

# Key inspection report

## Care homes for older people

<b>Name:</b>	Abbeyfield Residential Care Home
<b>Address:</b>	Castle Farm Road Newcastle Upon Tyne Tyne & Wear NE3 1RF

<b>The quality rating for this care home is:</b>	three star excellent 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>
Elaine Charlton	0 5 1 1 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:	Abbeyfield Residential Care Home
Address:	Castle Farm Road Newcastle Upon Tyne Tyne & Wear NE3 1RF
Telephone number:	01912841344
Fax number:	01912841331
Email address:	chris@abbeyfieldcastle.demon.co.uk
Provider web address:	

Name of registered provider(s):	Abbeyfield Newcastle upon Tyne Society Limited (The)
Type of registration:	care home
Number of places registered:	24

Conditions of registration:								
Category(ies) :	Number of places (if applicable):							
	Under 65	Over 65						
old age, not falling within any other category	0	24						
Additional conditions:								
Date of last inspection	0	3	0	2	2	0	0	9

### Brief description of the care home

Abbeyfield Castle Farm provides a home for twenty-four older people who require residential care. Nursing care cannot be provided but a team of dedicated District Nurses visit on a daily basis.

The building is single storey providing ground floor accommodation throughout and is set in a residential area close to Jesmond Dene and the Freeman Hospital. There are public transport links close by. Aids and adaptations are fitted around the building to allow residents to move about more independently. All of the bedrooms are single and have an en-suite toilet. All have low level windows that means each resident has a view of the garden from a sitting position. There are three communal bathrooms, which also have toilet facilities and a shower.

The home is set within very attractive large grounds filled with mature plants, which

### Brief description of the care home

are well maintained.

The home is run by the Abbeyfield Society, which is a voluntary organisation. Fees are currently £456 a week.

Information about what people can expect from living at the home is readily available, including copies of recent inspection reports.

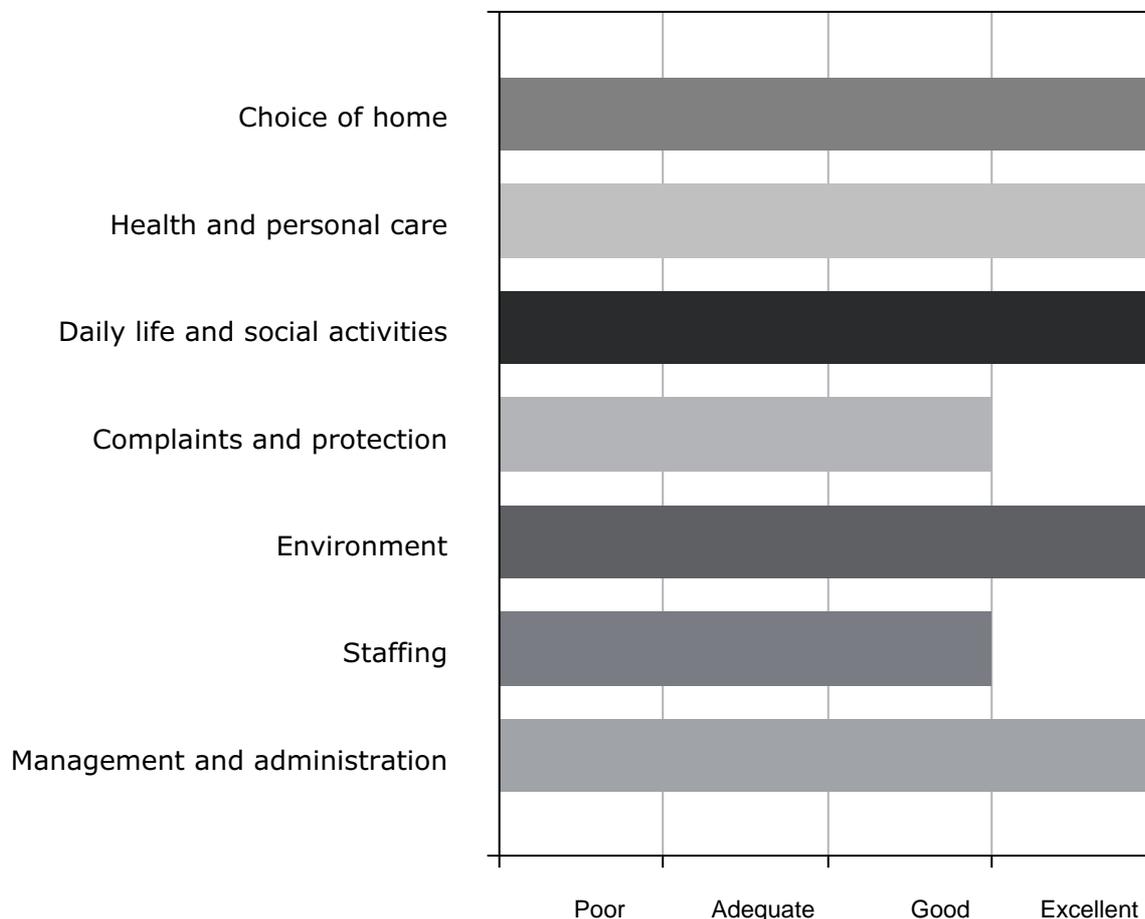
## Summary

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

The quality rating for this care home is:

three star excellent service

### Our judgement for each outcome:



### How we did our inspection:

The quality rating for this service is three star. This means that the people who use this service experience excellent quality outcomes.

An unannounced visit was made on the 5 November 2009. A total of five hours were spent in the service by an inspector and an Expert by Experience. The manager was present throughout the inspection.

Before the visit we looked at -

Information we have received since the last visit on the 3 February 2009. The Annual Quality Assurance Assessment (AQAA) that gives CQC evidence to support what the service says it does well, and gives them an opportunity to say what they feel they could do better and what their future plans are. How the service has dealt with any complaints and concerns since our last visit. The providers view of how well they care

for people, and the views of people who use the service, their relatives, staff and other professionals who visit the service.

We also arranged for an Expert by Experience to take part in the inspection. An Expert is someone who has knowledge of social care services, and/or ways of communicating with people who use care services. Their comments are included in the summary and the relevant parts of this report.

We have also reviewed our practice when making requirements to improve national consistency. Some requirements from previous inspection reports may have been deleted or carried forward into this report as recommendations, but only when it is considered that people who use the service are not put at significant risk of harm.

In future, if a requirement is repeated, it is likely that enforcement action will be taken.

During the visit we -

Talked with people who use the service, staff and the manager. Looked at information about the people who use the service and how well their needs are met. Other records which must be kept. Checked that staff had the knowledge, skills and training to meet the needs of the people they care for. We looked around the building/parts of the building to make sure it was clean, safe and comfortable. Checked what improvements had been made since our last visit.

We told the manager what we found.

## What the care home does well:

Gets very good information about the care and support needs of people who might want to move into the home so that everyone is sure they can be met.

Writes care plans in a person centred way, regularly evaluates them and makes changes so that staff have up to date information about the different and diverse needs and wishes of each resident.

Liaises and maintains good lines of communication and relationships with healthcare professionals to promote the well being of residents.

The manager and staff support people in an open, warm, sensitive and inclusive way. They promote privacy, dignity and independence.

Provides people with a choice of social events, activities and outings to make their lives interesting. Individual needs are catered for and people can follow their own interests with the support of staff if they wish.

Promotes a nutritious and balanced choice of food that is served in a delightful dining room. As well as planned choices residents can request an alternative at any time. Breakfast and teatime meals are very flexible but there is always a hot option available.

100% of care staff have achieved a National Vocational Qualification at a minimum of level 2, this is an excellent achievement.

Provides people with a warm, comfortable and safe environment where they can spend time privately or with others as they choose.

People who use the service said:

'If you are unable to look after yourself in your own home I do not think you could find a better place.'

'The staff on the whole are really caring and thoughtful'.

'They are wonderful - the staff really care'.

'I feel content here at Abbeyfield'.

About what the home does well they said 'it has a nice friendly atmosphere, staff are always welcoming, the home is always nice and clean, the residents are always nicely turned out, staff are always there when needed if visitors would like to discuss anything regarding residents, or any other problems'.

The Expert by Experience said:

"I found this inspection to be a very enjoyable experience. The home seemed very well run with a very good standard of decor. The staff went about their duties quietly but

effectively and residents were all very complimentary about the standard of care they received. I can only say that I was impressed with the positive personal care and positive social interaction that I observed."

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

Residents have been made aware of leaflets that are available in the home to tell them about the Mental Health Capacity Act 2005, and Deprivation of Liberty legislation that may affect their daily lives.

A new hoist has been provided for the comfort and safety of residents.

The gardens continue to be updated and have areas of interest added for the enjoyment of the residents, their relatives and friends.

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

No requirements were made as part of this inspection.

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

People who wish to move into the home have their differing and diverse care and support needs thoroughly assessed so that everyone is sure they can be met.

Evidence:

The home has pre-admission and admission procedures that staff use to make sure they get all the information they need about a prospective resident. When people are admitted following a referral from hospital or a care manager they also get a copy of the relevant healthcare professionals assessment.

One healthcare professional sent back our 'Have your Say' questionnaire. They told us that the home always makes sure they get accurate information about the person moving in, and always meets peoples' social and health care needs ensuring they are properly monitored and reviewed.

No one living in the home has needed a Deprivation of Liberty application.

## Evidence:

We looked at the assessment for the person most recently admitted to the home. This included good information about the person's care and support needs, evidence of input from a range of healthcare professionals, weight charts and care plans.

The home uses a range of professionally recognised assessment documents to support a person with issues of continence, nutrition, mental health well being, and skin integrity.

Each new resident has an 'introduction to home and people' care plan put in place to help them get used to their new surroundings. This is kept in place for two or three months or as long as the person requires. This is very good practice.

All the files also include a sheet that records a residents and/or their relatives wishes about whether they want to be involved in their care planning and who information can be shared with.

The manager does a three monthly audit of all files and identifies issues that may need to be included/amended, progress with these is checked at the next audit.

A person's initial care and support arrangements are reviewed after 4 weeks in the home and then six monthly after that.

Records are kept in a standard way, are well organised and up to date.

The home does not provide intermediate or nursing care but District Nurses attend the home on a daily basis.

## 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 **excellent** 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 can have their care and support provided in a way that meets their differing and diverse needs, when they want and by whom they choose. They are able to take control of their own medication or receive the assistance of staff.

Evidence:

Five people who live in the home sent back our questionnaires. They told us they always get the care and support they need, can see healthcare professionals when they want, and that staff usually listen to them and act on what they say.

They also said:

'If you are unable to look after yourself in your own home I do not think you could find a better place.'

'The staff on the whole are really caring and thoughtful'.

'They are wonderful - the staff really care'.

## Evidence:

'I feel content here at Abbeyfield'.

About what the home does well they said 'it has a nice friendly atmosphere, staff are always welcoming, the home is always nice and clean, the residents are always nicely turned out, staff are always there when needed if visitors would like to discuss anything regarding residents, or any other problems'.

One staff member sent back a questionnaire and said they always had enough information about the people they are caring for.

The healthcare professional said 'the service always respects privacy and dignity, always helps people to live the life they choose, staff have the right skills and experience to support people, and they respond to the diverse needs of individual people living in the home.

About what the home does well they said, 'provides high standards of care for residents, promotes independence, respects patients wishes. Liaises with district nurse team when needed, provides accurate information and lets people know of any problems/concerns about a resident.

We looked at two assessments for people who have been in the home for some time. To support information gained on admission the home has a pro-forma that it sends out to doctors to gather additional information about their well being and medical history. Residents are asked to sign a consent form that is kept in their file before their GP is approached.

Care plans are sensitive, thoughtful and very individual. They are regularly evaluated and recordings are made in an outcome focused way so that it is easy to see the benefit a person has received from the care and support given.

In one assessment we saw a person had recorded that they were an organ donor, but there was not a care plan in place to tell staff what to do in the event of the person becoming very unwell, being admitted to hospital or passing away in the home.

The manager told us about investigations that were being carried out to support a resident who has had a continued period of weight loss.

One local GP carries out a fortnightly visit to the home to review the needs of the residents, this is in addition to any visits the home may request on a individual

Evidence:

residents behalf.

There is a 'Doctors Book' kept in the office that staff can use to check/catch up on events that have taken place since they were last on duty.

A key worker system is operated in the home. There are three teams of key workers and these are assigned to each of the units. A senior care worker takes responsibility for each team.

Residents are helped and encouraged to self-medicate if they wish and are able to do so. To support this a risk assessment is carried out and their GP's consent is sought. These are both supported by a care plan for self-medication.

Senior staff record all medication that comes into the home on the Medication Administration Records (MAR), and this includes the medicines for people who look after their own. Residents who currently self-medicate are not required to sign any records to say that they have received their monthly prescription.

Staff have received training in the safe administration of medication. All medicines are kept safe and secure within the home.

There is a separate, spacious, clean, tidy, and organised treatment room. Medication is dispensed from a secure trolley.

We carried out a random check of the records for two people. These were both in order with the exception of the paracetamol records for one person. The chemist had dispensed tablets rather than caplets, and then replaced the tablets with the caplets the resident preferred. The tablets had not been removed from the system for return and it appeared that there had been some confusion about which MAR chart should have been used for dispensing this medication.

Throughout the inspection we saw staff speaking to and helping residents in a sensitive, warm and professional way. Personal care is delivered in a private and dignified way valuing each person as an individual.

Residents spoken to told us the staff were 'fantastic'.

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

People can choose whether they join in activities, events and outings that stimulate their interest and promote enjoyment and relaxation. Meals are chosen from a nutritious and balanced menu, or are provided to meet individual choice.

Evidence:

The home has a very good social assessment format that residents and/or their families are encouraged to complete so that staff can learn about the life and interests of each person. We saw some very good examples that painted an excellent picture of the person, their achievements, interests and abilities.

As part of the inspection an Expert by Experience spent time talking to people about the social aspects of the care environment, choice, activities for residents either as an individual or as a group and meal times.

This is what the Expert said:

"The home presents as very welcoming with very good decor and furnishing. There are three main small corridors each with eight bedrooms. Pictures, including those of residents, are displayed on the walls and each corridor has been given a name to

Evidence:

'personalise' the setting somewhat. I was able to chat to seven residents, one visitor and a number of staff.

The design of the home produces a bright, cheery, pleasant, and friendly feel, not only with the three small corridors but also with there being a lovely view of the gardens from all aspects of the home. It was noticeable that residents were not sitting around the small lounge but were observed to be either reading a newspaper, watching TV in their rooms or talking to staff.

Individual rooms were well decorated and felt very homely. From my observations, staff related excellently to residents showing dignity and respect and allowing independence and choice. There was a very positive feel to social interaction in this care home.

I was able to evidence that choice was given to residents in all aspects of their care to help them feel independent and dignified, and I was pleased to note that bathing for residents was on demand from individuals and not as per a rota.

The residents I spoke to were all aware of the cost of their care in the home but all felt that the choice given to them combined with the personal care offered was well worth it.

The residents and staff all talked about the range of activities available should residents wish to participate. They are all given a monthly printed programme of events. The most popular seemed to be the Chairbics sessions held weekly. I was certainly impressed with the varied range of activities and these were evidenced to me during my visit.

Visits out of the home are also arranged from time to time. There is no activities worker appointed and staff undertake to support residents as and when necessary. The residents have their own social evening monthly for socializing usually taking the form of a glass of wine and "nibbles".

The residents are provided with breakfast, lunch, tea, and an early evening snack, and in addition have a warm drink mid morning and afternoon. Biscuits are also provided. Meal times are fairly flexible and can be taken either in the dining room or in individual rooms. The residents order their main lunch time meal each morning and they were all full of praise for the quality of food they receive.

I had lunch with the residents and there was a choice of starter, main course and

Evidence:

desert with tea or coffee also provided. My meal of asparagus soup, Cornish pasty with broccoli, potato and turnip followed by ginger cake with custard was really tasty and enjoyable.

The dining room was very light and airy and the tables were nicely set including a poppy on each table. Everything went well during lunch with staff interacting well with residents."

Residents who returned questionnaires said there were usually activities arranged that they could take part in and that they always or ususally liked the meals provided.

They also said:

'The menu could be more suited to older people. Too much cream and tough meat'.

'Not dissatisfied with anything'.

'Organise more activities eg., more in-house entertainment such as musical evenings'.

'Perhaps a few more outings'.

'Vegetables could be cooked/boiled more, sometimes find them difficult to chew'.

Each of the above issues had been raised by residents through their monthly meeting and had been addressed.

There is a non-denominational service held in the home four or five times a year but residents have asked if these can be on a more frequent basis so this is being arranged. There is a service planned for Remembrance Sunday. Poppies were available in the home and there was a collecting tin for people to contribute. A communion service is held in conservatory but people can choose to take it privately in their own bedrooms.

There is a small kitchen off the dining room where residents and/or their visitors and relatives can make a drink.

Discussion groups and poetry readings are being promoted again at the request of residents. The manager said some residents had lovely reading voices.

Some staff attended a project at The Sage to give them more confidence when

Evidence:

singing, encouraging residents to sing. People have also taken part in an art project with a local school and one lady us about a knitting project she took part in when she had knitted a basket of fruit.

The British Legion Mens' Choir and local church visit and relatives are being encouraged to put forward ideas for alternative events.

Quite a few people get their newspapers and magazines regularly delivered to the home.

## Complaints and protection

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

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

**This is what people staying in this care home experience:**

Judgement:

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

People who live in the home are protected through policies, procedures and staff training. They know who to speak to if they wish to make a complaint and know they will be listened to.

Evidence:

The organisation has policies and procedures in place that promote the acceptance, recording, investigation and reporting back of concerns, complaints and allegations. Neither the home or the Care Quality Commission had received any complaints.

The manager and deputy have completed level 2 Safeguarding training with Newcastle City Council and are waiting for dates for level 3.

Senior care workers will also be completing the level 2 training.

All staff have received protection of vulnerable adults training and some refresher sessions are taking place through a Distance Learning Course.

People who work in the home are required to have a Criminal Records Bureau check carried out at an enhanced level before they are able to start work. Most of the staff team have worked in the home for over 10 years.

Everyone said they knew how to make a complaint, but had not needed to, and would

Evidence:

be able to speak to someone they were comfortable with if they were unhappy.

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

People live in a home that is purpose built, warm, comfortable and safe, and allows them to spend time privately or with others as they choose. All areas of the home are clean and tidy and good infection control procedures are followed.

Evidence:

The home is single storey with three wings leading off the entrance hall, there are eight bedrooms on each wing. All bedrooms have an en-suite toilet and wash hand facilities. There is a bathroom on each unit, two have additional shower facilities and the third has the hairdressing area.

Each bedroom window allows residents and their visitors clear views of the garden from a sitting position. Lots of people have bird tables and bird baths outside their room. The gardens are very well maintained. There is a fountain, a Japanese area, sea/fishing area, seating and access to Jesmond Dene.

Each of the corridors opens out in the middle making a hexagonal space where there are arm chairs for people to sit comfortably and see what is going on.

One lady likes to do some gardening in the area outside her bedroom. She told us that the gardener/handyman had just emptied the pots of all the summer plants so it was looking a 'bit bare'.

## Evidence:

One couple who live in the home have two bedrooms but one is furnished as a private sitting room, they are delighted with this arrangement.

All the rooms we saw were very nicely personalised and furnished. Residents can control the heating in their room so that it meet their individual requirements.

The home's laundry is split into three areas. Where the dirty laundry goes in, the drying area and a separate ironing room.

Everywhere was very clean, tidy and odour free and it was evident that attention is paid to good hygiene routines and control of infection.

Spacious dining room and small seating area that can be utilised for extended meals when visitors and family are invited. ie., for Christmas meals. Small kitchen in corner of dining room where residents/relatives can make themselves drinks, get snacks etc. Each morning staff provide each resident with a jug of chilled water from a special machine in this kitchen.

The laundry assistant does the laundry for six residents each day. This gives her the capacity to do other laundry/bed changes as necessary. One lady told us that her washing was taken away at 09:00 and it was returned, folded on the bed by about 11:30.

## Staffing

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

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

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

People who live in the home are protected through recruitment and selection procedures that are regularly and properly followed, staff training and support.

Evidence:

The organisation has policies and procedures that promote the safe recruitment of people to work in the home. The staff team is well established and many of them have worked in the home for over 10 years.

One member of staff sent back our questionnaire. They said that their recruitment and selection had been properly done, induction had covered everything they needed to know very well, they regularly saw the manager, knew what to do if someone had a concern or were unhappy, and always feel they have the support, experience and training to meet the different needs of people living in the home.

No new staff have been employed since the last inspection. But the manager is trying to recruit additional staff for twilight hours to support residents with social activities and events.

Although people are required to have a CRB check carried out at an enhanced level it was not clear whether they were aware of the need to report any new cautions or convictions they may receive following their employment to the manager.

## Evidence:

Staff are employed in accordance with the General Social Care Council (GSCC) code of conduct.

100% of care staff have achieved a National Vocational Qualification at a minimum of level 2. This is an excellent achievement.

All staff have received the required mandatory training and a programme of refresher training is on-going.

In addition to their staff file each member of the team has an individual training file that includes their supervision notes. This includes evidence of bi-monthly supervision, a training sheet (mandatory) and one for none statutory.

Supervision notes are only completed if any issue is identified. There is a monitor sheet in place that allows the supervisor to make notes. We saw evidence of additional records being kept when issues had arisen or someone had needed additional support.

The manager told us that she was introducing medications competency checks. These will be carried out ahead of staff appraisals, so that they can be included as part of the assessment of each persons performance.

The healthcare professional who completed our questionnaire said the staff always have the right skills and experience to support the people who live at Abbeyfield.

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

People live in a home that is run in an extremely open and inclusive way, promoting their best interests and safety. They are listened to and their opinions about running the home are valued.

Evidence:

The manager and staff promote an extremely positive, open and welcoming atmosphere in the home. It is very evident that residents are valued as individuals, their feelings and comments are appreciated and taken into account.

We are provided with our Annual Quality Assurance Assessment (AQAA) when we ask for it and it is always well completed keeping us up to date with changes within the home.

The manager is experienced and qualified to run the home and is supported by the organisations House and Finance Committees. The chairperson of the House Committee visits the home each week, carries out the organisations Regulation 26

## Evidence:

visits and receives a report from the manager on a bi-monthly meeting.

An in-house quality assurance system is in place but this has been delayed this year so that it did not clash with the CQC questionnaires. The home has also just had a visit from the Newcastle City Council commissioning section whose only requirements were some additional training for staff. These were new requirements and not as a result of the home not carrying out training.

We looked at the accident and fire records. These were both up to date and properly completed. The manager carries out a monthly audit of the accident records which is good practice.

The Fire Officer had recently visited the home and reviewed its fire risk assessment. There were no issues of concern.

Staff training in fire safety is up to date and bi-annual full evacuations are practiced within the home. These are observed and timed to identify any areas of weakness. This again is very good practice.

We carried out a random check of monies held in the home on behalf of residents. The home only keeps money on behalf of five residents. Monthly audits are carried out and recorded on each person's individual finance sheet. All entries were double signed and are checked on a monthly basis. Both sets of records were complete, and correct.

There are comprehensive policies, procedures and systems in place that promote the health, safety and well-being of people who live, work and visit the home, including maintenance and servicing arrangements.

Are there any outstanding requirements from the last inspection?

Yes

No

## Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

## Requirements and recommendations from this inspection:

### Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

### Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

### 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	7	Consider the introduction of a care plan to support residents choices on organ donation in the event of their death. This will mean that everyone is clear about what to do to meet the persons wishes.
2	9	Consider introducing a system to record that those residents who are self-medicating have accepted their months supply of medication. This will provide an audit trail of medication received into, and returned from , the home.
3	9	Consider the inclusion of a photograph of each resident on MAR cover sheet. This will help people who may be unfamiliar with each resident and are involved in the administration of medication to this safely.
4	29	Review staff guidance to ensure that people are required to report any new cautions or convictions they may receive after they start work in the home to the manager. This will help to keep people who live in the home safe.

## Helpline:

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