

# Key inspection report

## Care homes for older people

<b>Name:</b>	West Lodge Residential Care Home
<b>Address:</b>	32 Palmerston Road Buckhurst Hill Essex IG9 5LW

<b>The quality rating for this care home is:</b>	one star adequate 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.

<b>Lead inspector:</b>	<b>Date:</b>
Carolyn Delaney	0 4 0 8 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](http://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](http://www.tso.co.uk/bookshop)

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- 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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## Information about the care home

Name of care home:	West Lodge Residential Care Home
Address:	32 Palmerston Road Buckhurst Hill Essex IG9 5LW
Telephone number:	02085044542
Fax number:	02085044542
Email address:	sirdit.westlodge@tiscali.co.uk
Provider web address:	

Name of registered provider(s):	Dr S Seyan, Mr J Kotecha
Type of registration:	care home
Number of places registered:	19

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	19	0
old age, not falling within any other category	0	19
Additional conditions:		
The maximum number of service users who can be accommodated is: 19		
The registered person may provide the following categories 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: Old age, not falling within any other category - Code OP Dementia - Code DE		

Date of last inspection	2	4	0	4	2	0	0	9
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Brief description of the care home
West Lodge is a large detached property in Buckhurst Hill which offers residential care to 19 people over 65 years of age. The home is also registered to accommodate individuals who suffer from dementia. There are 15 single rooms and 2 double rooms along with a passenger lift to the first floor and a stair lift to the mezzanine floor. To the rear of the property there is a garden and a car park.
The home is accessible by public transport and there are shops and amenities nearby.

#### Brief description of the care home

A copy of the most recent report by the Commission for Social Care Inspection is displayed in the entrance hall and a copy of the service user guide which included a statement of purpose was present in the service users rooms.

The email address for the home as stated in the information section of this report is incorrect and should read as: [sirjit\\_trentlodge@tiscali.co.uk](mailto:sirjit_trentlodge@tiscali.co.uk)

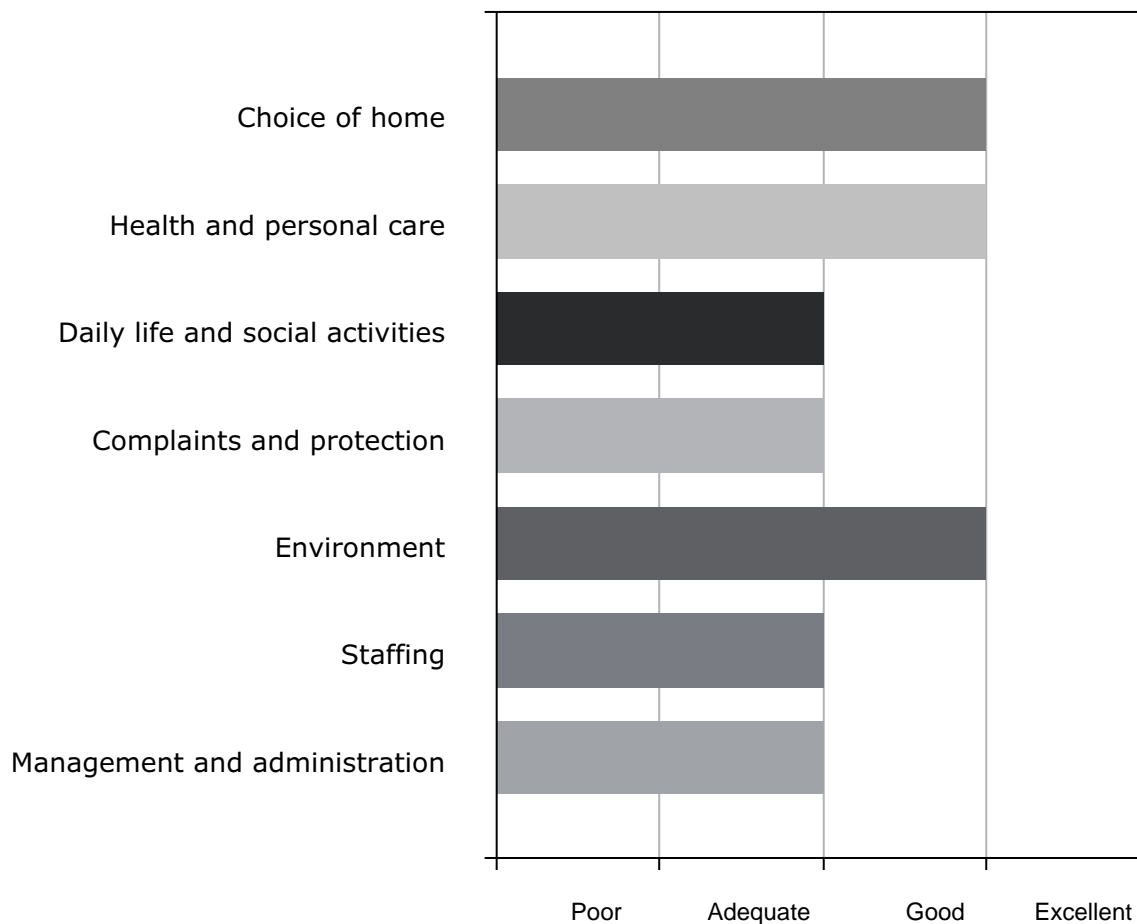
## Summary

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

The quality rating for this care home is:

one star adequate service

### Our judgement for each outcome:



### How we did our inspection:

This was a routine unannounced inspection, which included a visit made to the home between the hours of 10.00 and 18.00 on 4th August 2009. The last inspection was carried out on 28th December 2008.

As part of the inspection process we reviewed information we had received about the service over the last twelve months including notifications sent to us by the manager of any event in the home, which affects residents such as injuries, deaths and any outbreak of infectious diseases. We also looked at the information the manager provided us with in the home's Annual Quality Assurance Assessment. This document is a self-assessment, which the registered provider or owner is required by law to complete and tell us what they do well, how they evidence this and the improvements made within the previous twelve months.

We sent surveys each to the home to distribute to residents and staff and to complete

and tell us what they think about the home. At the time of writing this report we had received surveys from two residents living in the home, two healthcare professionals and four members of staff. During the inspection we spoke with four residents, one relative and three members of staff. The views and comments expressed by these people were reflected in the report.

When we visited the home we looked at resident's care plans and information available to staff to help them support residents. We looked at how staff were recruited to work in the home and how they were trained to support residents.

We looked at how the home was managed and how residents were involved in this. We also observed how staff interacted with residents when supporting them with activities such as meals and providing recreation and stimulation.

As part of engaging with people who live in the home we used an 'expert by experience' to help us. An 'expert by experience' is a person who, because of their shared experience of using services, and or ways of communicating, visits a service with an inspector to help them get a picture of what it is like to live in or use the service.

The expert accompanied us on the inspection visit and spent time speaking with residents and staff, observing how staff interacted and supported residents and the general environment. Following the inspection the 'expert' prepared a report and this was used to help us make judgements about the service.

A brief tour of the premises was carried out and communal areas including lounge and bathrooms were viewed.

Information obtained was triangulated and reviewed against the Commission's Key Lines for Regulatory Activity. This helps us to use the information to make judgements about outcomes for people who use social care services in a consistent and fair way.

### **What the care home does well:**

Before a person is admitted into the home the manager carries out a detailed assessment of the individual's needs so as to determine that the home will be suitable. From this assessment a plan of care is developed for each person so that staff have information to be able to support and care for people. Staff receive training to help them understand residents needs so that they can care for them properly.

The home is clean and comfortable and residents can bring items in to help personalise and make their rooms their own.

The home is well managed. Residents and their families have the opportunity to be involved and to make comment about what the home does well and where improvements could be made. Complaints and concerns are well received and dealt with appropriately.

### **What has improved since the last inspection?**

Improvements have been made in how a person's needs are assessed before they are offered a place in the home. The manager has introduced a new system for care planning and risk management. Care plans are written in a clearer way and identify each person's health and personal care needs. Care plans are reviewed and updated when there are changes to a person's condition or the treatment they are receiving.

The manager has more time to manage the home and to ensure that complaints and concerns are dealt with properly. Staff receive training to help them understand residents needs and to enable them to care for them properly.

### **What they could do better:**

Risk assessments and general assessments of residents could be completed more thoroughly for some residents. More opportunities for activities and stimulation could be provided for residents to help keep people occupied and enable them to do the things they enjoy.

Up to date information and guidance around safeguarding people from abuse should be made available to staff so that they respond appropriately to any incidents. Staff training should be carried out so that it does not impact on the care and support given to residents.

Records such as certificates for gas, electric and fire detecting and fighting equipment etc should be better maintained so that they evidence that the home and equipment is kept in good working order.

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](http://www.cqc.org.uk).

You can get printed copies from [enquiries@cqc.org.uk](mailto: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.

People can be assured that their assessed needs will be met when they move into the home.

Evidence:

The manager told us in the Annual Quality Assurance Assessment that they always received an assessment of the persons needs from the care management team/ placing team and this was discussed in detail to see if the person would be suitable, if so they would be invited to visit the home and an assessment of their needs would be carried out. They told us there were documents to evidence this.

Two health care professionals who completed surveys told us that they felt the home's assessment arrangements ensured that accurate information was gathered and that the right service was planned for people. Each of the four residents who completed surveys told us that had received enough information to help them decide the home would be right before they moved in. Each said that they had been given written

Evidence:

information about the home (contract).

When we visited the home we looked at the arrangements for assessing a person's needs before they were offered a place in the home. We looked at the pre- admission assessments for two people who had moved into the home recently. We saw that an assessment of each person's needs as determined by the placing team (social services) had been obtained by the manager. In addition an assessment had been carried out by the manager so as to help determine that the home would be suitable and that staff would be able to meet the person's needs. Each assessment covered the persons health care needs and identified any medical conditions and medicines used to treat these. There was detailed information about how both people communicated and any aids needed to help them with this. The manager assessed each person's needs and any support they needed to carry out activities of daily living such as washing and dressing, eating and drinking, mobilising, hobbies and sleeping. There was also information recorded about the person's mood and any anxieties they may have in general or about moving into the care home. We saw that when a person moved into the home staff recorded how the move went and how they helped the person settle into their new environment.

## 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.

People living in the home are cared for and their assessed needs are met.

Evidence:

The manager told us in the Annual Quality Assurance Assessment that there were comprehensive care plans for each resident, which were clear and were reviewed every six months. They told us that residents had access to general practitioners and their health was monitored and regular check ups were arranged for them. They told us that none of the residents had pressure sores and that there was a rigorous medication policy, which staff followed. They also told us that risks to residents were managed.

One health and social care professional who completed a survey told us that people's social and health care needs were always properly monitored, reviewed and met by the care service. The other said that they usually were. Both said that the care service always sought advice and acted on it to meet people's needs. Both said that the care service supported people to administer their own medication, or manage it where this was not possible. Five residents who completed surveys told us that they receive the

## Evidence:

support and medical care that they needed.

When we visited the home we looked at how staff supported people to meet their health and personal care needs. We looked at the care plans for two people. There was information in both person's care plans about their assessed health and personal care needs. There were instructions for staff as to how they were to support both individuals. There was some limited information about how residents wished to be supported and preferences for how they were cared for and their daily routines. At the time of the inspection the manager was introducing a new system for care planning and recording information about resident's needs. This included a system for assessing risks to each person as part of the care planning process and they told us that they found the system to be a more efficient way of recording information about residents needs. We saw that staff reviewed care plans regularly and amended them where there had been changes to the needs of residents. We spoke with two residents and they told us that they were well cared for. One person told us 'staff here are very good and always help me when I need'. One relative we spoke with during the inspection said 'The girls here are marvellous and always care for (resident) very well. I am happy that (resident) is here'. Another person told us 'staff need a medal for all the good work they do looking after people here'.

There was a system in place for assessing and managing risks to the health and safety of people living in the home. As part of this process staff assessed residents nutritional needs, risks of injuries or falls, developing pressure sores and leaving the home undetected. These assessments had been completed fully for one of the two people whose care plans we examined.

We looked at how staff ensured that residents received the medical attention and medicines they needed. We saw that staff had received training around the safe storage and administration of medicines. We saw records which evidenced that residents had access to their doctor if they were unwell. We looked at the medication records for seven people living in the home. These were well maintained and staff signed to evidence that they had administered medicines or recorded clearly where they were not given (for example if a person refused). There were clear protocols in place for staff to follow so as to ensure that residents received the medicines, which were prescribed for them.

## 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 **adequate** 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 do not always have opportunities for social engagement and activities which suit their needs.

Evidence:

The manager told us in the Annual Quality Assurance Assessment that more activities were provided and that more outings had been planned for residents. Two residents who completed surveys told us that staff always listen to them and act on what they say. They told us that there were usually activities that they could participate in. One person told us 'I enjoy most activities'. Two healthcare professionals who completed surveys told us that they felt that the home usually supported people to live the lives they chose and responded to the diverse needs of residents.

When we visited the home we looked at the arrangements for providing activities and opportunities for stimulation and socialising. We saw that there was some information in the home from the Alzheimer's Society around providing activities for people who have dementia. However there was no evidence that any of the activities were provided. Staff told us that the person who had been employed to coordinate activities for residents had left the home about four months previously. Staff told us that they were working with residents to complete books with information about each persons

## Evidence:

social history and the things they liked to do such as hobbies and interests. Staff have been trying to involve residents families in the project where possible.

We looked at records that staff kept for the activities provided in the home. We saw that there was little variety in the planned programme. Residents regularly played bingo, listened to music or watched television. There was evidence that some exercises were provided and very limited opportunities for residents to go outside of the home. One resident we spoke with said 'It's a waste of time sitting around all day'.

According to records 'Reminiscence time' was planned for the afternoon of the inspection. However this activity did not take place. During the day we observed that both television and radio were on simultaneously. The volume was turned down on the television so that anyone wishing to watch would be unable to hear. We discussed this with the manager and advised that it was not appropriate.

Both residents who completed surveys told us that they enjoyed the meals provided. When we visited we saw that there was a daily menu with alternative meals offered. We were invited to have lunch with some residents. The meal was served hot and was very appetising. Residents told us that they always like the meals. One person said 'We have very nice food'. Another person told us that there was always plenty of food at mealtimes. We observed that the more able residents had the opportunity to sit together and converse at mealtimes. We saw that two residents appeared to struggle with eating their lunchtime meal. Staff were not available to support them to eat as they were busy serving other residents. We observed that at the evening meal residents were offered a choice of toast with beans or cheese, sandwiches and a baked custard. Residents indicated that they enjoyed this meal.



## 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 **adequate** 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 treated well and are assured that their complaints and concerns will be dealt with properly.

Evidence:

The manager told us in the Annual Quality Assurance Assessment that all complaints were responded to promptly. They told us that complaints were reviewed so that similar incidents didn't happen again. The manager also told us that all staff have had safeguarding training.

Both health and social care professionals who completed surveys told us that the service always responded appropriately if a person using the service or other person raised concerns. Both residents told us that there was someone they could speak to informally if they were not happy and both said that they knew how to make a formal complaint. Staff told us that they knew what to do if someone raised concerns about the home.

When we visited the home we looked at the arrangements for dealing with complaints and safeguarding people from abuse. We saw when a person moved into the home that they received a copy of the complaints policy and procedure. We saw that three complaints had been made since the last inspection. Each complaint had been investigated and responded to in line with the complaints policy.

## Evidence:

We looked at how residents were safeguarded from harm or abuse. The manager told us that all staff had received safeguarding training and there were some certificates available for inspection in staff files. However there was no evidence as to what the training covered and whether staff had been assessed as to their understanding about safeguarding issues. Following the inspection the provider submitted evidence of staff training and content covered, however this was not available on the day of the site visit. We saw that the home had a copy of local safeguarding team's policy and procedure however this was out of date and did not include the most up to date guidance or the flow chart to guide people to report and deal with safeguarding of people in a consistent and effective way. We discussed these issues with the manager.

We looked at how people were recruited to work in the home and saw that all of the appropriate checks including references from previous employers, Criminal Records Bureau disclosures and PoVA First checks were obtained so as to help ensure that only people who were suitable were employed.

## 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.

People living in West Lodge enjoy clean, comfortable and safe accommodation, which suits their needs.

Evidence:

The manager told us in the Annual Quality Assurance Assessment that there had been some improvements made to the homes environment including refurbishment of four bedrooms and improvements made to the lounge area and the garden.

Residents who completed surveys told us that the home was always fresh and clean. When we visited the home we carried out a brief inspection of the premises. We carried out a brief tour of the premises and found that all areas were clean and free from unpleasant odours. We saw that sensory mats had been used to alert staff when residents who may be at risk of falls got out of bed at night. This helped to ensure that residents were supported and safeguarded without the need for disturbing their sleep unnecessarily.

We looked at four residents' bedrooms and found them to be clean and many had personal items of furnishings or ornaments, which helped them make the room their own. We saw that since the last inspection new signs had been provided to help residents who have dementia identify areas of the home such as toilets, lounges and their bedrooms.

Evidence:

Residents had access to two lounge areas and a large dining area. All areas were clean and nicely furnished. There was a small garden area with some garden furniture. Staff told us that this was not used too much and felt that more could be done with the space to make it more attractive to residents.

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

People who live in the home are cared for by staff who are recruited thoroughly and who know their needs.

Evidence:

The manager told us in the Annual Quality Assurance Assessment that they had made improvements to the staff recruitment procedure. They failed to tell us how they were to deal with the requirement made at the last inspection about staffing levels in the home. Two health and social professionals who completed surveys told us that the manager and staff always have the right skills and experience to support peoples social and health care needs.

One resident who completed a survey told us that staff were always available when they needed them. The others told us that staff were usually available. One member of staff returned a survey. They told us that all of the checks such as Criminal Records Bureau disclosures and PoVA First checks were carried out before they started work at the home. They told us that they were provided with training, which was relevant to their roles and helped them understand the needs of the people they cared for.

When we visited the home we looked at the arrangements for recruiting, training and deploying staff to be able to meet the needs of residents. The manager told us that there had been no new staff employed to work in the home since the last inspection.

## Evidence:

We looked at the process for recruiting staff. The staff application form only asked people to provide employment history for a year. We advised the manager that a full employment history should be explored as part of carrying out robust checks on a person's fitness to work in the home.

We looked at staff duty rotas and saw that there had been no changes to the staffing levels in the home. We looked at rotas and saw that staffing levels were maintained and that staff had appropriate time off. The home did not use any temporary agency staff and permanent staff covered duties where staff were absent due to planned holidays or sickness. The manager told us that two people were due to commence work at the home once satisfactory Criminal Records Bureau disclosures and that this would ease the pressure on staff. We saw that the current staffing levels covering night duty had not been reviewed or increased since the last key inspection. We spoke with one member of staff who worked was employed to 'sleep in' and was called upon to assist night staff when required. They told us that at that time one person required the assistance of two staff and that they were usually called upon two or three times at most during the night.

We looked at how staff were trained to be able to care for people properly. We saw that staff were provided with training in safe administration of medicines, moving and handling people, caring for people who have dementia, managing challenging behaviour, safeguarding people and first aid. We noted from the staff rota that some training sessions were planned over one session whereby all staff were expected to attend. One member of staff confirmed that this was the case for a recent training session, which had taken place in the residents lounge. They told us 'We had training in the lounge so we could keep an eye on residents'. This is inappropriate as staff are not supporting residents fully and may not be able to fully participate in the training.

## 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 **adequate** 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 managed and run in the best interests of people who live there.

Evidence:

We were told in the Annual Quality that the manager is an experienced person who is well supported by the home's owners. At the time of the last inspection we found that the manager was spending insufficient time in managing the home as they were routinely carrying out care tasks. When we visited we spoke with the manager and they told us that they were now employed full time in management of the home but did still occasionally cover unexpected absences due to staff illness. We looked at the staff rotas and these confirmed this.

People who completed surveys told us what they felt the home did well and what could be better. People told us that residents were 'well cared for' and the 'home creates a happy and homely atmosphere for people'. They told us that more activities could be provided and that the garden area could be improved so as to make it more appealing to residents. One member of staff told us during the inspection that 'some

## Evidence:

residents would welcome the opportunity to go out more but that transport is a problem'.

The home had a system for obtaining the views of residents, their relatives and other stakeholders such as health and social care professionals. People were asked to comment on the standard of accommodation, care provided, staff attitude, staff responses to requests, courtesy and dignity, quality of food provided, lighting and atmosphere of the home. The responses received for the current year were overall positive. One person commented 'A good home with kind caring staff'. Another person said 'We are very satisfied with the care provided'.

We saw that there were regular staff meetings held to discuss issues and help to make improvements to the service provided. We looked at the minutes from some of the recent meetings and saw that issues including those raised at the previous inspection had been discussed so as to make improvements. The manager told us that residents meetings were held but staff were unable to locate the minutes when these were requested.

We looked at how residents monies were held on their behalf where they would be incapable of safely managing these themselves. We saw that there were clear audit trails for money received and spent and that receipts were kept for all transactions.

We looked at the arrangements for ensuring that the home was maintained well and that all of the necessary equipment, installations and equipment were kept in good working order. The manager told us that monthly safety inspections were carried out for the home so as to identify any issues such as trip or slip hazards, ensure that exit routes were clear and to check the general cleanliness and decoration of the home. During the inspection the cook told us that there was an issue with the extractor fan in the kitchen. They told us that it was too small to extract heat sufficiently and that the kitchen was very hot. We observed this to be the case and discussed this with the manager who said that the owners were aware and were going to deal with it.

We looked at records to see how other equipment was maintained. However records were poorly maintained and not kept in an order so as to determine that all of the checks were carried out for gas, electrical and fire detecting and fighting equipment. Following the inspection the home's provider contacted us to say that records including minutes from residents meetings and certificates and other documents should have been available in the home at the time of the site visit. We advised him that we had not been able to see these despite requesting them and that they should be readily available for inspection upon request.



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
1	12	16(2)(n)	<p>People living at the home must be provided with various activities to stimulate and enhance their lives.</p> <p>This is a repeat requirement that did not meet agreed timescales of 31/12/05, 31/05/06 and 31/08/07.</p>	31/12/2007
2	12	16	<p>The registered person must consult with residents as far as possible to determine their social interests and make arrangements for them to engage in these.</p> <p>Residents quality of life would improve if the possibility for them to engage in meaningful activity on a daily basis were available.</p>	06/02/2009

## 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	8	13	<p>Risks to each person must be assessed and plans implemented to minimise these risks.</p> <p>This is to ensure that residents protected from harm.</p>	23/10/2009
2	12	16	<p>Activities and opportunities for social engagement must be provided for residents.</p> <p>This will ensure that residents remain occupied and stimulated and that they are enabled to live the lives they choose.</p>	23/10/2009
3	30	18	<p>Appropriate arrangements must be made for staff training so that it does not impact on the care provided to residents.</p> <p>This will ensure that staff receive training in an appropriate environment and that residents are</p>	23/10/2009

## 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
			supported according to their needs.	

## 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	15	The arrangements for supporting residents at mealtimes should be reviewed so that people who need more assistance are supported appropriately.
2	18	Up to date information around safeguarding people, including local policies and guidance should be made available to staff.
3	29	The recruitment process should include detailed checks in respect of a person's employment history to help determine their fitness to work in the home.
4	34	The way in which residents views are obtained as part of the quality assurance system should be reviewed so that it reflects individuals communication abilities and asks residents about the things that are important to them.
5	37	Records to evidence that checks, maintenance and repairs to installations and equipment are carried out should be maintained in good order to evidence that all checks are carried out appropriately.

## Helpline:

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