Key inspection report

CARE HOMES FOR OLDER PEOPLE

Waterloo House

Waterloo Road
Bidford On Avon
Warwickshire
B50 4JH

Lead Inspector
Yvette Delaney

Key Unannounced Inspection
21st September 2009 12:30

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	Waterloo House
Address	Waterloo Road Bidford On Avon Warwickshire B50 4JH
Telephone number	01789 773359
Fax number	01789 774791
Email address	
Provider Web address	www.alphacarehomes.com
Name of registered provider(s)/company (if applicable)	Alpha Care Homes
Name of registered manager (if applicable)	Manager post vacant
Type of registration	Care Home
No. of places registered (if applicable)	35
Category(ies) of registration, with number of places	Dementia (35), Old age, not falling within any other category (35)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category of service only:

   Care Home Only (Code PC)

   To service users of the following gender:

   Either

   Whose primary care needs on admission to the home are within the following categories:

   Dementia (DE) 35
   Old age, not falling within any other category (OP) 35
2. The maximum number of service users who can be accommodated is: 35

Date of last inspection 18th August 2008

Brief Description of the Service:

Waterloo House is situated within walking distance of Bidford Upon Avon where there are shops, churches and a bus service to Stratford Upon Avon. The home is registered to provide personal care for up to 35 older people. The home is divided into two buildings.

The main house is a large Victorian house, which has been converted to accommodate up to 21 older people requiring personal care. Bedrooms are available on the ground and first floor of the home. All have en suite facilities. The first floor is accessible via a chair lift only. The other part of the home is called 'Avon Lodge'. A purpose built premises located behind the main house and has recently been connected top the main building known as Waterloo house by building a corridor. The lodge can accommodate up to 14 people with dementia. This building has 14 individual bedrooms with en suite facilities. There is a passenger lift to the first floor as well as stairs.

Current fees for this home range are £575 per week. The home negotiates top up fees with the relevant people. Additional costs are payable by the resident for services or items such as hairdressing, chiropody, aromatherapy or newspapers.

SUMMARY

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

The overall quality rating for this service is 2 Star. This means that people who use the service experience good outcomes.

This was a Key unannounced inspection which addresses all essential aspects of operating a care home. This type of inspection seeks to establish evidence showing continued safety and positive outcomes for residents'. The inspection focused on assessing the main Key Standards.

Before the inspection, we looked at all the information we have about this service, such as notifications of accidents, concerns, complaints or allegations and previous inspection reports. We do this to see how well the service has performed in the past and how it has improved. We looked at the Annual Quality Assurance Audit (AQAA) which the manager completed and returned to us before our visit. This is the manager's review of the service and gives us information about how the service has progressed in the last 12 months.

We sent out random surveys to people who live at the home, their relatives, staff working in the home and social and health care professionals in order to gain peoples' views about the service. One was returned by a resident, three by relatives, three from staff and two surveys were returned by professionals. Their comments are included in this report.

We used a range of methods to gather evidence about how well the service meets the needs of people who use it. We talked to people living in the house and observed their interaction with staff. We looked at the environment and facilities provided and checked records such as care plans, risk assessments, complaints records, staff training records and fire safety and other health and safety records.

Three people using the service were identified for case tracking. This is a way of inspecting that helps us to look at services from the point of view of some of the people who use them. We track peoples care to see whether the service meets their individual needs.

Our assessment of the quality of the service is based on all this information plus our own observations during our visit.

Throughout this report, the Commission for Social Care Inspection will be referred to as 'us' or 'we'.

What the service does well:

People who are considering moving into the home benefit from having their care needs assessed so that they can be sure the home can meet their needs.

People are treated respectfully, which helps to increase their self esteem and feeling of wellbeing.

People living in the home have a plan of care and access to health care professionals which will help to make sure that their health and personal care needs are met.

The home is continuously maintained to make sure that people have a safe, homely and clean place to live.

The home is managed by a competent person to ensure the service is run in the best interests of people living there.

Comments from residents and relatives include, 'It's a good place to live' and 'I can't think of anything that needs to be improved.'

What has improved since the last inspection?

The manager has taken steps to address the requirements from the last inspection. This shows us her commitment to making sure that people live in a safe and well run home.

The implementation of a new medication management system in the home should help to make sure that residents receive their medicines safely.

Photographs of the meals served in the home have been introduced. This is good practice and helps people to recognise what they have chosen from the menu and what they will be eating.

The newly constructed link corridor which connects the two houses together helps to make the home more secure for residents and staff.

What they could do better:

The home needs to look at the effectiveness of communication between staff, residents, relatives and other visitors to the home. This will help the home to identify where communication systems in the home need to be improved.

The home needs to make sure that there is consistency in the recruitment procedures used in the home so that the same robust procedures are followed each time to promote the safety of people living in the home.

Records related to procedures and safe practices in the kitchen should be complete and signed for daily. This will help to make sure that safe practices are monitored and maintained in the kitchen at all times.

The home needs to review their car files to make sure that:

- Staff maintain consistency when making written entries so that they are dated, timed and signed with the person's signature.
- Daily reports reflect a person's health, personal and social wellbeing.
- Any accidents or incidents involving a resident is clearly recorded and shows that the well being of the person has been followed up.

Care staff assessed as competent to administer medicines to residents should be aware of what the medicines they are giving are for, how often the medicines should be given and any side effects that could occur.

All staff should be suitably trained to deliver appropriate and consistent care to people living in the home. This will mean that people have safe and appropriate support at all times from staff that are competent and qualified to care for them.

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 and 3

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

People thinking of using the home have access to up to date information about the home which helps them to make an informed decision about the services offered by the home. People receive a comprehensive assessment of their care needs to ensure that they can be met before being offered a place in the home.

EVIDENCE:

We were given a copy of the Statement of Purpose and Service User Guide to read. Copies of both documents are available to people living in the home. Both documents have been reviewed and updated to provide people who live in

the home and potential residents with up to date details on the services the home provides. Both documents give people who are involved in a decision about whether to move into the home information as to whether the home is suitable to meet their needs. A copy of our last inspection report is available in the home. Two relatives of residents spoken with said that they were well informed when making a choice about moving into Waterloo House.
The care files of two people admitted to the home since our last inspection visit in August 2008 was reviewed through the case tracking process. Copies of the assessments were available in the care files. Assessments read provided details of the resident's health and personal care needs. The availability of this information helps to make sure that the specific care needs of each person are identified and used to complete a plan of care.

Residents and relatives confirmed that the Manager had visited them to make an assessment before being offered a place in the home. Information in the AQAA stated that all residents receive a pre-admission visit. These are completed at the person's current place of residence such as the person's house, hospitals or other care homes.

Completing a pre-admission assessment for a potential resident means the home will have information about the person's needs. The home can then make sure they have the equipment, staff and facilities to meet these needs. People told us that they were able to look around the home and ask questions. This helps to make sure they have enough information before they decide that they would like to move in.

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 and 10

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

Care plans provide staff with guidance on all aspects of resident's needs. Daily reports do not consistently reflect the day to day life of people living in the home. Medicines are managed in the home to ensure safe practices are maintained. People are treated with respect which helps to increase their sense of well being.

EVIDENCE:

People living in the home looked well cared for. Residents were dressed appropriate for the time of the year and people spoken to told us that they were happy to be living in the home.

We looked at the care files for three people who had been admitted to the home since our last inspection visit. We saw that each person had improved care plan documentation giving care staff the information they need to provide appropriate care to people living in the home. Care files showed evidence of good practice of involving the person and their relatives or representatives in developing and reviewing their planned care. Care plans had been written based on the comprehensive assessment information staff gathered at the pre-admission visit. Risk assessments had been completed in all care plans examined. These include risks related to pressure areas, falls, mobility and nutrition. This gives staff information they need to meet the specific and current care needs of people living in the home. Specialist pieces of equipment had been provided when identified as needed within the care plans.

Care staff had written daily reports in care files. The reports do not consistently reflect the person's daily life in the home. For example a statement made on 23 August 2009 showed that the resident had had a fall resulting with a lump on their head. Subsequent written statements did not mention the fall again, the residents' condition or whether any checks or follow up was carried out. We noted that staff were not consistently signing, dating and putting a time to the written entries they had made in the care files. This omission does not help to support evidence of the care received by people living in the home or help to identify the member of staff responsible for ensuring care needs are met in the way planned.

One of the care files showed that visiting healthcare professionals had been involved in the care of residents. The reasons and outcome of these visits had been recorded. For example records showed that the resident had been referred to their GP and Community Psychiatric Nurses due to concerns about deterioration in their mental health. The effect this was having on other residents was also considered.

Comments received from professionals include:

"Staff always seem sensitive and understanding of the needs of residents." This professional goes onto say that they were impressed with the way staff were able to suggest alternative approaches to care for this person with reasons for the person's behaviour.

The management of medicines in the home was examined this showed us that procedures and practices had been changed to help improve medication practices. The home uses a computerised medication management system.

The system allows staff to view resident's prescriptions online. This will help to make sure that residents receive their medicines as the doctor intended. The monthly stock of medicines is safely stored in locked cupboards and trolleys. The medication administration records for the three residents are maintained on a computerised terminal. We were shown how the terminal worked when staff explained how the system worked while dispensing and administering the medicines for one of the residents.

The medication system provides audit information such as which member of staff carried out the medicine round and the time medicines were given. The medicine fridge temperatures are being monitored. The recordings show that the temperature is being effectively maintained to keep this below 8ºC, which will ensure the stability of medicines. A protocol is available to support the safe administration of PRN 'when required' medicines, these are medicines prescribed to be used occasionally. A professional told us that staff need to have more awareness of the medicines they administer to people in their care. They expressed that staff should know "Why, possible side effects and that PRN is as needed." The staff member we observed giving the medicines showed that she was knowledgeable about the medicines she was giving.

We observed staff treating people with respect examples of this include staff calling residents by their preferred name, sitting while they had a conversation and attending to their personal needs in private. However we also noted that residents were not routinely supported to clean their mouth or hands after they had eaten. Inconsistencies in care practices do not help to make sure that residents are supported to maintain their dignity at all times. Residents and relatives we spoke to said that staff treated them well and that they actively helped them to maintain their privacy and dignity.

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 and 15

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

People living in the home are supported to maintain their independence, interests, and take part in activities, which would enhance their quality of life. People benefit from a varied and nutritious diet in a comfortable and social environment.

EVIDENCE:

One of the professionals who returned their questionnaire told us that more activities were needed for people. The home needs to especially consider individual and small group activities for residents. The home's AQAA told us that they provide a range of activities and that these are offered in group and individual sessions. The home also said that people are given a choice on how they want to spend their day. Information provided also told us that planned activities are advertised on notice boards and family members are encouraged

to take part. Family members were happy that improvements had been made in the type of activities and events provided for residents.

While looking around the home we noted that photographs were displayed in the corridors of the home. Visits that had taken place include trips to garden centres and local shops. We were able to read a copy of the home's monthly newsletter. The newsletter is available in the home for both residents, relatives and visitors. This helps to make sure that people using the home have information about what is happening in and outside the home.
The three care plans we looked at contained information on people likes, dislikes and their preferences related to daily routines.

The corridors of the home have tactile boards and reminiscence boards on the walls which help to provide appropriate stimulus for the elderly residnents living in the home. Each resident has an activity folder detailing activities and events they have been involved in. Meetings are also held with the activity coordinator four times per year. The home has two pet cats which the residents are able to relate to. Other items available to provide appropriate stimulus for residents include a water feature in the garden and new garden furniture. Memory boxes, rummage boxes and sensory signage have been provided in the home.

Relatives, friends and other visitors are encouraged to visit throughout the day and maintain contact and involvement in the care of their relative. Visitors were observed to visit the home at the time of inspection. Conversations held with a number of relatives showed us that they were very positive about the quality of service provided in the home. Times of visiting were varied throughout the day and there were no restrictions. The home has an open visiting policy. Residents and their relatives told us that they are able to visit as they wish. This information was confirmed by information in the visitor's book which showed the times people entered and left the home and who they were visiting. Families and friends were seen visiting the home throughout the day.

People of varying faiths live in the home and their beliefs are respected by supporting them to access the services of local churches and other religious premises. Local religious representatives visit the home.

People told us that generally they were happy with the food provided by the home. There is a dining room in both of the houses, which make up the home. Residents were observed to use both dining rooms at lunch and supper time. The home has started to put together full size photographs of some of the food offered to people living in the home. This shows good practice as it will help residents to make informed choice about meals they wish to eat and act as a reminder of the meal they choose.

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 and 18

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

People living in the home can be confident that their concerns will be listened to. Policies and procedures in the home help to protect people from the risk of harm.

EVIDENCE:

A copy of the complaints procedure is displayed in the home and a copy is available in the statement of purpose and the reception area in the home this makes sure that it is accessible to people living in the home, their families and staff. People we spoke with and questionnaires returned to us from people living in the home and their relatives said that they would know who to speak to if they were not happy. People told us that they would speak to the manager or her deputy if they have any concerns.

We looked at the complaints file, which showed that complaints are appropriately responded to. There was one complaint outstanding which is being dealt with by the home. A relative had raised concerns about staffing

levels in the home. The letter quoted specific incidences of poor staffing saying that there was not "...sufficient staff to protect some residents from other residents who have behaviour problems due to their mental health." The home manager told us that staffing levels in the home have been reviewed. The home also has planned meetings with the mental health team to review people admitted to the home after seven days. This gives the home the opportunity to discuss any concerns and make sure that the resident has been placed in a suitable environment.

People felt that their complaints are listened to. There was no evidence that the residents we followed through the case tracking process or their families had made complaints about the service they have received.

The home has a policy for adult protection. The procedures give staff direction in how to respond to suspicion, allegations or incidents of abuse. Training records we examined shows that staff have received up to date training in adult protection. Discussion with two members of staff demonstrate that they have knowledge of what to do if they suspect any abuse taking place in the home.

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 and 26

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

The home is well maintained providing a safe, attractive, homely and clean place for people to live.

EVIDENCE:

Waterloo House provides accommodation in two houses which make up the home. The home offers a service for both men and women who have been diagnosed with mental health problems mainly associated with old age such as dementia. Some of the accommodation and facilities in the home were seen while visiting and talking to residents and their families and staff. Residents

were observed making use of all the communal spaces. The home is well presented and maintained. The home was clean and there were no unpleasant odours on the day of the inspection. Residents spoken with were all generally happy with the cleanliness of the home, especially with reference to their own bedrooms.

Improvements have been made to maintain and improve the home. Areas of the home such as resident's bedrooms, the dining room and the corridors have been redecorated and refurbished. One of the major changes that the home has undertaken since our last visit has been the building of a corridor to link the two houses together. This has helped to make the home feel more secure. Residents and staff are able to access both houses without going outside. The home told us in their AQAA that The they have a well maintained secure garden areas which residents can access easily. Observation of the gardens showed that these were well maintained, offered level access for people living in the home. One of the residents whose care and daily life in the home we looked at liked to sit in the garden.

The home told us about equipment that they have replaced for the benefit of residents these include beds, wheelchairs, new cutlery and new linen. Several bedrooms, including the people involved in case tracking, were viewed. Observations of resident's bedrooms showed they were able to bring in small items of furniture and other personal items such as pictures and ornaments helped to make their bedrooms comfortable.

Systems are in place to manage the control of infection. Protective clothing such as plastic gloves and aprons were available and arrangements are in place for the disposal of waste.

There is a well-equipped kitchen and on the day of the inspection there was a well-organised food store, freezers and fridge. Plated food was covered and opened food containers were sealed and date marked. The manager showed us the records maintained in the kitchen to monitor daily, weekly and monthly cleaning temperature of foods, fridges, freezers in the kitchen these had been appropriately dated and completed. One of the records to show the management of day to day work in the kitchen and how maintenance and incidents were handled did not always contain sufficient information to show that appropriate action had been taken.

The home was awarded a Silver award following a visit from their local Environmental Health department in October 2008. A fire inspection of the

home was also carried out in January 2009 by the homes local fire service. The outcome of this visit showed that the home was fully compliant and there were no fire safety issues.The fire service did not make any recommendations or requirements.

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 and 30

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

Staffing levels in the home have been reviewed to make sure there is sufficient staff on duty to meet the needs of people living in the home. Resident's cannot be sure that competent and qualified staff are caring them for at all times.

EVIDENCE:

The hours worked by the home manager are included on the duty rota. This helps to demonstrate to us what management hours are provided in the home. The manager is also supported by a deputy manager. At the time of our visit we saw sufficient staff working in the home to meet the needs of people living in there. Staff spoken with told us that staffing levels had improved. Other people working in the home include maintenance, laundry, housekeeping, administration and kitchen staff.

Information in the homes AQAA told us that all new staff undergo an extensive recruitment process and induction programme. It is also part of the terms and

conditions that all new staff have to complete an appropriate National Vocational Qualification (NVQ) Level 2 in care. Examination of the files of four staff recently recruited to the home showed us that recruitment practices for the home had improved. Staff files contained evidence of protection of vulnerable adults (PoVA) checks and Criminal records (CRB) checks. These were completed before staff commenced working in the home. Staff newly recruited to the home told us that they had completed an application form, had been interviewed and had a police check before they started working in the home. Most of the staff files contained appropriate references, however where verbal references were obtained details of the references were not always recorded. One staff file contained evidence of good practice where a referee who had provided a verbal reference had been asked to sign their comments as a true reflection of the conversation they had.

A training matrix is available in the home, which shows that staff have received up to date training. Training attended includes moving and handling, infection control and food hygiene. The number of staff working in the home who have a National Vocational Qualification (NVQ) level 2 or above in care shows a significant increase from 7.5% to 44%. The number of qualified staff working in the home needs to increase further if the home is to make sure that at least 50% of the staff on each shift have at least an NVQ level 2 qualification in care. This will help to make sure that there are enough qualified staff on duty at any one time to provide care for people living in the home. Introducing a robust training programme into the home will help to ensure that there is a high number of qualified staff in the home.

Professionals did tell us in their questionnaires that the level of knowledge in the home was not comprehensive and consistent amongst staff. This could lead to inconsistent standards of care provided to people living in the home.

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, 36 and 38

People using the 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 management structure within the home helps to make sure that the service is run in the best interests of people living in the home.

EVIDENCE:

The manager has prepared herself through training which supports her ongoing management development to be an effective manager for the home. The manager is supported by a deputy manager and team leaders who help to make sure the two houses work effectively as one home. There is a clear

management structure within the home and staff understand their roles and responsibilities. Information in the home's AQAA told us that the home also has the support of a full time administrator who supports the services in the home, office duties and minute taking for meetings. There is a clear management structure in the home which staff, residents and relatives are aware of. Staff, relatives and visiting professionals told us that communication could be improved in the home. In response to the question what could the home do better? People said in their questionnaires that the home:

"Still need to work on communication between staff at handover etc. It can be frustrating to be asked to see someone but no one knows anything about the problem. Staff commenting "...not been on this side for 3 days..."

"Better communication between staff and organisation as well."

The service has a number of measures in place for monitoring the quality of the service in the home. This includes surveying people's views to ensure they are satisfied with the service they receive. An action plan is then developed to show how improvements will be made if needed. Records of monitoring visits show that the area manager visits the home each month to assess any shortfalls in the service so that they can be addressed where necessary. An internal assessment of the care provided in the dementia care unit was taking place at the time of our visit. Accident and incident forms are completed and these show that appropriate action had been taken following accidents such as falls that have taken place in the home. The home audits accidents that take place in the home once a month.

The personal monies of people living in the home are kept securely and accurate records of income and expenditure are available. The records of the residents followed through the case tracking process where asked for. Monies and records available show that balances are accurate and auditing is regularly carried out.

Information in the home's AQAA told us that they carry out monthly Health and Safety Meetings and Forums. An action plan is then developed to address any issues raised. Staff working in the home have received training in the safe handling of chemical based products, which may be hazardous to a persons health if they are not handled or stored safely. The regional facilities manager visits the home to carry out audits on the environment and facilities in the home. The facilties manager also attends the monthly health and safety forums.

The manager told us that the regional facilities manager is continuing to review what action can be taken to improve the uneven floor in the corridor of the main home. Close observation takes place to monitor any incidents that takes place on the uneven floor in the corridor of the main home.

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	2
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	2
29	2
30	2

MANAGEMENT AND ADMINISTRATION	
Standard No	**Score**
31	3
32	2
33	3
34	X
35	3
36	3
37	X
38	3

Are there any outstanding requirements from the last inspection? No

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	OP7	Written entries in resident's care files should be dated, timed and signed with the person's signature. This will ensure that a legible and effective audit trial is available to track the care given to people living in the home.
2	OP8	Daily reports in care files should reflect a person's health, personal and social wellbeing. This will help to make sure that there is sufficient and appropriate information about the daily life of people living in the home.
3	OP8	Any accidents or incidents involving a resident should be clearly recorded and show that the well being of the person has been followed up. This will provide staff with follow up information on any incident involving the resident.
4	OP9	All care staff assessed as competent to administer medicines to residents in their care should be aware of what the medicines they are giving are for, how often the medicines should be given and any side effects that could

		occur. This will support staff in knowing what action they must take if residents have any adverse reactions to medicines they are given.
5	OP10	Residents should be supported to clean their mouths and hands after eating. This will help residents to maintain their dignity and support good standards of hygiene and oral care.
6	OP26	The home should make sure that records related to procedures and safe practices in the kitchen are completed and signed for daily as the task is completed. This will help to make sure that safe practices are monitored and maintained in the kitchen at all times.
7	OP28	Work should continue to increase the number of staff with a NVQ level 2 (or equivalent) qualification in care. This will mean that people have safe and appropriate support at al times from staff that are competent and suitable to care for them.
8	OP29	The home should be consistent when obtaining references for potential new staff to the home. Verbal references should be confirmed where possible to show that they are a true account of the information received from the referee. This will ensure that the home's staff recruitment practices are robust enough to safeguard people living in the home.
9	OP30	The home should make sure that all staff receive training that helps them to deliver appropriate and consistent care to people living in the home. This will mean that people have safe and appropriate support at all times from staff that are competent and qualified to care for them.
10	OP32	The opportunity should be taken to review communication systems in the home for residents, relatives and staff.
11	OP38	The home should continue to monitor the uneven floor in the corridors of the main home. This will ensure that the floor is level and safe for residents and staff to walk on.

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