Care Quality Commission

Key inspection report

CARE HOMES FOR OLDER PEOPLE

Chestnuts Nursing & Residential Care Home (The)

63 Cambridge Park
Wanstead
London
E11 2PR

Lead Inspector
Tony Brennan

Key Unannounced Inspection
4th September 2009 11:00

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

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

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

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

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.

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SERVICE INFORMATION

Name of service	Chestnuts Nursing & Residential Care Home (The)
Address	63 Cambridge Park Wanstead London E11 2PR
Telephone number	020 8989 3519
Fax number	020 8530 6211
Email address	thechestnutscarehome@yahoo.co.uk
Provider Web address	
Name of registered provider(s)/company (if applicable)	Ms Avril Stein
Name of registered manager (if applicable)	Ratnamanee Bundhoo
Type of registration	Care Home
No. of places registered (if applicable)	51
Category(ies) of registration, with number of places	Dementia (51), Old age, not falling within any other category (51), Physical disability (51)

SERVICE INFORMATION

Conditions of registration:

1. The Registered Person may provide the following categories 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 - Code OP

   Physical Disability - Code PD

   Dementia - Code DE
2. The maximum number of service users who can be accommodated is: 51

Date of last inspection 9th October 2007

Brief Description of the Service:

The Chestnuts is a care home registered to provide accommodation with personal care and nursing for up to fifty-one residents, including six places for residents over 55 years who have a physical disability. The registered provider is the sole proprietor. The large property is situated in its own grounds with a large secluded garden to the rear. The majority of rooms are single and all have en suite facilities. There are two passenger lifts, with access to all floors. The home is set well back on a busy main road in Wanstead, in the London Borough of Redbridge. The home is well served by public transport and close to shops and other local amenities.
On the day of the inspection the range of fees for the home was between £472.00 and £875.00 per week. A copy of the Statement of Purpose and Service User Guide to the home is made available to both the resident and the family. There is a copy of the guide in each bedroom and is also provided on request.

SUMMARY

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

The quality rating for this service is two **star.** This means the people who use this service experience good quality outcomes.

This unannounced key inspection was undertaken as part of the annual inspection programme. We sought to confirm that the home continues to provide good outcomes for residents. Prior to the inspection the home had completed its Annual Quality Assurance Assessment. The Annual Quality Assurance Assessment provided us with information about the home and how it was seeking to provide the best outcomes for people. We also looked at any other information we had received about the home since the last inspection. This included any information regarding incidents that the home had told us about.

The inspection took place over one day. We were assisted by Ratnamanee Bundhoo, the registered manager, with the inspection. We spoke with five residents, three members of staff and two relatives. We observed care practice and interaction between staff and residents. We toured the building and examined a number of records relating to the care, health and safety and management of the home. At the end of the inspection feedback was given to the registered manager, and areas for improvement were discussed.

We would like to thank the staff that assisted us by answering questions about the running of the home. We would also like to thank the people who live at the home who discussed their views of the service they receive.

What the service does well:

A resident said, "Staff here are very helpful." Resident's case tracked had both assessments from placing authorities, and ones carried out by the home. These identified the individual's needs for support and care. Admissions are not made to the home until a full needs assessment has been undertaken to ensure the best outcomes for people.

Detailed nutritional, tissue viability, falls and manual handling assessments are in place. The people case tracked all had nutritional assessments. Residents

were being weighed regularly and action taken if their weight changed. The continence needs of people had been assessed and recorded as part of their care plans. Management of risk ensures that safety issues are addressed whilst at the same time improving the quality of life for residents.

Residents told us that they were provided with regular activities. One resident said, "I am never bored. They always organise something to entertain you." A relative told us that she had discussed the interests and hobbies of her person. Residents' interests were recorded as part of their care plans. As part of the care plans a life history has been prepared to record people's past occupations and interests. Residents are involved in meaningful daytime activities of their own choice and according to their individual interests and capabilities.

A resident told us that, "staff always come and help. I could not manage without them." Staff said that the current staffing level allowed them to meet the needs of residents. Sufficient staff are available to meet the needs of residents.

Residents spoken to felt that staff had the necessary skills to meet their needs. One resident said, "The staff meets my needs." Training records showed that staff had been on a range of courses relating to the needs of residents. Staff are supported through training to meet the individual needs of residents.

What has improved since the last inspection?

There were four areas for improvement identified at the last key inspection. These have all been addressed. At the last key inspection it was highlighted that care plans did not provide staff with up-to-date information about the care needs of residents. We found that Residents care plans provided detailed and up-to-date information about how their needs are to be met. Care plans were based on initial assessments of the people case tracked. There were clearly defined actions highlighted in the care plans to meet the needs of residents. Care plans are up-to-date and provide detailed information to make sure that the needs of residents are met.

At the last inspection the home was asked to make sure that care plans provide more specific information about resident's religious and cultural needs. We found that care plans were personalised, and referred to the cultural needs

of residents. Residents are encouraged to choose how they want to be cared for so that this reflects their cultural and religious orientation.

The records of medicines received, administered and returned to the pharmacist were all complete. We were able to confirm that residents were getting their medication as prescribed by their general practitioners. Medication records are fully completed, contain the required entries, and are signed by appropriate staff to ensure people's safety.

At the last inspection a requirement was made that a program for the refurbishment and redecoration be put in place to improve the home's environment. We spoke with the registered manager who explained that a programme had been prepared. The registered manager was able to show us a detailed and costed programme for the refurbishment and redecoration of the home. Residents can be confident that the home will be decorated and furnished to meet their needs.

Last year an Annual Service Review (ASR) of the service was completed. An ASR is a review of the service and how it is meeting the needs of people who use the service. We found that the Chestnuts has continued to provide good outcomes for residents.

What they could do better:

There are two areas for improvement identified at this inspection. When we checked the records of pain relieving medication we found that they were often administered on a when required basis. We asked staff when these medicines should be given to residents. They could not tell us when they should administer pain relieving medication. The residents case tracked did not have protocols informing staff when they should administer pain relieving medication. Protocols explaining when pain relieving medication should be offered to residents needs to be put in place to ensure their well-being.

We saw that work had not yet commenced on redecorating the home. Given that the home's environment was generally in need of improvement we asked the registered manager to prioritise the completion of this work. People need to live in a home that is appropriately decorated and furnished to meet their needs.

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 INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

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

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

This is what people staying in this care home experience:

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

1 3

People who use this service experience **good** outcomes in this area**.** This judgement has been made using available evidence including a visit to this service. The statement of purpose is an accurate description of the service provided. People's needs are assessed prior to admission to the home to make sure they receive the care and support they need. National Minimum Standard number six is not applicable to this service, as the home does not provide intermediate care.

EVIDENCE:

We found that the needs of the people case tracked were within a range of those specified in the statement of purpose. The statement of purpose

identified the skills and staffing resources available to meet the needs of people. One of the relatives spoken to said, "This is one of the best times around this area." The statement of purpose stated that the home would meet the needs of residents who have dementia. We observed how staff supported people with dementia; they demonstrated an awareness of good dementia care practice. Staff spoken to were able to explain how they met the needs of residents who have dementia. Training records showed that staff had completed some training on meeting the needs of residents. The home provides a statement of purpose that is specific to the home and the resident group that they care for.

The statement of purpose confirmed that the cultural and religious needs of people would be respected. Records showed that residents were supported by the home to maintain contact with their church or other community groups. The annual quality assurance assessment stated, "We listen to our staff and residents, and respect their equality and diversity." We spoke with the registered manager who told us that cultural and religious needs would be addressed and identified through initial assessments and care planning. People are supported to maintain their cultural and religious identity.

Residents have varying degrees of disability and dementia. The environment has been adapted so that it is accessible. We observed that people were able to move about the home safely. As part of this colour schemes would be chosen to enhance the accessibility of the home for residents with dementia. The home's environment is adapted to meet resident's diverse needs.

A resident who lives at the home said, "Staff here are very helpful." The annual quality assurance assessment stated that there were comprehensive pre admission assessments in place. It also told us that, "We are making provision to upgrade al pre-assessment paperwork to gain more information about the needs of residents." Resident's case tracked had both assessments from placing authorities, and ones carried out by the home. These identified the individual's needs for support and care. The annual service review carried out last year confirmed that the needs of residents were assessed. There are positive comments from residents about the care they received. The initial assessment included information on the dementia care needs. As part of the assessment process information on the needs of residents had been obtained from health professionals. This had been used to inform the home's own assessment. Admissions are not made to the home until a full needs assessment has been undertaken to ensure the best outcomes for people.

Initial assessments recorded the involvement of residents and their representatives in identified areas where they needed support. Both relatives and residents told us that they had been actively involved in the initial assessment process. A relative confirmed that, "I was involved when they assessed my partner to come and live here." Detailed initial assessments are

carried out with the involvement of people and their representatives to make sure their needs are identified.

Care staff spoken to were able to explain the individual needs and preferences of the four people case tracked. We observed the interaction between staff and residents. We found this supported their continued well-being. Training records showed that staff has had a range of training to make sure they have the skills to meet the needs of residents. Admissions to the home only take place when staff have the necessary skills to meet the assessed needs of perspective residents.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

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

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

This is what people staying in this care home experience:

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

7 8 9 10

People who use this service experience **good** outcomes in this area**.** This judgement has been made using available evidence including a visit to this service. People's personal, social and medical care needs are fully planned for. People who use the service are fully protected by safe procedures for handling medication. People's right to privacy is supported.

EVIDENCE:

At the last key inspection it was highlighted at care plans did not provide staff with up-to-date information about the care needs of residents. The registered manager explained that she has made sure that care plans are more detail. The annual quality assurance assessment highlighted that, "We have care

plans which are more comprehensive and are used as a working tool." We case tracked five residents. Their care plans provided detailed and up-to-date information about how their needs to be met. Care plans were based on initial assessments of the people case tracked. There were clearly defined actions highlighted in the care plans to meet the needs of residents. Care plans are up-to-date and provide detailed information to make sure that the needs of residents are met.

Residents we spoke to told us that they felt staff understood their needs. We saw examples where staff members did relate well with residents, for examples speaking to people in a way that was appropriate given their age. One resident told us, "Staff provide a very personalise service." A key nurse and worker system is in place. The registered manager explained that she was supporting key workers to be involved in the care planning process.

At the last inspection the home was asked to make sure that care plans provide more specific information about resident's religious and cultural needs. We found that care plans were personalised, and referred to the cultural needs of residents. This included whether or not they wish to take part in religious services. Residents are involved in the planning of their care that affects their lifestyle and quality of life. We found that resident's choices and preferences are recorded in their care plans. the care plans for the residents who we case tracked and retain information regarding the religious needs specifically how this relates to their wishes regarding end of life care, meals and activities. Residents commented that they had been asked about how they wish to be supported by staff. Staff were observed to interact respectfully and sensitively with residents. Residents said that staff respected their privacy and treated them with respect. Residents are encouraged to choose how they want to be cared for that reflects their cultural and religious orientation.

Detailed nutritional, tissue viability, falls and manual handling assessments are in place. The people case tracked all had nutritional assessments. People were being weighed regularly and action taken if their weight changed. The continence needs of people had been assessed and recorded as part of their care plans. Each care plan includes a manual handling risk assessment. Equipment had been provided to assist people to mobilise safely and independently. Management of risk ensures that safety issues are addressed whilst at the same time improving the quality of life for residents.

Diary notes showed that appropriate medical attention and advice is sought. Diary notes also confirmed that the people case tracked had access to their General Practitioner when necessary. A resident told us, "The doctor comes when I need them." We observed that residents were alert and able to interact with staff. When we checked the medication we found that the residents case tracked were not on high doses of sedative medication. Where the General Practitioner had recommended specific medical interventions these were followed up. People's health is promoted to ensure their continued well being.

The records of medicines received, administered and returned to the pharmacist were all complete. We were able to confirm that residents were getting their medication as prescribed by their general practitioners. The annual quality assurance assessment stated that, "Insulin administration is checked, recorded and administered by two registered nurses." one of the residents case tracked was taking insulin. The records of Administration of this medicine were completed fully. There was a record of the blood sugar levels for this resident. This made sure that the resident received the correct amount of insulin to help them manage their diabetes. Where the General Practitioner had made changes to resident's medication this was signed to confirm the change had been made. We found that the medication for each of the people case tracked was accurately recorded. All residents are supported by staff to take their medicines. Residents we case tracked had their consent to staff administering their medication recorded in their care plans. Medication records are fully completed, contain the required entries, and are signed by appropriate staff to ensure people's safety.

Medicines were stored safely. All medicines are stored at the appropriate temperature. Separate records were maintained for controlled drugs. We found these were complete and the amount of medication held corresponded with those recorded in the controlled drugs books. The management team monitor staff to make sure that the correct procedures are followed when administering medication. The annual quality assurance assessment highlighted at the home has a monthly medication audits carried out by the pharmacist and registered manager. We saw that this showed that the administration of medication was being monitored to ensure the safety of residents. Regular management checks are carried out to make sure that medication is administered safely to people.

When we checked the records of pain relieving medication we found that they were often administered on when required basis. We asked staff when these medicines should be given to residents. They did not tell us when they should administer pain relieving medication. The residents case tracked did not have protocols informing staff when they should administer pain relieving medication. Protocols explaining when pain relieving medication should be offered to residents needs to be put in place to ensure their well-being.

Training has been provided on the safe administration of medicines. Training records confirmed that this training had taken place. We were able to observe staff administering medication, and confirmed that this was done safely. Staff understands how to administer medication safely to people living at the home.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

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

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

This is what people staying in this care home experience:

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

12 13 14 15

People who use this service experience **good** outcomes in this area**.** This judgement has been made using available evidence including a visit to this service. Residents are provided with varied activities to meet their needs and reflect their individual interests. Residents are supported to maintain contact with relatives and other representatives of their choice. The menu offers a balanced and varied diet to residents.

EVIDENCE:

Residents told us that they were provided with regular activities. One resident said, "I am never bored. They always organise something to entertain you." The annual quality assurance assessment highlighted that, "We employ two Activity Co-ordinators for a total of approximately 40 hours per week. Their duties are to organise activities for the Service Users. They have a plan for the weekly activities, which covers quizzes, bingo and games, then a weekly

in-house trolley shop. They carry out manicures, individual trips to the local High Street, reading sessions and one-to-ones for those Service Users not wishing to join group activities." We observed that activities were taking place at various times throughout the day. The activity coordinator with whom we spoke explained that she develops the activities programme in consultation with residents. Residents spoken to confirm that they had been involved in choosing activities. The activity coordinator was able to show us an activity plan for each resident and records of activities that they had participated in. A relative told us that she had discussed the interests and hobbies of her person. Residents' interests were recorded as part of their care plans. As part of the care plans a life history has been prepared to record people's past occupation is and interests. Residents are involved in meaningful daytime activities of their own choice and according to their individual interests and capabilities.

We observed that staff spend time talking with people who live at the home and listening to what they had to say. Staff spoken to understood the importance of one-to-one contact for people. One resident said, "Staff are all right. You can talk to them when you want to." Records of activities and daily notes highlighted that residents had been providing opportunities for one to one contact with staff. This makes sure that their individual needs are met in ways that reflect their preferences and lifestyle choices. Resident's religious backgrounds were recorded as part of their care plans. The registered manager explained that there are number of residents who are Muslim and space has been set aside for them to pray. Daily notes showed that residents had been supported to go to the shops and access community facilities. Relatives commented that there were no restrictions on visiting the home. Residents told us that they could see visitors in private if they wished. Diary notes showed that people had regular contacts with family, friends and the wider community.

The menu showed that options are offered at each meal. This included meal options reflecting the cultural and religious backgrounds of residents. The menu is varied offering a number of choices of meals. The annual quality assurance assessment stated, "Meals are well balanced giving choice to the residents taking into consideration their religious beliefs." We spoke with residents who were generally pleased with the quality of the food provided. A resident said, "The food is alright." We observed that people are asked whether they preferred the first or second choice on the menu. Another person commented about the choice of food offered and that staff, "Do bring something different to eat if you asked for it." People are offered a variety of meals that reflect their personal preferences and meet their dietary needs.

Meals were balanced and nutritious. Resident's dietary needs recorded as part of their care plans (for example if they were diabetic or needed a puree meal). We observed that meals were well presented in a warm and friendly way. We saw that residents were supported to eat. We observed that this was done at

the pace of the people being assisted. People are able to enjoy the food they prefer and like.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

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

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

This is what people staying in this care home experience:

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

16 18

People who use this service experience **good** outcomes in this area**.** This judgement has been made using available evidence including a visit to this service. People who use the service are confident that their complaints will be listened to, taken seriously and acted upon. The home's procedures protect people from abuse.

EVIDENCE:

The annual quality assurance assessment confirmed that a clearly defined complaints policy with agreed timescales for managing complaints was in place for people to use. It also stated that, "we welcome complaints and use them to improve our performance." a resident told us, "if I did not like something I would definitely talk to the staff." We found that the detailed policy was in place. We saw that the complaints policy was on notice boards around the home. Residents told us they had received a copy of the complaints policy. No complaints had been referred by the Commission to the home since the last key inspection.

The annual quality assurance assessment confirmed that, "all complaints are treated seriously." we observed that a post box had been provided for residents and relatives to leave anonymous complaints. Both residents and relatives spoke to told us that staff were available to discuss any concerns they might have. Any issues were addressed quickly, with the involvement of the resident or relative. A relative told us, "The staff here listens to what you have to say. They respond to any issues quickly." A complaints book is available to record all concerns, allegations and complaints. We found that the complaints book recorded the actions that had been taken to address issues. The complaints record showed actions taken to resolve complaints. Confirmed that they knew how to make a complaint. A person told us, "I can tell the manager if I had a complaint." The home has an open culture that allows people to express their views, and concerns in a safe and understanding environment.

There were policies on handling abuse and protection. Residents felt confident that any concerns they raised would be handled sensitively and appropriately. A person told us, "I can talk with staff if I am worried." There had been two adult protection issues since the last key inspection. The home had co-operating fully with these investigations. We found that in response to the issues raised by this allegation a number of improvements to the service had already been made. A resident said, "Staff are kind. I feel safe here. We found that training records show that staff had received training on adult protection. Staff spoken to could recognise the signs of potential abuse, and explained how they would respond to it. A member of staff explained that she would, "Inform the manager about and record any signs of abuse." People feel safe and well supported by the home, which has their protection and safety as a priority.

Environment

The intended outcomes for Standards 19 – 26 are:

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

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

This is what people staying in this care home experience:

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

19 26

People who use this service experience **good** outcomes in this area**.** This judgement has been made using available evidence including a visit to this service. People live in a home that provides a safe and homely environment. The home is clean and hygienic.

EVIDENCE:

We walked round the home and found that it was accessible for residents. A passenger lift provided access for people to all floors. We observed that residents were able to access all areas in the home safely. The home has the

necessary adaptations to support people to move around safely. There are adapted bathrooms and toilets on each floor. These are accessible to people who have mobility difficulties. Hoists were available on the three floors. Records showed that these had been maintained. There are large dining and sitting areas for the use of residents. The home provides an accessible environment for people to live in.

At the last inspection a requirement was made that a program for the refurbishment and redecoration be put in place to improve the home's environment. We spoke with the registered manager who explained that a programme had been prepared. The registered manager was able to show us a detailed and costed programme for the refurbishment and redecoration of the home. We saw that work had not yet commenced on redecorating the home. Given that the home's environment was generally in need of improvement we asked the registered manager to prioritise the completion of this work. People need to live in a home that is appropriately decorated and furnished to meet their needs.

Bedrooms were personalised with items of furniture and pictures belonging to people. All bedrooms are single occupancy and have en suite facilities. As part of the home's refurbishment plan bedrooms will be redecorated. We found on our walk round the home that a number of bedrooms were in need of redecoration and new carpets. New items of furniture, curtains and bed linen had already been bought for some of the bedrooms. The registered manager explained this was part of the ongoing plan to refurbish the home. One person said, "My bedroom is comfortable. I have my own things." Residents are encouraged and supported to personalise their bedrooms.

Appropriate measures are in place to prevent cross infection. The home has detailed policies on the prevention of cross infection. Staff have received training on infection control measures. Staff spoken to understood how to work to minimise the possibility of cross infection. Staff confirmed that they had access to disposable gloves and aprons. Liquid soap and paper towels were available throughout the home. Effective infection control measures are in place to ensure the safety of people living at the home.

Staffing

The intended outcomes for Standards 27 – 30 are:

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

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

This is what people staying in this care home experience:

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

27 28 29 30

People who use this service experience **good** outcomes in this area**.** This judgement has been made using available evidence including a visit to this service. Sufficient staff are always available to meet the needs of people who live at the home. Staff do have all the skills to meet all the assessed needs of people who live at the home. People who live at the home are protected by the home's recruitment practices.

EVIDENCE:

The rota showed that a consistent staffing level was being maintained in the home. Staff said that the current staffing level allowed them to meet the needs of people. We observed that staff were available to provide individual care for residents. A resident told us that, " staff always come and help. I could not manage without them."

Staff said that the current staffing level allowed them to meet the needs of residents. The registered manager explained that she monitors the staffing level to make sure that any changes in needs of residents can be met. This will allow her to determine whether any changes to the staffing level need to be made to meet the needs of residents. Sufficient staff are available to meet the needs of residents.

The annual quality assurance assessment highlighted that staff had been on a range of courses. Residents spoken to felt that staff had the necessary skills to meet their needs. One resident said, "The staff meet my needs." Training records showed that staff had been on a range of courses relating to the needs of residents. We found that this included training on dementia. There were certificates available to confirm this. We observed that staff understood how to respond and communicate with people who have dementia. Staff spoken to were able to explain how they supported people in a person centred way. The resident manager told us that further training will be provided in dementia care. Staff are supported through training to meet the individual needs of residents.

The registered manager was able to show 50% of staff has achieved the National Vocational Qualification in care. Training records we examined confirmed this. Staff training records showed that staff had done training in the essential areas, such as food hygiene, health and safety, administration of medication and infection control and first aid. Training records we saw confirmed this. Training records also show that the qualified nursing staff had been maintaining their professional training. We observed that staff demonstrated that they knew how to support and care for residents. The home ensures that all staff receives relevant training that is focused on delivering improved outcomes for people.

We looked at two staff files. These contained all the necessary documentation to ensure that these members of staff were safe to work with people who live at the home. Their employment record had been checked. Two references and a POVA first/CRB check had been obtained prior to them starting work at the home. This showed that the home followed a clear recruitment procedure that ensures the safety of people. The staff group reflect the cultural backgrounds of people living at the home. People living in the home said they felt that staff could be trusted. Robust recruitment procedures are followed to ensure the safety and well being of people.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

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

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

This is what people staying in this care home experience:

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

31 33 35 38

People who use this service experience **good** outcomes in this area**.** This judgement has been made using available evidence including a visit to this service. Appropriate management structures are in place to ensure that people receive the care they need. People who live at the home are consulted about the quality of the service, and encouraged to make suggestions for improvement. People who live at the home have their financial interests protected by the home's procedures. People who live at the home and staff are protected by the home's health and safety procedures.

EVIDENCE:

The registered manager has extensive experience of managing a service for older people. The registered manager has maintained and updated her skills regularly. She has a clear understanding of the key principles and focus of the service to make sure that people receive the care they need. She has also providing training on a range of areas to staff. We observed that the registered manager spent time talking to residents. The registered manager has a clear understanding of how to deliver good outcomes for people living at the home.

Staff spoke very highly of the registered manager. They said they felt well supported and received clear directions and leadership. The managers and staff work to make sure that the home is running in the best interests of people who live there. We observe this throughout the inspection. Relatives and provided positive feedback about how the home was managed and how it makes sure that the needs of residents are met.

The registered manager works to continuously improve the home and provide an increased quality of life for residents. She has completed a detailed annual quality assurance assessment and this provides a clear picture of how the service will be developed for the benefit of the residents. The registered manager has improved the communication with, and support provided to, relatives. There is a residents meeting to encourage people to share their views about how the home is run. Residents told us they felt that this helps them to be more involved in what was happening in the home. Residents and relatives are encouraged to participate in determining the future development of the service.

The home has a system for obtaining the views of the quality of the service it provides. The home makes sure that any areas for improvement are addressed. A survey of the views of people who live at the home, relatives and professionals had recently been carried out. The findings of this survey had been action to improve the home. Minutes of meetings with relatives and residents were seen and these confirmed their involvement in the running of the home. Residents have meetings on a regular basis to discuss how they wish the home to be run. Staff meetings take place to make sure that staff are aware of how they should support and care for people. People's views are sought and provide the bases for improving the quality of the service.

The home does not hold money for people who live at the home. The home invoices their families or the relevant social service department for any expenditure made on their behalf. A system is in place to ensure receipts are obtained for any expenditure. People who use the service can have confidence in the home's procedures for handle their money safely.

The home has a consistent record of meeting the relevant health and safety requirements and closely monitors its own practice. Fire drills were taking place and the fire alarm was tested regularly. We found that the fire risk assessment includes an assessment of all the potential fire risks in the home. We questioned staff on the fire safety procedures and found that they understood fire safety issues. All health and safety policies were available. Certificates for gas, legionella and electrical testing were in date. COSHH guidance was in place and chemicals were stored safely. We discussed health and safety issues with staff and they demonstrated their understanding. The home has an effective system for monitoring accidents to ensure the safety of people who live and work at the home. The temperatures of the fridges and freezers were recorded and within safe limits. Health and safety checks, procedures and training make sure that residents and staff are safe

SCORING OF OUTCOMES

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

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

"X" in the standard met box denotes standard not assessed on this occasion
"N/A" in the standard met box denotes standard not applicable

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

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

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

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

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

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

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

No

Are there any outstanding requirements from the last inspection?

STATUTORY REQUIREMENTS

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

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

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

No.	Refer to Standard	Good Practice Recommendations
1	OP9	The registered persons should make sure that protocols explaining the circumstances when pain relieving medication is to be administered are put in place. Protocols explaining when pain relieving medication should be offered to residents needs to be put in place to ensure their well-being.
2	OP19	The registered persons should make sure that the program of planned work to improve the home's environment is completed. People need to live in a home that is appropriately decorated and furnished to meet their needs.

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