



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Bryher Court Nursing Home
Address:	85 Filsham Road St Leonards On Sea East Sussex TN38 0PE

The quality rating for this care home is:	two star good service
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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:
Melanie Freeman	0 4 0 2 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

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- 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

Document Purpose	Inspection report
Author	CSCI
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
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Information about the care home

Name of care home:	Bryher Court Nursing Home
Address:	85 Filsham Road St Leonards On Sea East Sussex TN38 0PE
Telephone number:	01424-444400
Fax number:	01424440011
Email address:	
Provider web address:	

Name of registered provider(s):	Barron Kirk Quality Care Limited
Name of registered manager (if applicable)	
Mrs Imelda Mary Rea	
Type of registration:	care home
Number of places registered:	45

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	45
physical disability	45	0
Additional conditions:		
Service users must be older people aged sixty-five (65) years or over on admission.		
Service users with a physical disability may be accommodated.		
The maximum service users to be accommodated is forty-five (45).		

Date of last inspection								
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Brief description of the care home
Bryher Court is a large detached building, set in its own grounds in a residential area of St. Leonards-on-Sea. The Home provides nursing and personal care for up to 45 patients of an older age. Administrative, catering, cleaning and maintenance staff support registered nurses and care staff, in fulfilling the patient's needs. The accommodation is arranged over three floors: two internal passenger lifts enable access to all parts of the building and all areas are therefore accessible for those with limited mobility. There are hoists and bath hoists as well as grab rails and disability

Brief description of the care home

aids in the bathrooms and toilets. A lounge and large conservatory, which is used as a dining area, provide communal space and a large garden area to the rear also provides a relaxation area in the warmer weather. At the front of the building there is a large parking area.

The home welcomes prospective residents or their representatives to view the premises, discuss their needs with the appointed manager and spend time with the staff and residents. Weekly fees range from the funding supplied from the placing authority to 750 pounds a week, for full nursing care at the time of this report. The fees depend on the room occupied and do not include hairdressing, chiropody and any sundries, such as newspapers, toiletries or taxis: these are charged as extras. Information about the service is available from the home's manager.

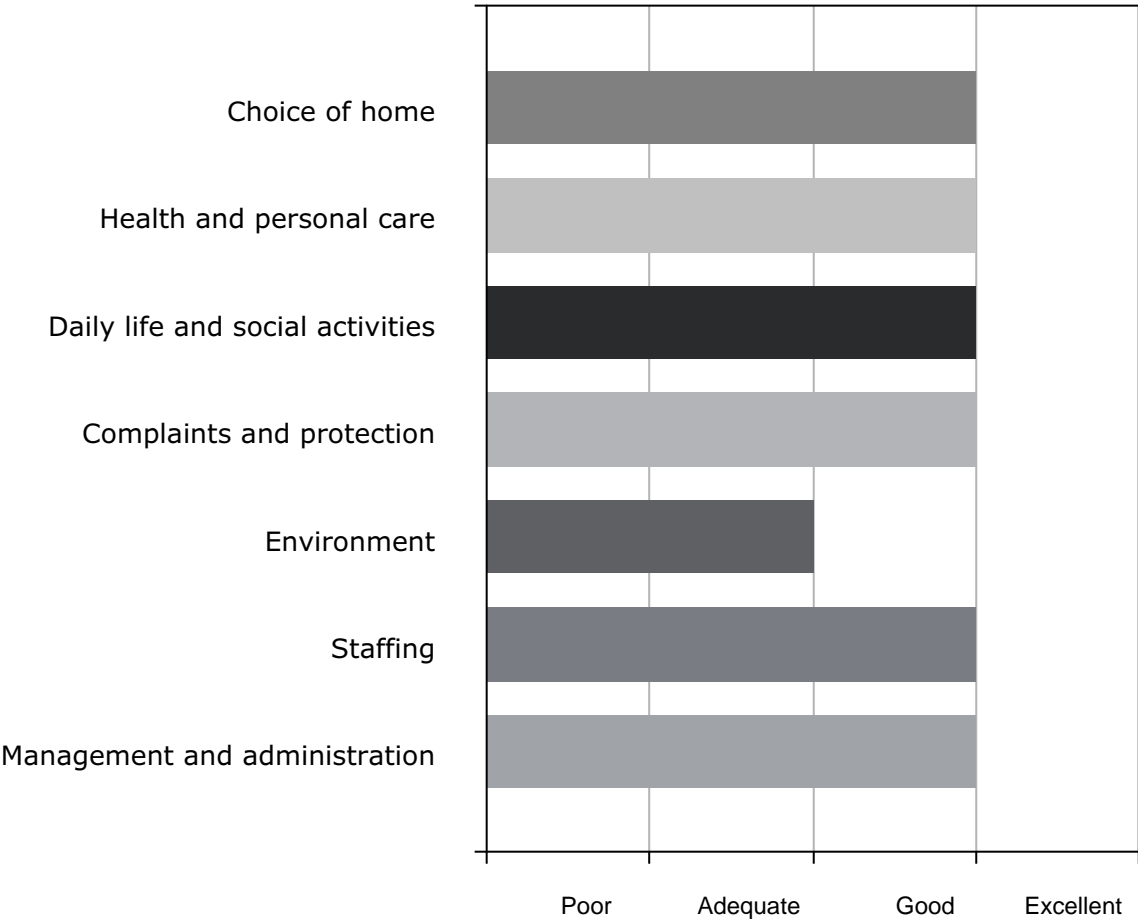
Summary

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

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

The reader should be aware that the Care Standards Act 2000 and Care Homes Regulation Act 2001, uses the term 'service user' to describe those living in care home settings. For the purpose of this report, those living at Bryher Court Nursing Home will be referred to as 'residents'.

This was a key inspection that included an unannounced visit to the home on Wednesday 4th February 2009, and follow up contact with visiting health and social care professionals. The allocated inspector spent approximately seven hours in the home and was able to discuss matters with the appointed manager who received the inspection feedback at the conclusion of the visit.

A tour of the premises was undertaken and a range of documentation was reviewed including the homes statement of purpose and service users guide, pre-admission assessment procedures, the systems in place for handling complaints and protecting residents from harm, staff recruitment files, quality assurance systems and some health and safety records.

The care documentation pertaining to three residents were reviewed in depth and the inspector ate a midday meal with a group of residents in the conservatory.

Comments shared by residents and their representatives during the inspection process included 'my mother likes and enjoys the food-and staff ask me what she likes best so they can prepare it for her''I am very happy with the care my mother receives I see her each day her room and herself are always clean and fresh and the staff are very caring to her''the nurses are professional and have a good understanding of the needs of people living in the home''the standard of care is good and nursing care appropriate'.

At the time of compiling the report, in support of the visit, the Commission received survey forms about the service from seven residents, some of which were completed with help from a representative and six staff members.

The required Annual Quality Assurance Assessment (AQAA) was completed by the appointed manager and returned when requested and was used to inform this inspection report.

What the care home does well:

Residents are fully assessed prior to admission and decisions around admission are based on this assessment ensuring residents needs can be met.

Bryher Court provides a spacious, comfortable and pleasing environment that is reasonably clean and well maintained. The food provided is of a good quality and enjoyed by the residents.

The atmosphere at the home is relaxed, with communication between staff and residents open and friendly and respectful. The staff are committed to providing good standards of care that is evaluated regularly. The staff team is stable and includes experienced nurses and carers.

The staff and management of the home are welcoming to all visitors and staff were found to be very helpful, visiting professionals again commented on how helpful and open the staff are, providing them with all the information that they need and responding to any advice given. The home works closely with the community professionals and provides a multi-disciplinary approach to care.

What has improved since the last inspection?

Twelve requirements were made at the last inspection and the home was without an appointed manager. An appointed manager took up post eight months ago and has addressed the requirements made at the last key inspection. Improvements have been made to the admission process and all prospective residents are now fully assessed before a placement at the home is considered.

The plans of care written since the manager's appointment provide specific care guidance for staff to follow and record residents or their representatives involvement in planning the care to be provided. Individual risk assessments are now completed and inform the individual plans of care.

The home has established further procedures to underpin good nursing care practice and the review of all the required policies and procedures is ongoing.

The medicine administration and storage facilities have been improved with clear record keeping and suitable storage arrangements. The appointed manager is working with a new supplying community pharmacist to ensure best practice is put in place for the handling of medicines in the home.

A new suitable complaints procedure has been implemented and a suitable safeguarding vulnerable adults procedure was available in the home.

The recruitment practice followed by the home is full and protects the residents, a new manager has also been appointed. Systems for monitoring the quality of care and service in the home have been started and take into account resident's views. Staff are receiving regular supervision from the appointed manager.

What they could do better:

Although the admission procedures have been improved prospective residents are not provided with written confirmation that the care home is suitable for the purpose of meeting their health and welfare needs. This will ensure that decisions around admission to the home are informed and evidenced, and enable prospective residents to make an informed choice about their admission to the home.

Clear guidance needs to be available to staff, on all medicines prescribed on an as required basis, to ensure that medicines are given in a consistent way, and in response to resident's health needs.

Staff training needs to be improved and all staff must receive suitable training to ensure that they are appropriately qualified and competent, and have the skills to meet all the needs of residents in the home. This will ensure that care is appropriate care is provided to residents in a safe way.

All areas of the home and grounds need to be risk assessed and are so far as reasonably practicable free from hazards to their safety. Appropriate Health and safety training must be provided to all staff to ensure residents and staff safety.

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.csci.org.uk. You can get printed copies from enquiries@csci.gsi.gov.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 provides prospective residents, with a good level of information about the home, its facilities, services and the costs involved.

An appropriate pre-admission assessment is completed by the appointed manager, prior to the offer of a room, to ensure the home has the appropriate facilities and staff to meet the needs of any prospective resident.

Evidence:

In the front entrance of the home a copy of the homes statement of purpose is available and this contains the resident handbook, which is the homes service users guide. This document had been updated since the last inspection and provides information about the home and it's objectives. It was however noted that it still needs to be reviewed and updated to record all the required information. An example of this is the need to include a copy of the terms and conditions of residency. The appointed manager was asked to review this document to ensure that it is full and accurate. A

Evidence:

copy of the last inspection report was available on request, but needs to be readily available at all times.

Feedback from the surveys indicated that not all residents or their representatives had a copy of the contract arrangements with the home. This was raised with the appointed manager who agreed to follow up this matter and ensure residents and their representatives were clear on the terms and conditions of residency and what charges were being paid by whom.

An assessment of the admission process included a review of the documentation used in respect of the last three admissions to the home. This demonstrated that all prospective residents are fully assessed prior to admission by the appointed manager. The documentation used needs to be improved to include a record of where the assessment was completed and who else was involved in the assessment process.

Although the home writes to new residents or their representatives confirming the terms and conditions of residency the home does not currently confirm in writing that the home is able to meet the assessed needs of any prospective resident. Suitable written confirmation needs to be provided.

Intermediate or rehabilitative care is not provided at Bryher Court Nursing Home.

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.

Individual plans of care set out resident's needs and care is delivered in such a way that promotes and protects the resident's privacy and dignity. With resident's health care needs being supported by community resources as necessary.

Residents on the whole are protected by the efficient and accurate administration and recording of medicines.

Evidence:

Three individual plans of care and related care documentation was reviewed in depth as part of the inspection process, these confirmed that residents are assessed before and following admission. The care documentation was found to include extensive plans of care that cover the physical, psychological and social care needs of residents. Nutritional screening, moving and handling and pressure area risk assessments are used routinely, other risk assessments are used as needed. Base line observations are completed regularly to monitor changing health needs. On the whole the care documentation was full and demonstrated that the care was reviewed and evaluated. The appointed manager advised that the keyworkers are working with residents and

Evidence:

their relatives to record life histories to bring a further individual dimension to the care and services provided, that can be tailored accordingly. This will give the opportunity to reflect people's choices and what people would like to do with their time.

There was evidence within the records that either the resident or their representative are consulted about the plans of care and are involved in the changes made. Daily notes are completed and reflect resident's activity. The home is also looking at resident's mental capacity and residents wishes at the end of life. The homes AQAA recorded that the home works closely with the end of life facilitator, acknowledging death as an important time of life and through discussion formulating an advanced death plan, that is dignified and pain free. Records seen indicated that the home works closely and in consultation with a wide variety of specialist health care professionals, and contact with them confirmed that this was a productive relationship that benefited residents.

Although the care documentation reviewed as part of the inspection process demonstrated a good standard, it was acknowledged that those residents who had been admitted before the new manager's appointment needed to have the same standard applied to their documentation, and this is to be progressed.

All residents spoken to were very satisfied with care provided at the home and this view was supported by the surveys received. Visiting professionals also expressed a satisfaction with the standard of care provided. Comments included 'I am very happy with the care my mother receives' 'the care here is very good I am well looked after'.

The home has a well equipped medicines room with suitable storage facilities for controlled drugs. The controlled drug register although accurate was not easy to audit. The appointed manager confirmed that the home was working with a new supplying pharmacist, who was providing a new register and providing advice on appropriate clear record keeping. During the inspection visit it was noted that new drug trolleys had been supplied by the new pharmacist and the appointed manager was in the process of changing the administration procedures to facilitate a more individualised approach to medicines.

A review of the Medicine Administration Record (MAR) charts indicated that prescribed medicines are administered in accordance with the prescription, and all medicines are dealt with by the registered nurses. It was however noted that prescribed creams are not being recorded on the MAR charts, the appointed manager was aware of this shortfall and was addressing this matter. It was also noted that those residents who are prescribed 'as required' medicines still need to have individual guidelines so that medicines like pain killers are administered in a consistent way.

Evidence:

As a matter of good practice it was recommended that residents photographs are dated and changed as necessary to reflect a good likeness.

It was observed during the inspection visit that residents are treated as individuals and respected as such. Contact between and staff and residents was seen to be positive and appropriate with staff using a preferred term of address when talking to residents. Choices were seen to be given, listened to and responded to.

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.

Links with friends, relatives and the community are encouraged and choices made are respected. Some pastimes and activities are available to support the residents to experience a lifestyle that matches their expectations and preferences. They also benefit from varied and nutritious meals.

Evidence:

A large lounge and conservatory on the ground floor at Bryher Court enables residents to sit together and watch television, read or meet with their visitors. Videos, books and games are available and there are planned activity arranged by a staff member twice weekly, which includes movement activity and discussions and activity around the news and history. A further person is employed on a Wednesday afternoon to provide one to one time with residents along with duties to mend clothing and other linen. A visiting priest is an important part of the home and comes to the home weekly. Feedback from surveys recorded that the activities in the home were not well developed or reflective of residents needs. Residents said 'theres not much going on in the home', with two saying they would love to go on a theatre trip. The appointed manager was aware of this request and other staff spoken to recognised that more

Evidence:

social activity would be beneficial. The AQAA recorded that activities are to be extended further with particular reference to those residents with a cognitive impairment.

The appointed manager explained that the key worker system is to be used to develop individual choice on activity, and that further meaningful activity is to be provided.

Visiting is very much encouraged and it was clear from observation and contact with relatives that people are welcomed, and feel comfortable when they visit the home. Residents spoken to said that visitors can stay for meals if they wish and had done so recently.

Where possible residents are encouraged to maintain links with the local community with one resident attending a local luncheon club. Residents are encouraged to bring in personal possessions with them and residents said that they liked their rooms, which were found to be attractive and personalised.

The meal eaten by the inspector with the residents was found to be of a good standard, although two residents said that the meat was a bit tough. A new menu system has been implemented and now includes the appointed manager completing a weekly menu with each resident. A copy of the weekly choices is retained by the resident so they know what is on the menu although the appointed manager said that they can change their order if they wish. Choices from the menu are varied and demonstrated a balanced diet. Feedback from residents on the day of the inspection visit and the surveys was mostly positive about the food and written comments included 'my mother likes and enjoys the food-and staff ask me what she likes best so they can prepare it for her' 'there is a choice of meals' 'Meals could be hotter usually quite good with a choice more vegetarian meals would be nice meat could be more tender'.

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.

The home has a clear complaints procedure and people are confident that any complaint made would be listened to, investigated and responded to appropriately.

The homes management and information in the home ensures that any Safeguarding Vulnerable Adult issue would be responded to appropriately when identified.

Evidence:

The home has a clear complaints procedure, that now includes timescales. It is available in the resident's handbook (service users guide). Residents spoken to and surveys recorded that people know what to do if they wanted to make a complaint, and would be comfortable to do so if needed. Three formal complaints have been received since the last inspection and all have been investigated. Records confirmed that the complainant had been responded to with the investigations findings, and action to be taken by the home.

The home has relevant policies and procedures on the protection of vulnerable adults, which include action to be taken if an allegation or suspicion of abuse is raised. These procedures however need to be updated to reflect the new local policies and procedures on safeguarding vulnerable adults. The appointed manager has a clear understanding of adult protection issues and has reported matters of concern to social services and the Commission, participating in the agreed investigations and

Evidence:

implementing safeguarding plans of care. She has maintained suitable records that confirm that she has dealt with safeguarding issues appropriately. Although the appointed manager has provided staff with some basic training on adult protection staff need to be trained by an updated recognised trainer.

Staff recruitment files confirmed that staff have a POVA check completed along with a Criminal Records Bureau check (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 **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home provides a comfortable, homely, well maintained environment for residents to reside in, although the standard of cleanliness, infection control practice, and safety matters needs to be improved in some areas.

Evidence:

Bryher Court is situated in a residential part of St Leonard's on Sea. It is a large detached property that provides accommodation and facilities over four floors, all of which can be accessed by stairs, or one of the two passenger lifts. There is a good sized lounge on the ground floor, which leads into a large conservatory. The garden area benefits from disabled access and a large patio area, which is accessed from the conservatory.

The home has been subject to further recent upgrading that has provided improved toilet and bathing facilities including some new en suite facilities. These have been finished to a high standard. A tour of the home confirmed a light and airy home that was odour free. It was however noted that some areas of the home were not clean this included some bed frames, wheelchairs, mobile hoists and some floors. Following the inspection the appointed manager reviewed the cleaning arrangements. She has implemented cleaning schedules so that staff are clear on what they are responsible for cleaning and have a clear accountability that can be monitored. It was also noted

Evidence:

that some furniture needed replacing and this included rusty commodes, metal bedside cabinets and beds. The home needs to complete a full audit of the homes equipment and furniture to ensure a replacement programme is progressed to ensure suitable provision and that all furniture and equipment can be cleaned effectively. The AQAA also recorded the need for further seating for those residents with specialist needs, and the appointed manager confirmed that furniture replacement was being progressed.

During the tour of the home it was noted that there were two electric radiators in the conservatory that were very hot to touch and posed a risk to residents. This risk was identified to the appointed manager who arranged for these to be turned down. She completed relevant risk assessments (a copy of which was provided to the Commission the next day) and has confirmed that the electric radiators are to be replaced by radiators attached to the central heating system, that will be guarded and in situ by the end of the week.

Residents said they liked their own rooms and those seen were attractive and were well decorated and personalised, and reflected people's individuality and their care needs. Some bedroom doors have windows in them and although they have curtains in place when drawn back anyone passing the room can look into a resident's private accommodation. This privacy issue was raised at the last key inspection along with the need to discuss this matter with each resident and record their wishes. This still needs to be addressed.

Although appropriate hand washing facilities and infection control clothing was available throughout the home bars of soap and unlabeled pots of cream were located in communal bathing areas. These represent a risk of cross infection. This concern was raised directly with the appointed manager.

Residents were seen to be well dressed in well laundered and ironed clothing and one relative recorded within a survey 'I see her each day her room and herself are always clean and fresh and the staff are very caring to her'.

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.

Staffing numbers and skill mix provides a competent and well-motivated staff team that meets residents health and personal care needs. Staff training needs to be structured to ensure staff have the appropriate skills to care for all residents safely.

Residents are protected by the recruitment practice followed.

Evidence:

At the time of this assessment visit 32 residents were living at Bryer Court Nursing Home, the residents have a mixed dependency most needing a high level of support. Staffing arrangements normally provide three registered nurses in the morning with two in the afternoon/evening these nurses are supported by seven and four care staff accordingly. If the registered nursing number is reduced by one this is replaced by a carer. The appointed manager also works in the home weekdays and a duty rota clearly records the staff on duty at any given time.

Staffing levels on this day were found to be satisfactory with resident needs being well attended to discussion with residents confirmed that they thought that there was enough staff, and said the bell was always responded to quickly, although time for chatting and social interaction was limited.

Evidence:

Feedback received about the staff working in the home was very positive and comments included 'the nurses are professional and have a good understanding of the needs of people living in the home' 'staff are very caring'.

The recruitment files pertaining to four staff were reviewed as part of the inspection process and were found to be full and included an application form evidence of two references, and the required Criminal Records Bureau (CRB) and POVA checks on all staff.

All new staff have induction training and the AQAA recorded that the home plans to have 75% of staff qualified with a National Vocational Qualification (NVQ) to level 2 or 3 in care within 12 months. The appointed manager has sourced further NVQ training for care staff who are able to start with at a level 3.

A review of records held on staff training indicated that staff training for all staff is not well developed and does not provide a rolling programme to ensure staff have all the required training and additional training to provide specific specialist care. The appointed manager was aware of the training shortfalls and knows now that she needs to focus on this area.

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

Residents and staff benefit from a qualified and competent manager who takes into account residents views to improve the quality of care and services in the home. Residents financial interests are safeguarded.

The health, safety and welfare of residents and staff are generally promoted although a full risk assessment process needs to be established and responded to, along with the provision of suitable staff training on relevant health and safety matters.

Evidence:

A new manager has been appointed since the last key inspection and her registration is being processed by the Commission. She has worked as a care home manager previously with 4-5 years experience, she holds a NVQ level 4 in management and is a registered first level nurse. Since her appointment she has addressed the requirements made at the last inspection and has provided a structured management role. She works in a supernumerary basis, providing the necessary resources to address the management issues. She is also well supported by a team of registered nurses and

Evidence:

carers who work well together and hard to provide a good standard of care in a kind and considerate way.

There has been some quality monitoring including resident questionnaires, these have been audited and responded to. The AQAA records that quality monitoring questionnaires are being reviewed and updated to provide quality information. Further quality monitoring systems are to be developed across the service provision.

Normally the residents or allocated representatives manage all financial affairs with any additional costs being paid on a monthly basis directly to the administrator or as part of the monthly bill. The home is however holding some money for three residents currently, this is a temporary arrangement and the appointed manager is to review all cases individually to ensure suitable and safe arrangements are maintained in the best interest for each resident.

Some feedback within the staff surveys indicated that the support/supervision provided by the manager needed to be improved. There was however evidence that staff supervision was being provided and therefore a regular meeting with the manager was taking place. The AQAA records that a supervision policy has been provided along with regular supervision sessions. Alternative supports systems need to be explored, which may include small peer group sessions. Questionnaires could be used to ascertain what the gaps are thought to be and what would be a useful way of addressing them.

The AQAA confirmed that some policies and procedures still need to be provided and reviewed. A clear risk assessment process for the home and its grounds was not evident and needs to be established along with a suitable health and safety policy and associated policies and procedures. The appointed manager confirmed that the a fire risk assessment had been completed and this needed updating and that the passenger lifts had been serviced and had a recent thorough examination. Records relating to safety checks on the hot water supply are maintained and a maintenance man responds to any risk identified.

As previously identified staff are not receiving regular training on health and safety matters.

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
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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
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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	3	14	Prospective residents must be provided with written confirmation that the care home is suitable for the purpose of meeting their health and welfare needs. This will ensure that decisions around admission to the home are informed and evidenced and enable prospective residents to make an informed choice about their admission to the home.	01/04/2009
2	9	13	Clear guidance should be available to staff, on all medicines prescribed on an as required basis, to take into consideration each residents needs and choices, in addition to the prescriber's directions. This will ensure that medicines are given in a consistent way and in response to residents health	01/05/2009

			needs.	
3	26	13	<p>The registered person needs to implement clear procedures for the prevention of infection control and</p> <p>ensure staff adhere to them. These need to address the use of soap and creams ensuring they are used for</p> <p>one person only. In addition all furniture and equipment must have a cleanable surface.</p> <p>This will ensure the risk of cross infection are minimised.</p>	01/04/2009
4	30	18	<p>The registered person must ensure that all staff receive suitable training to ensure that they are appropriately qualified and competent and have the skills to meet all the needs of residents in the home.</p> <p>This will ensure that care is appropriate care is provided to residents in a safe way.</p>	01/05/2009
5	38	13	<p>The registered person shall make arrangements to ensure areas accessible to residents are so far as reasonably practicable free from hazards to their safety. Appropriate risk assessments need to</p>	01/04/2009

			<p>be completed recorded and responded to.</p> <p>This will ensure any risks within the home and garden areas are identified quickly and reduced as far as possible.</p>	
6	38	13	<p>That the registered person ensures that all staff attend all relevant Health and safety training.</p> <p>This will ensure that staff undertake their duties in a way that promotes their own and residents safety.</p>	01/05/2009

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	26	<p>Staff must ensure that residents are given as much privacy as they want, and decisions around window curtains and when they are drawn back need to be discussed and recorded within the care documentation.</p> <p>This will ensure that residents are asked and given choices around the level of privacy they are given.</p>

Helpline:

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We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

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