

Key inspection report

Care homes for adults (18-65 years)

Name:	Linby Drive
Address:	14 Linby Drive Strelley Nottingham NG8 6QH

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 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:							
Lynda Dyer	0	1	0	4	2	0	1	0

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.

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

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) 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

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Linby Drive
Address:	14 Linby Drive Strelley Nottingham NG8 6QH
Telephone number:	01159764652
Fax number:	01773765915
Email address:	wesleyw@norsaca.org.uk
Provider web address:	

Name of registered provider(s):	Nottingham Regional Society for Adults and Children with Autism
Name of registered manager (if applicable)	
Type of registration:	care home
Number of places registered:	8

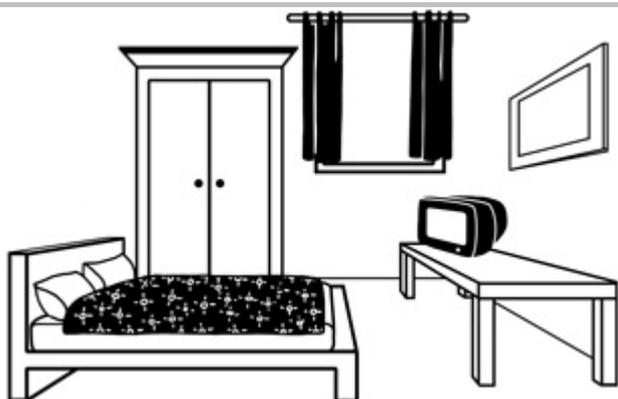
Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	8	0
Additional conditions:		
The maximum number of service users who can be accommodated is: 8		
The registered provider may provide the following category of service only: Care Home only - Code PC To service users of the following gender: Either Whose primary care needs on admission to the home fall within the following category: Learning Disability - Code LD.		

Date of last inspection	1	0	0	6	2	0	0	9

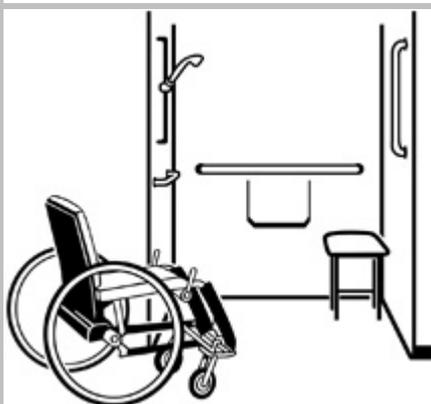


A bit about the care home

Linby Road is a care home and 8 people can live there.



Everyone has their own bedroom.



There are toilets that can be used by people who use a wheelchair.

There are four bathrooms with either a bath or a shower.



There is a lounge and a sensory room where people can sit and relax.

There is a garden and people can use this to sit in or to do some gardening.



A camera system is used outside the home to help keep people safe.

It costs £1200 a week to live in Linby Drive and there is £12.80 per hour extra to pay for any one to one time with staff.

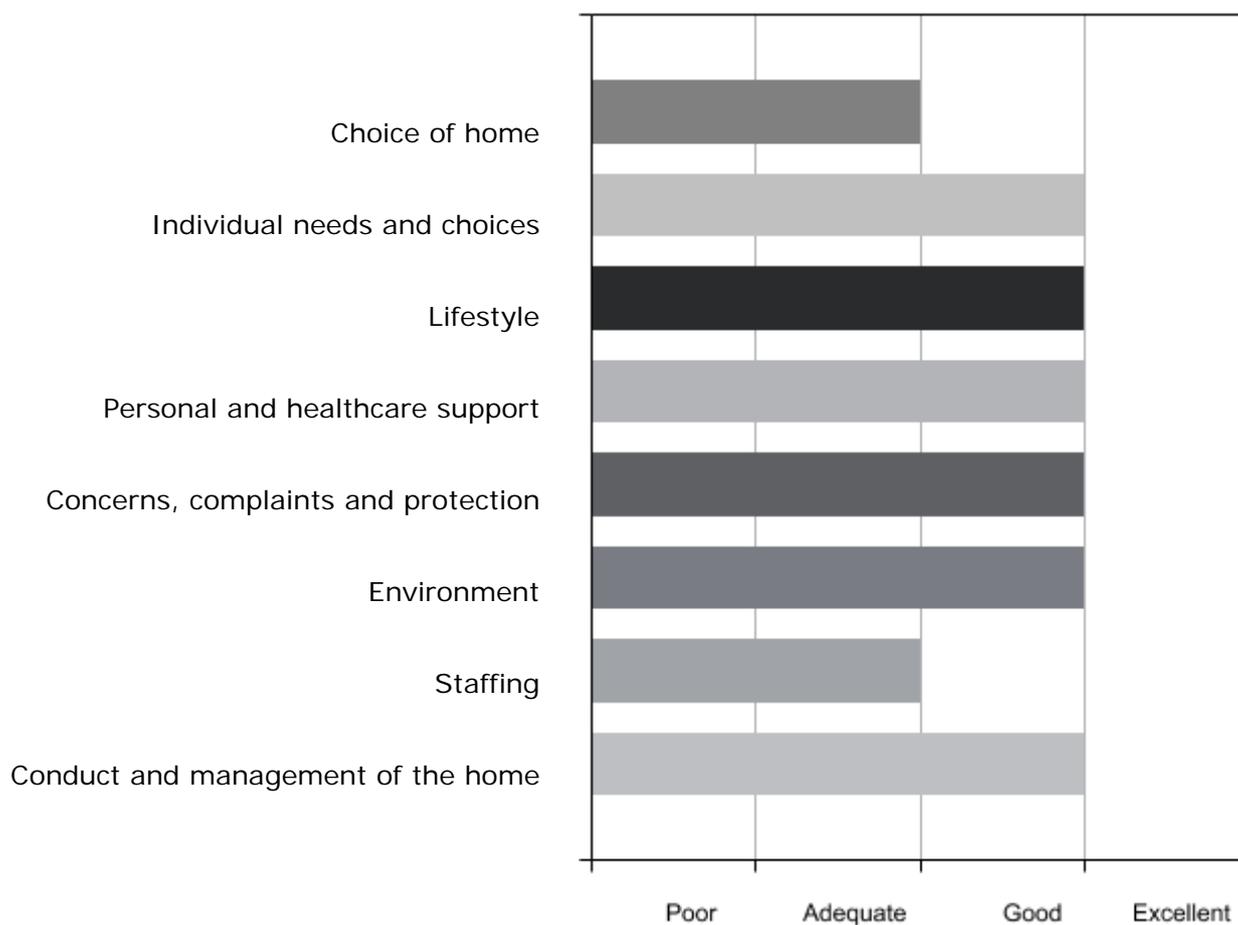
Summary

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

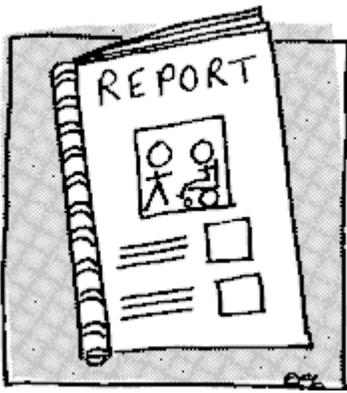
The quality rating for this care home is:

two star good service

Our judgement for each outcome:

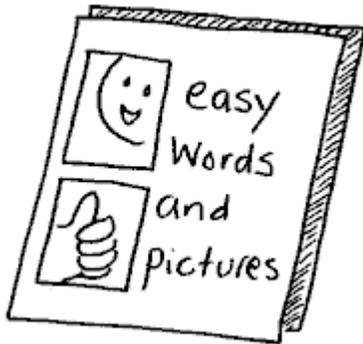


How we did our inspection:



This is what the inspector did when they were at the care home

The manager was there when we visited. She gave us lots of information and she and the staff were very helpful.



We sent out a survey to people that live in the home, staff that work there and people that visit.

15 people filled in the surveys and sent them back to us.

We also asked the manager to fill out a form for us. We call this an Annual Quality Assurance Assessment (AQAA).

All of this helped us to plan what we needed to look at when we inspected the home.



We looked at the care plan of two people that live in the home. We looked at records that were kept in the home, which included staff records and health and safety records.



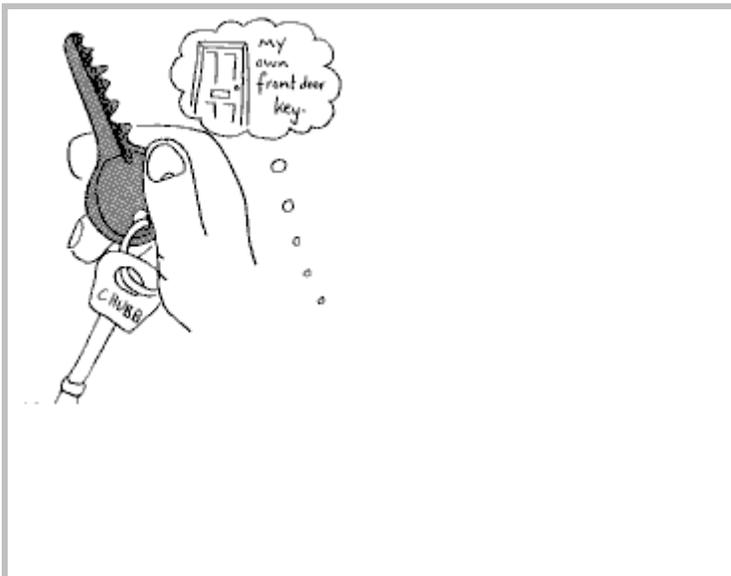
Because people living in the home on the day of the inspection had some communication difficulties, we looked at the way staff supported them through the day.

We also spoke with three staff that work in the home.



What the care home does well

Staff members have a good understanding of peoples needs, and care records show how people are supported to live, as they would like.



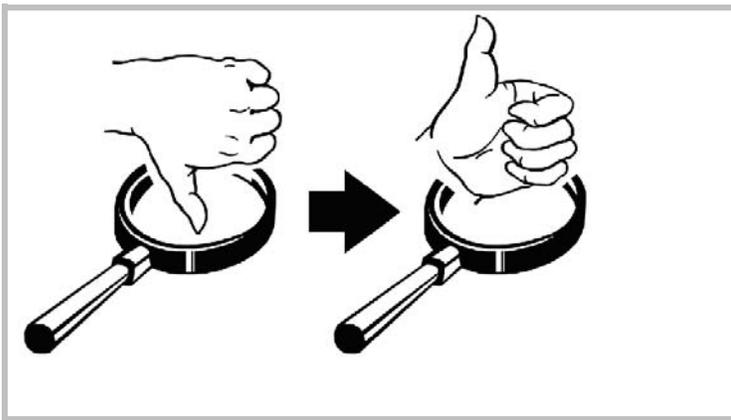
When we asked staff what the home did well, one member of staff said, "The home provides for people living there in a different way, such as provision of halal for a Muslim resident and soya milk for people who cannot tolerate dairy." Another member of staff said, "Maintain community access for most service users".



The home has a structured activity and daily living plan in place for each person and this called 'Day services'. This involves each person having an activity planned for each morning and afternoon.



One health professional told us, "Linby Drive are always willing to work with us during periods of change and challenge, which makes the interactions more positive and effective."



What has got better from the last inspection

Staff told us that the manager has improved the home since she has been there and we saw evidence that she is making improvements to the home and

that she has plans for further improvements in many areas.

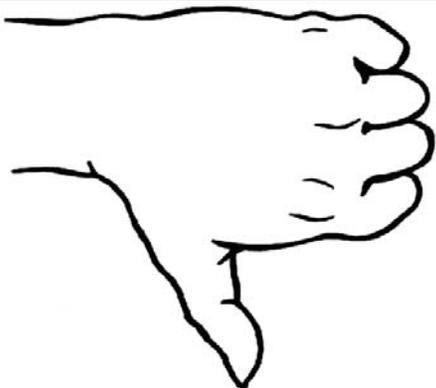
The manager has introduced 'development days', which involve focusing on special interests such as improvements to the service. We saw letters that have recently been sent by relatives and they all contained lots of positive comments.



Medication practice is now safer.



The home has made some improvements with redecoration taking place in the bathrooms and new flooring being laid in the hallways on the first floor.



What the care home could do better

A full assessment must be completed before people move into the home.



When a meeting is held with a person's relative, there should be a note of this in the care plan.



If you want to read the full report of our inspection please ask the person in charge of the care home

If you want to speak to the inspector please contact

Lynda Dyer
CQC
Citygate
Gallowgate
Newcastle Upon Tyne
NE1 4PA

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

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

Details of our findings

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Outstanding statutory requirements

Requirements and recommendations from this inspection

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, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. 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 the person 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 **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Although a full needs assessment is not always completed by the home, people moving into the home have an effective transition support plan in place and are supported well during the admission process.

Evidence:

The manager told us in the Annual Quality Assurance Assessment (AQAA) that a full assessment of needs is always completed prior to admission.

We received information from health professionals, prior to the inspection and they said that the service assessment gathering process was usually accurate and that the right service was planned for people.

We received surveys from staff working in the home and they told us that they were given up to date information about the people they supported or cared for.

We looked at the care plan of the person most recently admitted to the home and there was no evidence that a full needs assessment had taken place prior to admission. This person had initially moved into Linby Drive on a temporary basis, while work was being

Evidence:

carried out at their home (another NORSACA service). This person had settled into Linby Drive and they were showing signs of improved wellbeing and so their family and other external representatives had made the decision that the placement would be made permanent.

The manager was able to provide us with supporting documentation, which gave evidence that this person was admitted to the home with a transition support plan in place.

We spoke with staff working in the home and they confirmed that the transition plan had been effective for this person and that the staff had received information about the person's needs two weeks prior to admission to ensure the home was able to meet their needs appropriately. Staff also confirmed that a full plan of care was in place at the time of admission and that staff from the previous placement had been involved in the transition to support the person for the first few days.

We looked at the care plan of a second person living in the home and this contained a full needs assessment and a transition support plan.

Individual needs and choices

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 needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

This is what people staying in this care home experience:

Judgement:

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

Staff members have a good understanding of peoples needs and care records show that people are supported to live as they would like.

Evidence:

The manager told us in the Annual Quality Assurance Assessment (AQAA) that people living in the home benefit from having detailed care plans that reflect assessed needs and risk and are able to have control of their daily lives within their capabilities.

We received surveys from two health care professionals and they told us that the service usually supported people to live their life the way they chose. They also told us that the staff always respected people's privacy and dignity and responded to the diverse needs of individuals.

We received surveys from people living in the home and three people told us that they always got to make decisions about what they did each day and two people said they sometimes did. They all said that they could do what they wanted during the day, the evening and at weekends. Due to communication impairments these surveys were

Evidence:

completed with help from staff.

We asked staff what the home did well and they said, "Recognise requests from people living in the home through non-verbal actions", "Promote independence and manage challenging behaviour" and "Treat each person living in the home as an individual, meeting their needs accordingly and supporting them to achieve to the best of their ability."

Care plans that we viewed contained evidence that people's choices are being respected and we also saw evidence of this being put into practice on the day of the inspection. The plans also contained risk assessments and action plans for staff to use to ensure that risks around people's daily lives were being managed.

More person centred information has been added to the care plans since we last visited and there was a full pen picture in place with details of the person's life and their likes and dislikes. The manager said that she is planning to implement new care plans in the future that are based on person centred models.

The care plans contained behaviour strategies to enable staff to manage any challenging behaviour effectively and we saw evidence that staff are trained in these procedures.

We saw evidence of care plan reviews being held by multi-disciplinary teams, including the person's family. The manager told us of meetings that were held on a frequent basis with family members to discuss individual care tasks and to give updates of changes in support or behaviour strategies. There is not a record kept of these meetings and this would further enhance the evidence that families or representatives were being consulted and involved in the lives of their relative.

The home has the Mental Capacity Act 2005 code of practice in place and staff have received training in this and there is training planned for the Deprivation of Liberty Safeguards. This legislation is aimed at protecting people's rights and choices.

The care plans that we viewed contained very little evidence of these acts being applied to them. The manager told us that she has been advised, by an external body, that there may be some issues around the Deprivation of Liberty Safeguards with regard to the locked external gate and door.

We discussed the care plans and the issues around the external door and gate with the manager and she is now making arrangements for an external professional to give advice on how to apply the acts to the care plans and to ensure the home is complying with the law with regard to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Lifestyle

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 can take part in activities that are appropriate to their age and culture and 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 and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

This is what people staying in this care home experience:

Judgement:

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

People living in the home are supported to develop and maintain independent living skills and be involved in activities and trips out of the home that match their needs and preferences.

Evidence:

The manager told us in the Annual Quality Assurance Assessment (AQAA) that staff enable people living in the home to have opportunities to maintain and develop social, emotional, communication and independent living skills. They told us that the ethos at Linby Drive is to promote choice, dignity and to encourage people living there to work toward their own identified and achievable goals. They also told us that menus are varied, nutritious, planned and offer two choice options, which are fully recorded with the kitchen being spacious and well equipped to enable service users to be supported in using facilities and developing cooking and daily living skills.

We received surveys from people living in the home and one person told us, "The home provides healthy food for me". Another person living in the home said, "The home helps

Evidence:

me fulfil my needs through religion and dietary requirements. I am supported to have a more independent life."

When we asked staff what the home did well, one member of staff said, "The home provides for people living there in a different way, such as provision of halal for a Muslim resident and soya milk for people who cannot tolerate dairy." Another member of staff said, "Maintain community access for most service users".

When we asked what the home could do better one person living in the home said, "Have more evening and weekend activities to keep me occupied."

The home has a structured activity and daily living plan in place for each person and this called 'Day services'. This involves each person having an activity planned for each morning and afternoon. Activities include independent living skills such as cooking and laundry, swimming, gardening, walking and arts and crafts. The home is in the process of appointing a leisure and learning facilitator who will be delivering a person centred programme to individuals living in the home. We saw evidence of the day services for one person having a formal review and changes being made where the services were not working for this person.

We saw a letter from the family of the person most recently admitted to the home and this letter showed that the family were pleased with the activities and trips out that this person was involved in since moving into the home.

Three people living in the home attend a day centre but there are not currently any people living in the home that are able to attend any work based activities.

We saw evidence in care plans of people living in the home being supported to go and stay with their family.

On the day of the inspection we observed lunch, which was prepared and served by the cook. Staff sat and ate their lunch with people living in the home, giving discreet assistance when required and interacting positively with them. This was a positive observation with the people living in the home appearing relaxed and happy during the meal. One person that we case tracked had information in their care plan that told staff that they preferred to eat in the lounge with a table setting mirroring how it was in the dining area and we saw that this preference was observed by staff.

The last time we visited the home we were told by the Speech and Language Team that they were introducing a pictorial way for people living in the home to choose their meals. This was not in operation this time when we visited. The manager told us that it had not worked but that they were currently working on a similar method, which they thought would be more effective and they hoped this would be implemented in the next few months.

Evidence:

We observed some people living in the home gaining access to their rooms via a keypad system or by having their own key and staff told us how they respected people having time to themselves in their bedrooms.

Personal and healthcare support

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 receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people 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.

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

This is what people staying in this care home experience:

Judgement:

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

People living in the home have their health care needs met and they receive personal support in the way that they prefer. Medication procedures are now safer.

Evidence:

The manager told us in the Annual Quality Assurance Assessment (AAA) that care plans record when specialist support has been obtained and that they have in place individual recording and monitoring sheet for all individuals, so that appointments are recorded, details of visits are kept and follow up appointments made where necessary. The manager also told us that medication competency training has been formalised and is much improved and that medication is stored, administered and disposed of safely.

We received two surveys from health professionals and they told us that the home always supported people to administer their own medication or to manage it correctly where that was not possible.

One health professional told us, "Linby Drive are always willing to work with us during periods of change and challenge, which makes the interactions more positive and effective."

We received surveys from staff and they told us that they were receiving training that

Evidence:

gave them enough knowledge about health care and medication. We saw evidence of this training in the staff training files that we viewed.

We spoke with staff regarding the needs of people living in the home and they had a very good understanding of individual needs and how these were being met.

We saw evidence that people have access to health care services both within the home and in the local community. Health needs are monitored well by staff and appropriate action and intervention taken.

The care plans that we viewed contained evidence that personal support was flexible and that peoples choices were being maintained. One person that we case tracked had evidence in their care plan to show how their health and wellbeing had improved since living in the home and there were letters from the family acknowledging this.

We looked at the medication storage and administration procedures in the home and we saw that these had improved since we last visited the home. At the last inspection we made some requirements and recommendations around the safety of the medication and we found that these had now been met and that medicines management was now safer.

The Medication Administration Records (MAR) were viewed and they showed that the medication received by the home for this month had not been signed in. This would make it difficult to audit the medication. We spoke with the manager about this and she provided us with the MAR from previous months which showed that the medication was being signed in and so we are confident that this was an oversight and that the manager will address this.

Concerns, 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. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

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.

People living in the home are safeguarded from abuse and people know how to make a complaint.

Evidence:

The manager told us in the Annual Quality Assurance Assessment (AQAA) that the complaints procedures are in symbol and pictorial versions and that a formal system is in place for documenting and filing complaints with appropriate time scales for response and action. They also told us that they have further developed a culture that promotes openness and suppresses fear about whistle blowing and that there is on going training and refreshers regarding safeguarding vulnerable adults.

The commission has not received any complaints about the service in the last twelve months and the manager told us on the day of the inspection that the home has not received any complaints in the last twelve months. On the day of the inspection we viewed the complaints procedure, which was on display in the home and was based on an easy read picture format.

We received two surveys from health professionals and they told us that the service had responded well if they had raised any concerns.

One relative had written to the home and they had said, "Any slight concerns we have raised about our relatives welfare, staff are already aware and are dealing with it." We received surveys from people living in the home and all but one said that they knew who

Evidence:

to speak with if they were not happy. Staff told us that they knew what to do if someone raised a concern with them.

The home has the current local safeguarding procedures in place and they have kept us informed of any safeguarding referrals they have made. There have been four since the last inspection and these referrals were managed appropriately by the service.

We spoke with two staff working in the home and they had both received training in responding to abuse. They verbally demonstrated a good understanding of the safeguarding procedures.

Some people at the home have challenging behaviour and this brings incidents that staff need to respond to with regards to protecting people from self harm and from the potential to harm others. We found that staff were trained in dealing with challenging behaviour and care plans contained Individual Reactive Strategies to give staff information on the individuals needs and how staff should manage their behaviour.

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, comfortable, 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. People have enough privacy when using toilets and bathrooms.

This is what people staying in this care home experience:

Judgement:

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

The home is clean and provides a safe environment, giving people a pleasant place to live.

Evidence:

The manager told us in the Annual Quality Assurance Assessment (AQAA) that the upstairs landing flooring has been replaced with flooring more suited to the needs of the people living in the home. They also said that Linby provides a safe relaxing and homely accommodation and that staff have been trained in infection control procedures.

We received surveys from people living in the home and they told us that the home was usually fresh and clean.

When we asked staff what the home did well, we received many comments about the environment being friendly and homely. When we asked staff what the home could do better, one said, "Make the garden more service user friendly".

The home has a lounge and a sensory room which both have patio doors which give access to the garden. The garden has raised flower beds and there is also BBQ and seating area. The manager told us of plans to create different areas of interest in the garden so that people living in the home could have different areas to access.

Evidence:

We had a tour of the home including the bedrooms of two people living in the home. The areas we viewed were well maintained, clean and homely. Bedrooms were tailored to the individuals needs and some were personalised with the individual's possessions.

The home has made some improvements with redecoration taking place in the bathrooms and new flooring being laid in the hallways on the first floor.

We saw evidence that staff had been trained in infection control procedures and staff told us that they had the protective equipment they needed to put the procedures into practice.

The home currently has hand towels in place in the bathrooms and toilets and this does not promote safe infection control procedures. However, the manager provided evidence that paper towel dispensers are being fitted in all bathrooms and toilets in the next month.

Toilets and bathrooms had pictorial instructions to show people living in the home when to wash their hands.

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, qualified 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. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

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 operates a safe staff recruitment process and staff are trained effectively in supporting people living there.

Evidence:

The manager told us in the Annual Quality Assurance Assessment (AQAA) that staffing levels are arranged around the number of service users who are at the home at the time and that NORSACA has thorough recruitment policies and procedures. They also told us that all staff receives all mandatory training and that additional training is also provided in challenging behaviour, epilepsy, nutrition, working with people with autistic spectrum conditions and in the Deprivation of Liberty and Mental Capacity Act.

We received surveys from people living in the home and they told us that the manager and the staff treated them well. One person said, "I love Linby Drive and the staff are very good to me."

We received two surveys from health professionals and they told us that the manager and staff usually had the right skills and knowledge to support people's social and health care needs. When we asked health care professionals what the home did well they said, "Staff show enthusiasm for the job and are committed to providing a service to people with complex needs" and "They communicate and keep me informed of any changes." When we asked health professionals what the home could do better, one said, "It is often

Evidence:

difficult to contact staff during the day, probably due to them being engaged in other activities."

We received completed surveys from staff and they told us that they had to wait for checks to be carried out before they started working in the home. We looked at the recruitment files for two members of staff. These have been improved since we last visited and are very organised with information easy to find. Both files contained evidence that the required recruitment checks were made prior to them commencing employment in the home.

Staff told us that they had received an induction and that they are being given training which is relevant to their role and keeps them up to date with new ways of working. We looked at the training completed and planned and it was clear that staff were attending regular training and refresher updates.

We asked staff in surveys if they felt there was enough staff on duty to meet the needs of the people living in the home. Four members of staff said there usually was and four said that there was only sometimes enough staff on duty.

We asked staff what the home did well and they said, "There is a good working relationship between people living in the home and staff", "Everyone works well together with everyone having individual responsibilities" and "It is a responsible staff team that care for people living in the home and are prepared to go over and above their job roles, where needed."

We asked staff what the home could do better and they said, "Allow structured time for staff to do administration duties such as care plans and review notes", "More staff on for day services".

We spoke with the manager regarding comments about the staffing levels and they explained that they had been waiting for re-deployment to be completed within the organisation. They said that this was now complete and interviews were arranged for more staff in the next few weeks. Staff that we spoke with confirmed this and said that the manager was keeping them up to date with information about staffing and they were aware that staffing levels would be increasing in the near future.

One person living in the home is currently displaying extended bouts of challenging behaviour and this is causing staff to spend extra time with them, which potentially could have an impact on other people living in the home. We saw evidence of this situation being addressed via meetings held with external professionals and applications being made for extra one to one funding for the individual displaying the behaviour.

On the day of the inspection we found the staff to be helpful, knowledgeable, working well as a team and enthusiastic about the group of people they are supporting.

Evidence:

We saw letters recently sent to the home by relatives of people that live there and they said, "Staff are friendly and professional" , "Always found the staff to be caring, respectful and patient" and "I have great confidence in the staff. I feel they meet my relatives needs and try their best to create a home from home for them"

Conduct and management of the 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 have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because 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. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

This is what people staying in this care home experience:

Judgement:

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

The home is run in the best interests of the people living there.

Evidence:

The manager told us in the Annual Quality Assurance Assessment (AQAA) that people living in the home benefit from a well run home with good record keeping. They told us that people living in the home tend to express their view by the behaviours that they display and that their views underpin all self-monitoring review and development of the home. They also told us that the health, safety and welfare of service users are promoted and protected at all times.

The manager has been working in the home for five months and has many years of experience working in a social care setting. They are working toward the recognised qualification and have training certificates in a number of management subjects. She has lodged her application for registration with the Commission and this is being processed. The manager completed the AQAA well with clear information on how the home had improved and what plans there were to make further improvements.

We received surveys from staff working in the home and they told us that the manager

Evidence:

met with them often to discuss how they were working and give them support. One member of staff said, "The managers are very approachable for staff and people living in the home." Another member of staff said, "The management team are always there for support when needed and deal with situations quickly and efficiently."

We spoke with staff on the day of the inspection and they told us that the manager has improved the home since she has been there and that they felt she was supportive and approachable. They told us that they received regular supervision to discuss how they were working and we saw records to support this.

We saw the open door approach that the manager has and we saw evidence that she is making improvements to the home and that she has plans for further improvements in many areas.

The NORSACA area manager is responsible for visiting the home on a regular basis and compiling a report on the findings. These reports were viewed and were very well documented with written reports on various activities and tasks within the home.

When we last visited we asked the home to devise a way to measure the quality of the service being provided, with relatives of people living in the home being given a way to have their say. This has only just started to take place with a survey being sent to relatives to gain their views on how well they thought the service was being run. Once the surveys are complete, the manager told us that she would be collating the results and sending them out to relatives with an action plan of what she planned to do in response to comments received.

The manager has introduced 'development days', which involve focusing on special interests such as improvements to the service. To plan for these days, relatives of people living in the home are asked to write to the home and give their views of how well they think it is being run. We saw the letters that have recently been received and they contained lots of positive comments on the service being provided.

We saw that the home continues to take the health and safety of people living there as well as staff seriously with systems regularly tested and maintained. We also saw evidence that staff are trained in areas of health and safety.

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	Description	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	Description	Timescale for action
1	2	14	<p>A full assessment of needs must be completed prior to any admission to the home and a record of the assessment must be kept on the persons file.</p> <p>This will ensure the home is able to demonstrate that the home can meet the person's needs.</p>	30/04/2010

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
1	6	Care plans should contain evidence of meetings and consultations held with the relatives and representatives of people living in the home.
2	6	It is recommended that support plans include reference to the Mental Capacity Act, 2005 and the Deprivation of Liberty Safeguards. This is to ensure that people living in

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
		the home have their rights and choices protected.
3	17	The plans to implement pictorial menus should be put in place to ensure people have a choice presented to them for each meal.
4	20	Stocks of medication received by the home should be recorded every month to ensure medication can be audited effectively.
5	39	Ensure any surveys sent to relatives or staff are dated and that the opportunity for people to put their name to the survey is given.
6	39	Once the results of the annual satisfaction survey have been collated and an action plan formulated, a copy should be sent to the Commission.

Helpline:

Telephone: 03000 616161 or

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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