Care Quality Commission

Key inspection report

Care homes for older people

Name:	Victoria House
Address:	22 Nelson Place Ryde Isle Of Wight PO33 2ET

The quality rating for this care home is:	two star good service

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

Lead inspector:	**Date:**							
Nick Morrison	0	2	1	2	2	0	0	9

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

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

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

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

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

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

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

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

The mission of the Care Quality Commission is to make care better for people by:

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

Reader Information

Document Purpose	Inspection report
Author	Care Quality Commission
Audience	General public
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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Victoria House
Address:	22 Nelson Place Ryde Isle Of Wight PO33 2ET
Telephone number:	01983614515
Fax number:	01983613370
Email address:	
Provider web address:	

Name of registered provider(s):	Venetian Healthcare Ltd
Name of registered manager (if applicable)	
Type of registration:	care home
Number of places registered:	22

Conditions of registration:		
Category(ies) :	Number of places (if applicable): Under 65	Over 65
old age, not falling within any other category	0	22

Additional conditions:

The maximum number of service users to be accommodated is 22

The registered person may provide the following category of service only: Care home only (PC) to service users of the following gender: Either whose primary care needs on admission to the home are within the following category: Old age, not falling within any other category (OP)

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

Brief description of the care home

Victoria House is a well-appointed care home, which occupies a fine elevated site in Ryde. It boasts sea views from all the rooms at the front of the building. Whilst the home has a number of double rooms they are presently used as singles. The home has a passenger lift that provides access for residents to all levels of the building.

The home offers a varied programme of social and recreational activities including

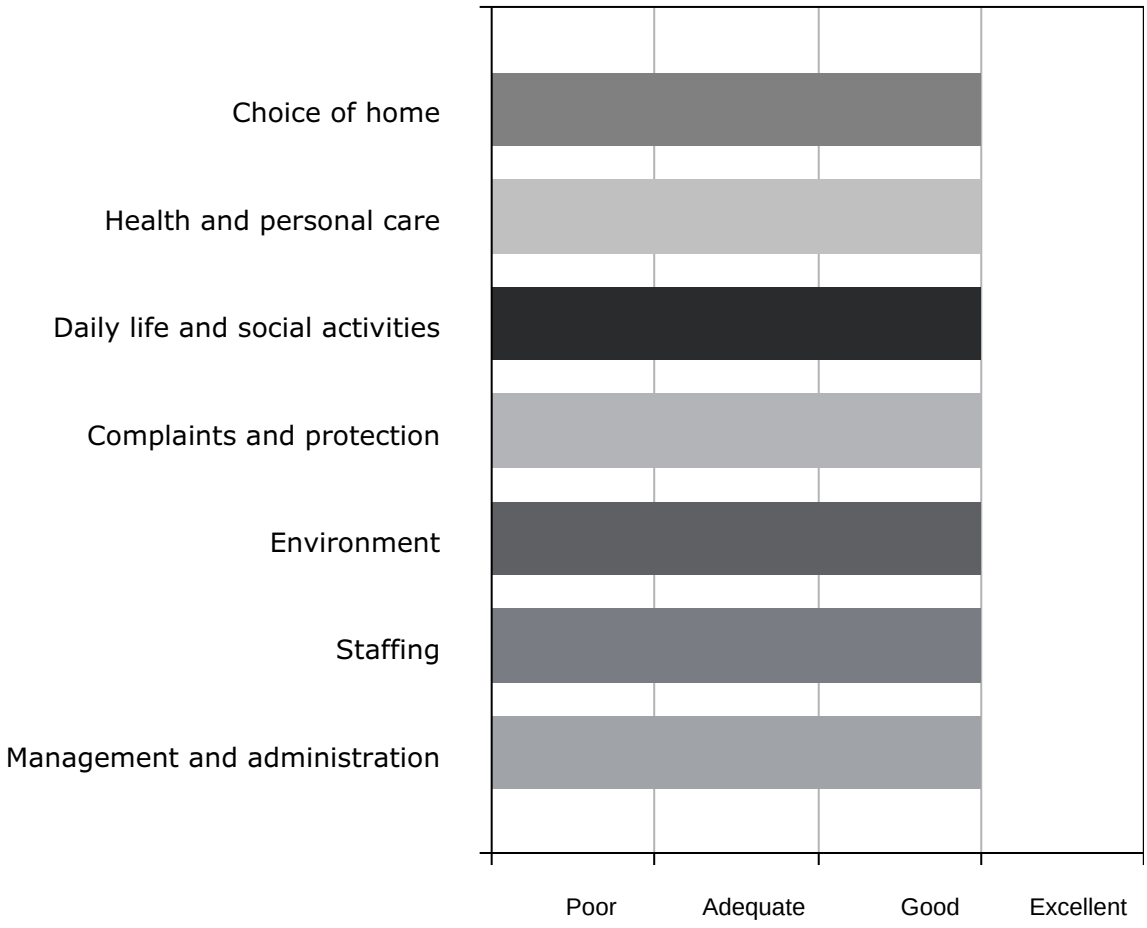
Brief description of the care home
music and art activities. For those that like animals the home has a cat and a parakeet. The home predominatley offers long term care however short stay and respite may also be offered if a suitable room is available. Information about current fees can be obtained from the 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:

This report represents a review of all the evidence and information gathered about the service since the previous inspection. This included a site visit that occurred on 2 December 2009 from 3:00pm until 8:00pm. During this time we looked around the premises, looked at the files of five service users and spoke with two people who live in the home. We observed the support they were receiving. We also met the Manager, spoke with two members of staff and observed interaction between staff and service users. During the inspection we also met with two relatives of people who live in the home. All records and relevant documentation referred to in the report was seen on the day of the inspection visit. We also referred to the home's Annual Quality Assurance Assessment, which is a self-assessment they are obliged to provide us with. We sent out surveys to service users, staff and healthcare professionals and received seventeen responses.

What the care home does well:

The environment is very homely and is kept clean and well-maintained. A good range of activities is provided, suited to the needs and interests of people living in the home. Staff in the home interact very positively with the people who live there and are good at ensuring that people receive stimulation throughout the day. Staff also demonstrate a very courteous and respectful approach to people living in the home.
The healthcare needs of people living in the home are regularly monitored and access to healthcare services is good.
The home has a good quality assurance system in place and people living in the home are encouraged to participate in the running of the home and to put forward comments and ideas. These are responded to positively by the service.

What has improved since the last inspection?

There had been two requirements made at the previous inspection; one related to staff observing service users taking their medication before they recorded they had done so and the other related to the need for staff to have annual updates for their mandatory training. Both of these requirements had been met by the time of this inspection.
The appointment of a new Manager has resulted in a lot of changes in the home. There are now regular staff meetings and residents meetings. Staff receive more training and regular support and supervision. People living in the home are offered much more choice than before and have more control over their own lives.
A maintenance plan for the home has also been introduced.

What they could do better:

We have made one requirement as a result of this insepction relating to care plans which need to be more descriptive of the actions staff need to take in order to address identified needs.
The home has developed improved systems for identifying possible improvements to the service provided and has begun to put plans in place to address these as they arise.

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

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

Details of our findings

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Choice of home

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Service users benefit from having their needs assessed prior to moving into the home.

Evidence:

The home requires a full and comprehensive assessment for each person before they move into the home. Assessments are carried out jointly with the agency making the referral and involve relevant professionals and the service user. Assessments include the identification of any religious or cultural needs the service user may have and record the person's preferred form of address. Records showed that all assessments were in place prior to the person moving in and that service users and their families had been involved in the assessment process. Assessments are carried out by the Manager or Deputy Manager.
The service has comprehensive information on the needs of people moving into the home and this is then used in the care planning process.
Service users told us they had sufficient information about the home prior to moving in.

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.

Service users benefit from having their needs identified in a care plan and from having their healthcare needs met. They are protected by the home's medication policies and procedures and are treated with dignity and respect.

Evidence:

We looked at the care plans of five people who live in the home. All care plans contained clear information on people's needs. The home has introduced a new care planning process based on a person centered model. All service users have their own copy of their care plan. On the front of the plan there is information for the service user on the purpose, principles and process of the plan along with what can be expected from the plan and the roles and responsibilities of the people involved. On the back of the plan there was information about how the home would respect the rights of the service user. The home is in the process of updating all care plans in the new format. This process is nearly complete, but some plans still need to be completed in the new format. One of the five plans we looked at was not yet done in the new format. The older style plans were not as clear and the new format represents a big improvement. The format of he new plans was comprehensive and covered the

Evidence:

person's current state of health, medication management, allergies, weight, body weight risk assessment, mobility, falls, personal hygiene, dressing and appearance, oral care, nail care, hair care, sensory care, skin care, continence care, dietary requirements, sleep pattern, communication skills, manual handling, social skills, behaviour, interests and hobbies, religion, family support and friends. Under each section there were a series of prompts with a space next to the prompt for recording information about the person's individual needs. The information recorded, although accurate in respect of each person's needs, was not written in terms of what staff members had to do in order to meet the needs. This means that individual staff members might have different ways of addressing the needs and result in a lack of consistency. It also means that different staff approaches may not take account of the way the service wishes to be supported. In discussion the Manager brought to our attention that she saw this as a failing in the current plans and that she wanted to ensure, through staff training and supervision that the plans were written more precisely in terms of action in future. We have made a requirement in respect of this. The home does have good systems regarding communication about care plans and particularly any changes to people's plans. Staff meetings focus on any changes to the plans and give staff an opportunity to discus each person's plan and how they are implemented. Care plans also contained assessments of physical health, mental health, nutritional screening, dependency, behaviour and falls. Within the care plans was a summary of what the person wants and needs at different points during the day. This was like a daily routine that provided staff with an overview of how the person liked to spend their day and times at which they may need particular help. There was also a pen picture of each person in the care plan file that gave information about their personal history and background so that staff were able to initiate discussion with them and also could have a greater understanding of the person. The home did recognise that not everyone wanted to be involved in this process and there was no expectation that service users had to speak about their personal history if they did not want to.

Along with the care plans there were risk assessments in place where a particular risk had been identified for the person. The risk assessments were comprehensive in identifying potential risks for each person and were clearly written. Records showed that all care plans and risk assessments had been reviewed on a monthly basis as well as being updated in between times if the person's needs had changed. The Manager also undertakes regular auditing of the care plan files to ensure they are effective and complete. Written feedback from staff told us they were always given up-to-date information on the needs of people living in the home.

Records on service users' files showed that their healthcare needs were regularly

Evidence:

monitored. Records of each person's weight was kept and, where there were specific individual concerns such as how much food or fluid a person was taking there were records in place to monitor this. There were also records relating to all healthcare appointments for each person, along with the outcomes of those appointments. These included GP visits, opticians and chiropody. Written feedback from one healthcare professional stated that staff in the home "always take prompt action on any medical advice given."

There had been a requirement from the previous inspection that staff in the home must observe service users taking their medication before recording they had done so. We observed the member of staff administering medication on the day of the inspection visit and saw that she observed each person taking their medication. This requirement has been met. There were assessments and agreements on each person's file regarding whether or not they were going to administer their own medication or have staff do it for them. Each person had signed their own agreement. Where people wanted to administer their own medication and no risk was presented by them doing so they were supported to manage their own medication. The Manager informed us that each person had lockable facilities in their rooms in order to keep medication and/or valuables safe. The home has a clear medication policy in place that has recently been reviewed. Records on each person's files showed that they had regular medication reviews.

Records were kept of all medication coming into and going out of the home. There were also clear, up-to-date and accurate records of all medication administered. Individual medication records contained a photograph of the service user in order to decrease the likelihood of errors being made. Most medication was administered through a monitored dosage system. All medication in the home was stored safely and securely. Where medication was prescribed on an 'as required' basis there were clear guidelines in place regarding how and when it was to be administered. On the day of the inspection we observed the member of staff asking people if they wanted their 'as required' medication. Where necessary she reminded the person what the medication was for so that they could decide whether or not they needed it. This was done discreetly so as to preserve the person's privacy. One person did not want their 'as required' medication at the time it was offered but said they would want it later as they went to bed. The member of staff made a note of this so that it could be given when the person wanted it. The medication system and records were audited on a monthly basis by the Manager to ensure that systems were being followed correctly and that errors were not occurring. All staff who administered medication in the home had received training. Of the five healthcare professionals who responded to our surveys, three said that people living in the home always get the support to take their

Evidence:

medication appropriately, one said usually and the other person did not know. On the written feedback one service user stated "I always get my tablets on time."

The home's policies promoted the respecting of privacy and dignity at all times and evidence from staff supervision meetings and staff meetings demonstrated that the Manager took opportunities to reinforce this with all staff. The need to promote privacy and dignity was also emphasised in care plans.
In the five written responses we received from healthcare professional four said staff in the home always respect service users' privacy and dignity and one said they usually do.
Training records showed that staff receive training in respecting service users' privacy and dignity.
On the day of the inspection visit we observed staff supporting service users and found them to be very respectful of privacy and dignity at all times. As described above, a member of staff was very discreet in explaining to people what their medication was for. Staff also ensured that they supported people to adjust their clothing in a discreet way and all personal care took place in private.

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.

Service users benefit from being able to exercise choice and control and have stimulating activities.
They also benefit from good support in maintaining contact with friends and families and a good, balanced diet.

Evidence:

The home provides a range of activities. Some are planned and led by staff, some are provided by a company employed by the home called Independent Arts and others are provided by individual entertainers. The notice board in the entrance to the home listed the planned activities provided by Independent Arts. These included reminiscence, music and exercise to music sessions. Other activities were also listed on the notice board, including singers, entertainers, Christmas Carols, Christmas party and sessions with a masseur. As well as the planned activities we observed staff throughout the day taking the opportunity to encourage service users into activities and taking time to sit and talk with people. In the lounge there were books and games available for people to use as they wished. The Manager informed us that since she has been in post there have been some requests from people in the home to have outings planned so that they were able to spend time out of the home. The Manager is in the process of addressing this and is arranging suitable transport for people.

Evidence:

Service users are encouraged, at monthly meetings, to generate ideas for activities in the home or outside the home and there was evidence that these are recorded and responded to. Service users who wish to are supported to attend religious meetings. Individual service users' files contained records of all the activities they had taken part in and all the activities that had been offered to them but which they declined. The home has a visitors policy which encourages friends and families to visit at any times that are convenient to them and the person they are visiting. On the day of the inspection visit we observed staff being very welcoming to visitors and making themselves available to answer questions and be helpful. The notice board encouraged visitors to help themselves to the tea and coffee making facilities in the dining room.

Observation throughout the day of the inspection showed that staff were aware of the need to ensure that people exercised choice and control over their own lives and they were skilled in enabling this. Service users were offered choices throughout the day and were supported to do the things they wanted to.

In discussion staff told us they thought there had been a great increase in the amount of choice and control available to people living in the home since the new Manager started. For example, at mealtimes service users were now able to choose whop they sat with and were also able to choose to have their breakfasts and other meals on a tray in their rooms if they wished. In the written feedback we received, seven of the eight service users who responded told us the Manager and staff always listened to them and acted upon what they said. One person did not answer the question. All eight of the respondents told us they were able to do what they wanted to do throughout the day.

Assessments of nutritional needs took place for all service users as part of their pre-admission assessment. Individual needs were recorded on care plans. There was also information in the kitchen about each person's particular requirements at mealtimes such as how food should be served for individuals and any particular equipment they needed.
The home provides a main meal at lunchtime and smaller meal at tea time. Meals are planned through a four week menu and these showed that service users experience a variety of options throughout the four week period.
There was evidence from the minutes of residents' meetings that people living in the home were regularly consulted about the food and encouraged to express ideas to contribute to the menu.
Although there was only one option for each meal on the menu, alternatives were provided for people who did not want the planned meal. Vegetarian diets were catered for and there were records of the alternative meals that people had chosen.

Evidence:

Where people had specific needs relating to food and fluid intake there were records in place to demonstrate how much they consumed.
The home is in the process of liaising with a local religious group in order to provide appropriate meals for one service user.
The food storage area was clean and food stored in the fridges was labeled well with dates once it had been opened. The food storage area also showed that fresh fruit and vegetables were used in the home and that the home had plenty of food in stock.
Four service users used the written feedback surveys to inform us that food in the home was particularly good. One person called it "nice, old-fashioned food."
The home's Annual Quality Assurance Assessment informed us that the Manager was aiming to ensure that menus will be displayed on the dining tables in future and that all staff will be trained in identifying symptoms of malnutrition.

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.

Service users benefit from a clear and effective complaints procedure and are protected by the home's adult protection procedures and practices

Evidence:

The home has a clear and effective complaints policy in place. The policy is made available to service users and their families on admission and a copy is also available in the front entrance of the building. All eight of the service users who provided written feedback told us they knew who to speak to if they were not happy about an aspect of the service and six of the eight told us they were aware of how to make a complaint. There was a system in place for receiving, recording and responding to complaints in line with the home's policy. The home had received one complaint since the previous inspection and had responded to it in accordance with their policy. Full records were kept of the complaint.

The home has clear adult protection policies and procedures in place and the Manager was clear that people living in the home needed to be protected from any form of abuse.
Examination of training records showed that staff had received training in adult protection issues.
Staff told us they knew what to do if there were concerns about anyone living in the home.
The manager was clear about the reporting procedures and knew how and where to

Evidence:

report issues if they arose.
All eight service users who responded to our surveys said the Manager and the staff always treat them well.
Throughout the inspection we identified no concerns in relation to either complaints or protection.

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.

Service users benefit from living in clean, well-maintained environment.

Evidence:

The home has a well-maintained appearance and evidence from the maintenance book showed that building issues were highlighted on a regular basis and responded to in a timely manner. There are two lounges in the home as well as a dining room. The home is planning a conservatory extension overlooking the sea to provide a new dining room for people living there. Chairs throughout the building appeared very comfortable and other furnishings and fittings were of good quality. All service users' rooms had their names on the door and the doors were fitted with locks so that people could maintain their own privacy. Service users' rooms also all had en-suite toilet facilities. The home has a lift and this is fitted with large control buttons that also have Braille writing on them. There are instructions for the use of the lift in large font. The home was warm throughout. A maintenance plan is in place to indicate any maintenance work that needs to be undertaken within the home or grounds.

The home has clear infection control policies in place and all staff receive training in infection control. There was hand cleaning gel available throughout the building in all bathrooms, the dining room, corridors and at the front entrance. Paper towel dispensers were in place next to all hand wash basins. The laundry area was well managed, clean and tidy. The new Manager had increased the domestic staff hours in

Evidence:

the home and the home was clean throughout. Cleaning staff follow a task rota to complete the cleaning schedules on a daily basis. All eight service users who responded to our surveys said the home was always fresh and clean. Two people used the surveys to tell us they thought that one of the things the home does well is to provide a clean and homely environment.

People living in the home are encouraged to highlight any concerns about the building at regular residents' meetings.

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.

Service users benefit from being supported by adequate numbers of sufficiently trained staff and are protected by the home's recruitment policies and practices

Evidence:

On the day of the inspection visit it appeared that there were sufficient staff on duty to meet the needs of people living in the home. There was no indication that the needs of service users were not being met due to a lack of staff. Staffing levels on the day of the inspection visit matched the rota and the rota for the rest of the week showed that staffing levels were the same throughout the week. In written feedback two of the four staff who responded told us they thought there was always enough available and two said there were usually enough. The home employs four care staff each morning and three each afternoon. In addition to this there is the Manager, the Deputy Manager, domestic staff, the cook and a maintenance person. At night there are two waking night staff on duty. The timing of the staff shifts have recently been altered in order to increase the consistency of the care provided.

There had been a requirement from the previous inspection that all staff must receive annual updates for mandatory training. This is now being managed and the requirement has been met. Staff have received updates since then in everything except first aid. The Manager has sourced first aid training and booked it for January 2010. Each member of staff now has an individual training matrix in their file listing

Evidence:

what training they have done and when updates are due. The home provides training for staff in manual handling, first aid, food hygiene, health & safety, fire awareness, infection control, falls prevention, palliative care, mental capacity, safeguarding, dementia awareness, medication, challenging behaviour, effective communication, catheter care, stoma care, equality and diversity and National Vocational Qualifications (NVQ) in care. When staff begin work in the home they are issued with the skills for care induction pack. Long standing unqualified staff have now also been issued with the skills for care pack. All senior staff in the home have an NVQ at level three as a minimum. The staff who responded to our surveys told us they received good training in the home and that they were receiving more training now. Healthcare professionals also told us they thought the staff in the home have the skills to meet the needs of the people who live there.

We looked at the recruitment and training files for four staff working in the home. The recruitment records showed that all necessary pre-employment checks were undertaken prior to people beginning work in the home and that all the information the home was required to keep in respect of members of staff was in place. In written feedback, all four members of staff who responded told us the home undertook all necessary checks on them before they were allowed to work in the home. The home's Annual Quality Assurance Assessment told us that the Manager was exploring possibilities for including people living in the home to have some involvement in staff recruitment in future.

Staff support and supervision records showed that these sessions had been happening on a regular basis since August 2009. Staff we spoke with told us that support and supervision had not been happening prior to this.
Sessions focused on staff development as well as the needs of people living in the home.
The manager has organised annual staff appraisals for all staff for January 2010.
In written feedback three of the four staff told us the received support and supervision regularly and one said they received it often.
One member of staff used the survey to tell us that they thought staff morale had improved since the new Manager arrived.

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.

Service users benefit from living in a well managed home that is safe and responsive to their needs.

Evidence:

The Manager has been in post since 3 August 2009. She has begun the process of making an application to become the Registered Manager and is waiting for a date for her interview for this. Previously she had been the Registered Manager of another similar home. Since being in post the Manager has identified a number of things in the service that need improving and has developed an action plan which she is working through. Initially she has introduced a keyworking system, staff support and supervision sessions, staff meetings and resident meetings as well as addressing the requirements made at the previous inspection. In discussion and in the written feedback they gave us staff told us that the appointment of the new Manager has resulted in a "dramatic change" and that the home is now "more organised and staff morale has improved." Staff told us that issues raised by them or by people living in the home are responded to quickly. They said there is now more direction and

Evidence:

leadership in the home.

The home has a quality assurance system in place which involves regular questionnaires being sent out to service users and their families. The last of these were in June 2009 and the next round of questionnaires is planned for January 2010. Results and outcomes from the questionnaires are collated and displayed on the notice board in the entrance to the home. Issues raised are dealt with and discussed at residents meetings. For example, it had been raised through the questionnaires that the meat in the home is sometimes a bit tough. This was responded to by reviewing cooking methods and was discussed at a residents meeting. Further feedback was then sought from those present and it was discussed at subsequent meetings so that people living in the home could provide feedback on if and how it had improved. The minutes of residents meetings are made available on the notice board, along with the date and time of the next meeting and everyone living in the home is encouraged to attend. The Provider also visits the service on a monthly basis and completes reports on the effectiveness of the service. Copies of these reports are kept in the home for reference.

We were informed by the home's Annual Quality Assurance Assessment that they do not deal with service users' money. Any expenditure on behalf on people living in the home, such as hairdressing bills, is paid by the home and then the receipt is sent to families for reimbursement. The Manager confirmed this during the inspection.

The home uses a consultancy firm to provide formats and advice for managing health and safety issues. The firm also come to the home periodically to do health and safety audits. The manager remains responsible for identifying risks and planning measures to control them. The Manager demonstrated a clear understanding of managing health and safety issues.
Clear workplace risk assessments were in place and were regularly reviewed. The manager is currently in the process of reviewing the risk assessments to ensure the building is safe for people who might be at additional risk because of dementia.
Clear and up-to-date records were kept to demonstrate that the all equipment used in the home was regularly serviced.

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	7	15	Care plans must be written so that it is clear what action members of staff need to take in order to meet the identified needs. To ensure that support is provided in a consistent way and in the way the service user wants to receive support.	29/01/2010

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

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