. Staff should also record the date of opening on short life medications such as anti biotics and eye drops. We looked at the storage of controlled drugs in the home. The home has appropriate storage facilities and is keeping accurate records of all controlled drugs administered. We noticed in the medication trolley that medication for one person had been dispensed into a pot and left in the trolley. We checked the MAR sheet for this person and found staff had recorded they had given this medication. This is not good practise and must stop.

People in this home told us they felt as though staff were kind and considerate of their needs. One person said "they don't rush you, let you take your time" another said, "the staff are very kind and very friendly". We spoke to care staff who confirmed that they are given training during their induction about meeting and supporting people's need for privacy and dignity in the home.

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.

The home is supporting people to lead an active life. They are developing the activity provision they have on offer for people to take part in. Meals are varied and offer people choice a meal times.

Evidence:

The home has improved the choice of activities on offer for people to take part in. During this inspection we saw a music and movement session which people seemed to particularly enjoy. One person said " it gets your arms and legs moving its good". Other activities on offer include skittles, bingo, cards, singalongs and quizzes. For those people who spend a lot of time in their own rooms the home also offers some one-to-one activity. People who responded to our surveys gave us the following comments " I feel the residents would benefit from a bit more activity such as exercise they could all take part in" and " they try really hard to help my father stay active". We spoke to staff who were responsible for organising activities they told us " we have recently done the Easter bonnet parade, we have organised trips outside to the pub and the local garden centre, these tend to go down very well. We are planning to grow our own tomatoes very soon". We asked how the home supports those people who do spend a lot of time in their rooms. We were told " we are beginning to do more with them and offer one-to-one time".

Evidence:

During this inspection we saw a steady stream of visitors. We spoke to some of them and they told us " we have no complaints about this home the care they give is very good. They support my dad just how we want". Visitors are encouraged to come to the home as often as they like providing it is what the resident wants.
We looked at people's bedrooms as part of our case tracking process. We saw they had been decorated and personalised to people's own tastes. All people living in the home or encouraged to make their room their own.
We spent time with people at lunchtime and sat and ate a meal with them. They told us " the food here is very good there is always a choice". One person said " the only thing I would change is the wait after my dinner is finished". All of the tables in the dining room were laid and make a dining room a welcoming place to be. We saw that those people who needed assistance during mealtimes were helped sensitively and discreetly by staff. People can choose where they want to eat their meals and we saw that people had their meals taken to them in their own bedrooms. We noted that those people in their bedrooms had both dinner and desserts taken to them at the same time. We asked staff why this was done. They didn't really know why. One staff member said "actually yes, we do have to come back downstairs and reheat the puddings some times, I never thought about it before". The home should consult with people and give consideration to reviewing this practise. This should happen so that people's hot desserts are not cold by the time they have finished eating their dinner.
Some people who answered our surveys said "I think they could improve on the meals a bit they do seem to be a bit repetitive", "I am fed up with sandwiches every afternoon for tea". We looked at the menus in response to these comments. We saw the home offers a varied choice of meals and at tea time there is a choice of various sandwiches but always a hot meal. One person had raised their concerns about their relative not receiving the diet they should be. For instance the home was giving a pureed diet but this was no longer required. These concerns were looked at by the local authority and have now been resolved. We noticed the home are recording people's dietary intake on the charts in their bedrooms, however they are recording both tea and supper at 5pm. This is misleading and looks as if the person has not had supper or eaten anything until 9am the following day. Conversations with people living in the home confirmed that this was not the case. The home needs to amend it record keeping.

Complaints and protection

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

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

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

This is what people staying in this care home experience:

Judgement:

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

People living in this home can be confident their concerns will be listened to and acted upon. Staff understand what abuse is and who they must report it to.

Evidence:

The home has a clear and accessible complaints procedure. A copy of the complaints procedure is available in the reception area of the home and also in the service user guide. The home keeps records of all investigations and outcomes. People are encouraged to speak to the manager or any member of staff if they are unhappy about any aspect of the service they receive. We spoke to people in the home they told us " on the odd time we have made a complaint it has been dealt with quickly and sorted out", " we are always asked if we have any concerns that we wish to discuss". The home approaches complaints in a positive manner and views them as a learning process. The manager told us " we will always listen to any body's concerns and take action to put them right we will learn from this so that we can make the service better". Over the last 12 months the home has received five complaints. Each complaint was fully investigated and records were kept. The Care Quality Commission has received one complaint about the service. This complaint is currently being jointly investigated by the home and the local authority.
We looked at systems in place for the safeguarding of vulnerable adults. All of the staff we spoke to told us they had had training in safeguarding procedures. They were able to tell us about the different types of abuse and what they would do if an allegation was made to them. The home is currently working with the local authority

Evidence:

investigating a number of concerns in relation to people's care. The home has acted appropriately and has reported concerns as we would expect. Some of the issues being investigated include infection control issues, dietary issues and delays in obtaining medication. The home has already responded to these issues by putting extra monitoring measures in place to make sure these concerns are addressed.
We also looked at the use of restraint in this home. At present the only restraint currently in use is bed rails. Each person who needs bed rails has an individual risk assessment which is kept under review to make sure that the bed rails are still needed. We looked at the bed rails in use and found they were fitted appropriately with no excessive gaps or wobbles. Staff complete regular maintenance checks on the bed rails. All of these measures will help reduce the risk to people.
From time to time people in the home can display some behaviour that can be challenging. We looked at one person's care plan for this challenging behaviour. We found that more description is needed so that staff have a very clear guide when dealing with challenging behaviour. For instance, the care plan says the person is aggressive with antisocial outbursts. It does not describe what sort of aggression all the action is expected by the nurses this will need improvement so that all staff or very clear about the actions they will need to take in order to keep the person and themselves safe. We spoke to staff about the care of this particular person they told us, " when we did our dementia training we looked at challenging behaviour and how to deal with it. It's important to put yourself in their shoes because after all if they didn't need help they wouldn't be here".
We looked at recruitment and saw that the home is taking appropriate precautions for preventing unsuitable people from working with vulnerable adults. This includes a check against the protection of vulnerable adults (PoVA) list and a Criminal Records Bureau disclosure (CRB).

Environment

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

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

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

The home is well maintained and offers people a comforting and pleasant place to live.

Evidence:

We spent time during this inspection looking round most parts of the home, we found that it was clean and well maintained. We also spent time looking maintenance certificates and records for the home. We saw that equipment such as pressure relieving mattresses, bed rails and hoists are all in working order and are protecting the people who are using them.
People told us "the home is always spotless", "I would rate the Conifers as excellent, rooms are cleaned and tidied on a daily basis", "the home is clean and fresh everyday".
We saw that people are encouraged to make their rooms their own by bringing in items of furniture and other personal possessions. All of the bedrooms we saw were homely and comfortable. The three people we case tracked had appropriate equipment in place for their needs. We saw that pressure mattresses were inflated correctly giving people the pressure relief they needed. People who use bed rails for their own safety had their bed rails fitted securely and there were records of regular maintenance checks. This will help reduce the risk of using this type of equipment for people.
One person told us "I have seen the cleaner using the same cloth when cleaning the toilet and the sink". This was bought to the attention of the both the manager and the

Evidence:

provider before this inspection. They have told us "we have trained all our staff in infection control practises, our senior care staff are involved in auditing this training". This means that a senior member of care staff observes staff during the course of their duties to make sure that they are practising good infection control procedures. People living in the home have also been asked to be vigilant in spotting lapses in infection control procedures and are encouraged to report these to the manager.
The home has suitable infection control measures in place. There have been two outbreaks of an infectious condition in recent months. These have been dealt with responsibly by the home and with the advice of the Health Protection Agency.

Staffing

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

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

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

Staff working in this home are trained to do their jobs. Recruitment procedures mean that unsuitable people will be prevented from working with vulnerable adults. Staffing levels are kept under review so that people's needs are being met.

Evidence:

Staffing levels during this inspection appeared to meet the needs of the people living there. However some of the people we spoke to said " sometimes owing to staffing problems we find we have to wait for help at times" and " at times staff appear to be understaffed". One person we spoke to said " it's afternoons and evenings there is a lack of staff in the lounge and toileting needs are not always met, there can be a lack of communication between staff as to who needs and who has been toileted". These comments were discussed with the manager during this inspection. We were told that staffing levels have been reviewed and will continue to be monitored so that people are not waiting for assistance.
We looked at training records for the home. We found that staff are encouraged to take part in training on a regular basis. The home has nine of its care staff trained to National vocational qualification (NVQ) level two and a further ten care staff trained to NVQ level three. Catering staff are trained to NVQ level two standard and have all taken part in basic food hygiene training. Domestic staff working in the home have undertaken NVQ training level three. All of the staff take part in team meetings on a three monthly basis. These meetings give management and staff an opportunity to

Evidence:

discuss training updates, development issues in the home and training needs of staff. More recently the home has trained senior carers in infection control and audit of practise. This means that people's practise is being closely monitored and will enable the home to take action where standards are not being met.
In addition to this the home employs a training manager. The training manager holds a Registered Manager's award (RMA) and also an NVQ level four. The training manager keeps her practise up-to-date and along with nine other members of staff is a trained trainer in moving and handling. Staff training takes place on the premises with dedicated facilities in the home. Staff we spoke to said " the training here is excellent we have loads of it", " we have good training I enjoy doing it". One staff member told us " it is my job to make sure that staff are following our infection control guidelines".
We looked at the recruitment files of three new staff. We found the home has good procedures in place for recruiting staff and preventing unsuitable people from working with vulnerable adults. This included a check against the protection of vulnerable adults list (PoVA) and a criminal records bureau disclosure (CRB).
All new staff who begin working in the home are expected to take part in an induction process. This means they will be supported during the first two weeks of their employment by a senior member of staff. They will also have the opportunity to complete the skills for care induction standards over a six-month period. We spoke to one new employee who said " the home have been very good I felt very supported and I enjoy my job, my supervisor was very useful and excellent".

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 **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 making every effort to demonstrate they are running a service that is there for the people who use it. It is responsive to people's needs.

Evidence:

There has been no change in the management of this home since our last key inspection carried out 2006. Ms Fabienne Harris continues to run the home and supports the people who live there, their families and the staff. People have told us they feel that the manager is approachable and able to sort out any problems, concerns or worries they may have.
The home continues to develop it's quality assurance systems so that they can be sure they are running a home in the best interests of the people living there. This includes regular staff, resident and relative meetings. These meetings give people an opportunity to discuss their views about how the home is meeting its obligations to the people living there. People also have the opportunity to complete surveys to give feedback if they choose to do so. The manager and the provider will make unannounced visits to the home during the night and at the weekends to make sure

Evidence:

that staff are continuing to provide a consistent service for people. The home has also retained it's Investor in People award for a further three years. The home completes an Annual Quality Assurance Assessment AQAA every year. The AQAA is very comprehensive and is always completed before the due date. The information contained in this AQAA is fully supported by our findings during this inspection. The home has demonstated a high level of self awareness and recognises the areas that still need to improve, for example record keeping and person centred care planning.
People are supported to look after their money should they choose to do so. The home has told us in their AQAA "The personal allowances are kept in individual boxes for all service users and records and receipts are kept for all transactions. Receipts are given for the receipt of any monies. The manager regularly undertakes an audit of the residents' monies to ensure accurate records are maintained. A safe is available in the main office for residents to store their valuables. A register of stored items is kept and a receipt is provided for each person. A lockable drawer is also provided in each bedroom for people to keep small amounts of money safe. People are advised not to bring valuables into the home or to insure them adequately.
The fire procedures are displayed throughout the home by the fire extinguishers. The home has a fire alarm system. All staff receive training in fire procedures at least twice a year. A number of staff have been trained as Fire Marshalls. Fire equipment is routinely maintained and tested. Fire drills are carried out on a regular basis to ensure staff know what to do in case of a fire. All staff receive training in basic first aid and there is a qualified first aider on duty at all times. Staff are aware of their responsibilities in terms of dealing with and recording all accidents. Accident records are routinely analysed with a view to identifying any patterns and altering practise if needed. The manager is aware of her responsibilities in terms of informing the Health & Safety Executive and Care Quality Commission in relation to accidents or serious incidents. A First Aid box is provided in the home.
We also "spot checked" maintenance records of hot water temperatures, fire systems and electrics. All were in order and records show they are maintained on a regular basis. This is the same for equipment in use in the home such as hoists, bed rails and pressure mattresses.

Are there any outstanding requirements from the last inspection?				
	Yes	☐	No	☑

Outstanding statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

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

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
1	8	12	The home must make sure that dietary and fluid balance charts are completed accurately and are a reflection of the diet and fluid people have taken. This will assist the home in taking action when people are at risk of dehydration and/or malnutrition.	29/05/2009
2	9	13	Staff must not dispense medication and sign for it's administration when this has not been done. This will help reduce the risk of medication errors occurring for people in the home.	30/04/2009
3	18	15	The help that people need to manage their challenging behaviour must be clearly recorded in their care plan.	30/07/2009

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
			This will make sure that staff of clear about the care each person will need	

Recommendations

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

No	Refer to Standard	Good Practice Recommendations
1	1	The home should included the range of fees it charges for residency in the service user guide for people's added information.
2	7	The home should develop a more person centred approach to care planning. This should make sure that people receive the support they need in the way they want it.
3	9	Staff should record the date of opening on short life medication such as eye drops and anti biotics. This will help make sure that medication is not given past the expiry date.
4	15	The home should consult with people using the service about having both courses of their meal served at the same time.
5	15	Staff should review their recording procedures so that it is possible to see when people have had supper and at what time. This will give an accurate recording of dietary intake for people.

Helpline:

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