

Key inspection report

Care homes for older people

Name:	The Grange Nursing Home
Address:	Vyne Road Sherborne St John Basingstoke Hampshire RG24 9HX

The quality rating for this care home is:	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.

Lead inspector:	Date:
Kathryn Kirk	1 6 1 2 2 0 0 9

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

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

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

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

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

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

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

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

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

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

Reader Information

Document Purpose	Inspection report
Author	Care Quality Commission
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	The Grange Nursing Home
Address:	Vyne Road Sherborne St John Basingstoke Hampshire RG24 9HX
Telephone number:	01256851191
Fax number:	01256851121
Email address:	grangehome@aol.com
Provider web address:	

Name of registered provider(s):	Britaniascheme Ltd
Name of registered manager (if applicable)	
Type of registration:	care home
Number of places registered:	26

Conditions of registration:								
Category(ies) :	Number of places (if applicable):							
	Under 65	Over 65						
old age, not falling within any other category	0	26						
physical disability	26	0						
Additional conditions:								
The maximum number of service users to be accommodated is 26.								
The registered person may provide the following category/ies of service only: Care home with nursing - (N) 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 (OP) Physical disability (PD).								
Date of last inspection	1	8	0	3	2	0	0	9

Brief description of the care home								
The Grange Nursing Home is registered to provide accommodation for up to twenty-six residents over the age of 65 years who require nursing care. The Grange is owned by Brittaniascheme Limited. The home is set in large gardens, in a semi rural location, in the village of Sherborne St John, Basingstoke, Hampshire. The property is a large								

Brief description of the care home

converted farmhouse, with accommodation provided on two floors. There are twenty-three single rooms, one of which has en-suite facilities and one double room, plus two lounges and a separate dining room. The third floor is used as staff offices and rest room. Many of the rooms have pleasant views over the gardens and surrounding countryside.

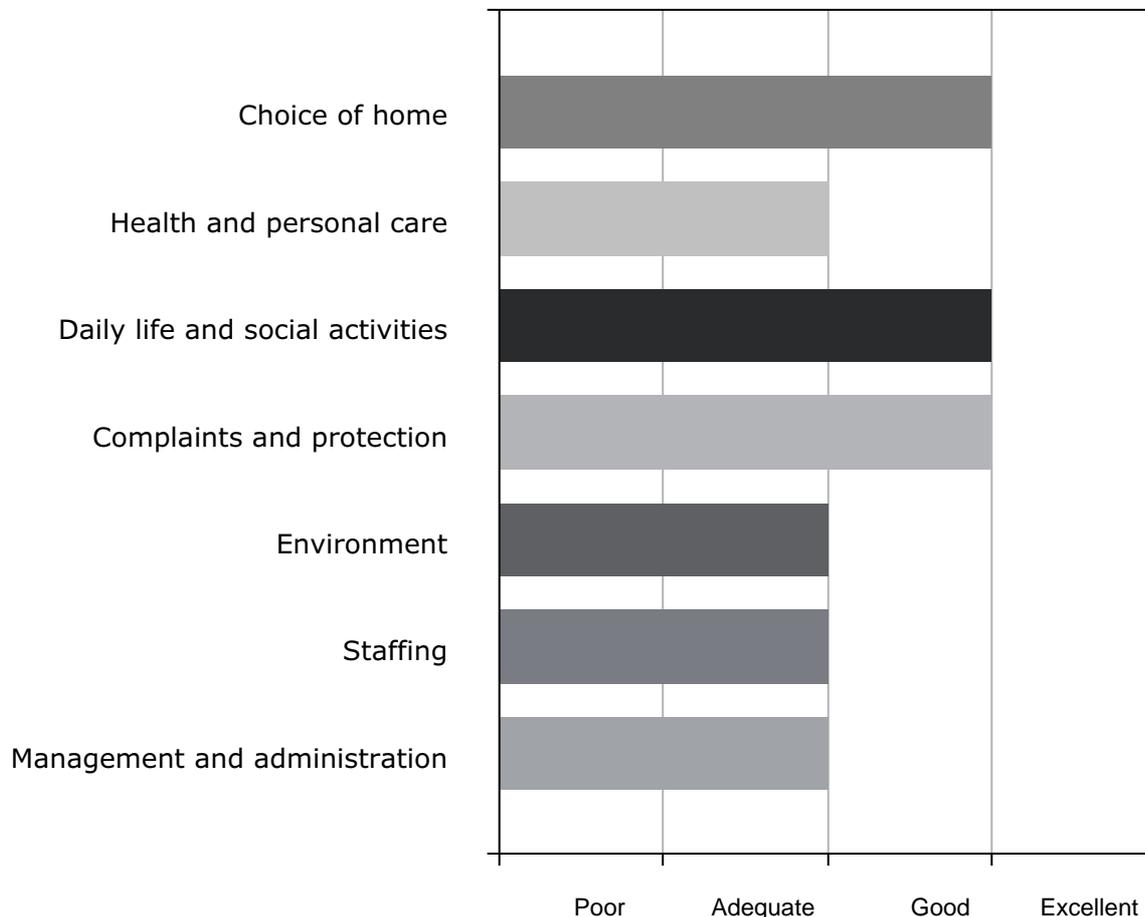
Summary

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:

We carried out a key inspection for The Grange. A key inspection focuses on National Minimum Standards that most affect the quality of life experienced by service users. We gathered evidence for this report in a number of ways. These include:

A visit to the home by two inspectors, Kathryn Kirk and Dianne Buchanan. This took place on 16 December 2009. During this time we spent time talking with service users and staff and spoke with the manager and the proprietor.

We looked at some records, relating to service users and regarding some practices and procedures in the home, for example the complaints log and medication records. We also saw some bedrooms and the communal areas of the home.

Seven surveys were returned by service users. Some of these had been completed with the help of their relatives. Three staff members and one health care professional

also completed surveys.

An Annual Quality Assurance Assessment (AQAA) was returned to us by the service. The AQAA is a self-assessment that focuses on how well outcomes are being met. It also gave us some numerical information about the service.

We looked at the information that we had gathered about the service as part of the registration process and also at the information that the service had sent to us about significant events.

We looked at evidence we received as a result of two safeguarding referrals.

What the care home does well:

People who use the service and their relatives were generally satisfied with the quality of support and care provided. People said for example "everyone cares" "generally everything is good" "looks after us" "very clean and tidy" "so far I am very satisfied" "food is marvelous"

Staff commented that it was a friendly place to work and felt that outings and activities organised for the residents were good.

One health care professional said that the staff were generally caring.

What has improved since the last inspection?

The system of care planning has improved to include information about peoples preferences . This will help staff to support people in the way in which they would wish.

There have been some improvements to the environment. For example, there is a new reception area by the front door; some communal areas and bedrooms have been redecorated and the service has followed advice from Hampshire Fire Service to improve fire safety arrangements within the home.

Some staff group supervision has taken place.

The home has appointed a competent and experienced person to manage the service, she is approachable and has an open door policy.

What they could do better:

Although care plans are accessible to the person that they are about, staff should consult with the person concerned when they are reviewing and updating them This will ensure that the information continues to be accurate and that they are written in accordance with peoples wishes. Care planning needs to be consistent for everyone. Some care plans do not contain enough accurate information for staff to support people effectively .

There needs to be closer monitoring and better recording of what staff have done to maintain peoples health, for example, when the amount of fluid intake is important, this needs to be recorded regularly.

Bathrooms need to be refurbished. The service already had plans in place for this and subsequently confirmed that work to improve the first floor bathroom has been completed.

There needs to be a review of storage facilities within the home as currently some pieces of equipment are being stored in bathrooms.

Infection control procedures need to be followed rigorously by all staff.

Most people currently require significant nursing input to maintain their health and wellbeing. There needs to be at all times sufficient staff on duty with an appropriate mix of skills and experience to meet peoples needs.

The service needs to renew residents and relatives meetings. This will help to regularly

obtain peoples views. Quality assurance visits which take place monthly must be more robust to ensure that they identify any deficiencies in the service and result in action being taken to remedy them.

Staff should have one to one formal supervision sessions with their supervisor.

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

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

Details of our findings

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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 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.

There is good information available about the home to help people make a choice about whether the service will be suitable for them. Peoples needs are known before they move in.

Evidence:

The AQAA says that pre admission assessment process is comprehensive and all people new to service complete contracts. There is a brochure, statement of purpose and website that offer detailed information on the services provide. The website needs to be updated to include our most recent report. The need to update information available to residents and their families is noted in the AQAA. We asked service users in surveys "Did you receive enough information to help you decide if this home was the right place for you before you moved in?" All said yes.

Relatives we spoke with during our visit said that prior to admission that the manager had visited their relative several times in order to assess them. The family also

Evidence:

commented that the service user was full of praise for the way that the manager went about gathering the information, which in their view was not intrusive. They felt that it was good that they had been encouraged to be involved in the admission and care planning of their relative. It was not possible for the service user to visit the home prior to admission but the relatives felt that the level of information provided as in statement of purpose was informative. They felt that this enabled them to support the relative through the transition.

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

The care planning system includes more information about peoples wishes and preferences. However, the quality and accuracy of the information recorded is variable and needs to be improved upon. The service also needs to improve its monitoring processes to ensure that people are always being properly cared for.

Evidence:

Each service user has a plan of care that has been drawn up from the initial assessment of their needs.

Most staff surveyed or spoken with told us that they are given up to date information about the needs of the people they support or care for. People who completed our surveys replied that they "always" or "usually" receive the care and support that they need.

The AQAA says that a new care planning system is in place which is more person centred. We saw that the care plan format has changed since our last visit so that it can include much more information about peoples preferences and social care needs.

Evidence:

We observed that care plans are kept in peoples bedrooms. During our visit, we discussed the information contained in their care plan with two service users .These Plans contained a good level of information about peoples medical needs and provided staff guidance in how to manage risk that had been identified. This included, for example, nutritional needs, moving and handling, pressure area care and the use of bed rails. Both people we spoke with said that their care plans accurately reflected how they saw themselves as needing support. Both plans had been updated promptly when a change in need had taken place . Service users we spoke with confirmed that staff follow the care plans, for example one person who needed a treatment every four hours, confirmed that staff attended to them regularly at these times.

Information about social needs and preferences had been completed for one person but not for the other. The people we spoke with were aware that they had care plans but one said that staff tended to update them without talking to them about it. The manager said that this was an area where she was aware some improvement could be made This is also reflected in the AQAA which said that the service intends to work more closely with residents to involve them in the planning of their care.

Since our visit, there have been two adult safeguarding referrals made relating to some aspects of the care provided at the service. The concerns have been followed up by social and health care professionals. There is evidence from their investigations that whilst some care planning information is accurate this is not universal.

Issues highlighted are as follows: That there have been two occasions where a service user has been admitted to hospital and staff have not been able to provide up to date and accurate information about the persons needs to health care professionals.

That care plans have not always been updated when a persons need changes, for example when pressure care needs to be reviewed.

Monitoring, which has been identified through the care planning process as necessary to maintain health, is not undertaken consistently , for example, how much fluid a person has taken during the day and peoples weights where they have been identified as being underweight. .

Risk assessments are not always completed when they need to be. When they are, staff do not always follow guidance, for example one person was identified as having trouble swallowing. The information on file said that this person should be provided with tea in an upright position but this was observed to be given in a fairly prone

Evidence:

position. Staff were also unsure as to whether this person should be given thickener in their drinks despite this being recorded in the persons notes.

People that we spoke with and surveyed, felt that staff ensure that they get the medical care that they need. One person we spoke with described how the staff had treated them to improve the condition of their skin. A Health Care professional surveyed felt that the service generally seeks advice and acts on it when required. One staff we spoke with said however that they did not feel that advice given was always followed consistently. Records checked by social care professionals were not always detailed enough and so could not provide evidence that staff are in fact following specialist advice at all times.

The evidence gathered shows that care planning is not consistent and does not always reflect accurately peoples changing needs. We are therefore making a requirement that care planning information is up to date and provides staff with clear guidance on how to care for all people appropriately. We are also making a requirement that detailed records are consistently kept for example fluid intake, so that the service will be able to demonstrate that people are receiving the care that they need.

The manager said that the medication cupboard has been moved to a place more appropriate for storage. We observed that the staff member responsible for administering medication was wearing an apron which requested people not to disturb them as they were completing a drugs round. They washed their hands before and after giving medication to each person and told people what medicine they were giving them. They took time with each person and ensure that they were given a glass of water. Staff said that only nurses administer medication and said that everyone who was responsible for medication has to complete an assessment of competency before they are allowed to undertake this.

We looked at records of medications administered and found that they had been properly completed with no unexplained gaps. We saw that medicines are regularly audited within the home and medicines that we checked in the fridge were properly stored and in date. Records we checked showed that there had been one error in the administration of medication. This had been properly documented and swiftly identified. The home had consulted and sought advice from a health care specialist and so had minimized any possible risk to the service user. The service had not notified us of the medication error. This will be discussed further in the management and administration section of the report.

People we spoke with felt that generally their privacy and dignity is respected, staff for

Evidence:

example knock on bedroom doors before entering and we observed them talking with service users in a friendly and respectful way. We observed that staff did not rush people if, for example, they were assisting them with eating or as already discussed, helping them with medication. Staff also spent time with one person who was upset, remaining after their shift so that they could continue to support and talk with them. All but one person surveyed felt that staff "always" or "usually" listen and act upon what they said. One person did comment however that "some staff talk at you rather than to you".

Daily life and social activities

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

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

Food is very good. Relatives involvement is encouraged and there is a wide range of activities provided

Evidence:

The improved care planning format means that staff can record peoples preferences and interests. This includes religious beliefs and we spoke to a service user who confirmed that staff ensure that they are always included in the list for visiting clergy.

The service employs an activity coordinator. All residents get a programme of scheduled activities and there is also a monthly newsletter which provides information about what is happening in the home. We spoke with a visitor at the home. They said that there is a good programme of events and that it is nice that relatives are invited to join in. They also said that their relative has a paper delivered every day.

We asked service users in surveys "Does the home arrange activities that you can take part in if you want?" One said "always" two said "usually" and three said "sometimes". Staff we surveyed felt that the service does well at organizing regular entertainment and by taking people out on day trips in the summer.

Evidence:

Service users and relatives we spoke with all confirmed that visiting is encouraged, one visitor described their experience of visiting the home and being met by the registered manager stating "she makes you very welcome"

The AQAA says "we will accommodate as much as possible of a residents personal belongings should they wish to bring them into their rooms at the home" We saw that this was the situation during our visit.

One person who lives at the Grange gave an example of when they changed bedrooms and did not like the curtains or bedspread. They said that an hour later the curtains and bedspread had been changed to a colour that they liked. They said made all the difference in helping them settle into the new room.

People that we spoke with said that the food was "excellent" that the home has a "lovely chef." One person said "the service has done us proud with regard to catering". People knew what was on the menu for that day and were observed to be given what they had chosen.

People we surveyed were generally positive about the meals at the home.

We observed that people were given support at mealtimes when they needed it.

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.

Procedures are in place to ensure that people can make a complaint should they need to do so. Procedures are also in place to help to protect adults from abuse

Evidence:

During our visit we observed that a complaints procedure was on display on various notice boards in the home. People we spoke with said that they felt confident that staff would listen to any concerns that they may have and that they would act appropriately. This was substantiated in surveys. All people said that they knew who to speak with if they were unhappy and all but one said that they knew how to make a formal complaint. Two staff surveyed said that they would know what to do if someone has concerns about the home, one however said that they did not. Staff we spoke with said that the manager was very approachable and would listen to any concern they may have.

The AQAA dataset says that there has been one complaint made since our last inspection. We checked the complaints record during our visit and found that one complaint had been recorded. The complaint had been responded to quickly and in line with the procedure.

The AQAA says that "All staff receive training in safeguarding adults and all staff are CRB and POVA checked before commencing employment." Records we saw during our visit indicated that this was the case.

Evidence:

Since we visited there have been two referrals made under the safeguarding adults procedures These are in the process of being investigated and outcomes to date are referred to in other parts of this report.

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

Service users live in a clean, well maintained environment. Staff need to ensure that infection control procedures are consistently followed.

Evidence:

We toured communal areas and saw some bedrooms. The home was clean, warm and there were no adverse odours.

People we surveyed were happy with the cleanliness of the home.

The AQAA says that the home has made improvements to the environment since the last inspection by redecorating the ground floor corridor and by creating new reception area. Some bedrooms have been redecorated and new carpets have been laid in communal areas and some bedrooms. This substantiated at our visit.

We observed that bathrooms were in need of some upgrading. The bathrooms were cold when we went in. The manager explained that a wall heater is turned on before anyone has a bath and this was confirmed by a service user we subsequently spoke with. One of the upstairs bathrooms had wheelchairs and a commode stored in it. The manager explained that bathrooms are shortly going to be refurbished and showed us a brochure of an adapted bath that is going to be ordered to improve the bathing experience of service users.

Records show that an Environmental Health officer had inspected the home in October 2008 for standards in food hygiene and had given an excellent rating.

Laundry facilities are sited away from areas where food is prepared or stored and are

Evidence:

appropriately maintained. Liquid soap and paper towels were supplied in communal hand wash areas. Hand disinfectant dispensers are also available for people to use in corridors. One member of staff told us that proper infection control procedures are not always followed. We did not observe this when we visited but care professionals noted that during their visits that aprons were not routinely being used. We have therefore made a requirement that all staff must follow infection control procedures.

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.

Staff are provided with a good range of training and are properly recruited. The service needs to ensure that there are sufficient staff on duty at all times with the correct amount of skills and experience to meet peoples needs.

Evidence:

At the last key inspection we made a requirement that there must be enough staff on duty at all times to meet the collective needs of residents. The evidence that we gathered to help us to decide whether there were enough staff on duty to meet the needs of all the residents was mixed. At the time of the previous inspection there were 19 people living at The Grange and there were generally a total of six care or nursing staff on duty during the day. At nighttime there was always one nurse on duty who is supported by two experienced carers.

At the time of this inspection there were 24 people in residence. All the evidence that we gathered suggests that most of these people require significant nursing attention. The rota shows a minimum of 6 nursing or care staff working on each shift during the day. This always includes at least one registered nurse and did not generally include the registered manager. At night there is always one nurse and two experienced carers on duty. The service continues to be supported by domestic catering and administrative staff.

Evidence:

The rota shows, for example, from 7/12-20/12/09 , that , not including the manager, two qualified nurses were working full time over this period. Other shifts were shared amongst 8 bank staff nurses. The number of shifts worked by them ranged from 1 to 6 over the two week period.

As a part of the AQAA, the service is required to let us know the number of hours worked by nursing and care staff in the seven days prior to completing the form. Overall this indicates that the number of hours worked has increased since the time of the last inspection although the number of hours provided by nursing staff has reduced by 70 hours a week.

The homes current AQAA says that they plan to improve by restructuring the nursing team to maximise the continuity of care. This includes appointing a new senior sister. The AQAA also says that the service will "Continue to look at the skill mix of the staff and recruit new staff where necessary, being mindful of resident dependency and finances"

We spoke with residents and staff during our visit to ask them whether in their view enough staff were on duty. Three service users we spoke with said that they felt that were sometimes not enough staff on duty. Staff we spoke with said that they were busy but generally had time to complete their tasks We observed that particularly in the morning , call bells were going off constantly. We checked the time taken to answer one call bell in the afternoon and it was 10 minutes. Staff did appear to be very busy. We did however observe that staff did not rush service users and assisted them in a sensitive and caring way, for example, when one service user became upset and needed emotional support.

We received 7 surveys back from service users. We asked "Do you receive the care and support you need"? 2 people said "always" and 5 said "usually" . We asked "Are staff available when you need them?" one person said "always", 6 said "usually".

One person surveyed commented "the home needs more staff as patients have to wait a long time for attention" One health care professional said the service could do better by "having better continuity, a number of different nursing staff are here at different times" Three staff returned our surveys. All commented that the service could improve by having more staff. They said "more carers required, never enough" "there is always a shortage of staff but hopefully this is being rectified" "we would like to be enough staff in a full shift to do our job properly some hours of a shift we have to work understaffed and it create pressure and stress related moments- and it keeps me from offering a good quality of care and attention to my people I have to care for I feel

Evidence:

rushed and stressed".

Issues raised by adult and social care professionals in terms of care planning and monitoring of peoples needs raise further concern that the skill mix of staff may not be appropriate.

There is some evidence to suggest therefore that the service is trying to recruit staff and that staffing hours overall have increased. However, some care staff feel rushed and the evidence shows that nursing hours provided have reduced. We conclude from the evidence available that there are not always sufficient staff available at a senior level to provide the guidance and support needed The inconsistencies discussed regarding record keeping and care planning would further support this statement. We have therefore made a requirement that the service must ensure that at all times suitably qualified ,competent and experienced persons are working at the care home in such numbers as are appropriate for the health and welfare of service users.

The AQAA says that 14 out of 18 care staff have completed NVQ level 2 or above in Care. This does not include bank staff.

Staff we surveyed confirmed that their employer had carried out checks such as CRB (Criminal Records Bureau) and references before they started work and this was confirmed when we checked records for two recently recruited staff.

The AQAA says that there is an induction programme in place for new staff. Records show that the induction generally lasts for three days and covers policies and procedures as well as health and safety matters. One recently recruited member of the care team told us that they felt their induction was good and said that they had shadowed experienced staff when they started. Another recently recruited staff member said however that they did not get a proper induction and that they were expected to lead shifts at a very early stage of their employment.

Staff surveyed were asked "Are you given training which is relevant to your role, helps you understand and meet the individual needs of service users and keeps you up to date with new ways of working?" They generally agreed that they were.

One member of staff is responsible for arranging training. The training information we saw was well organized and clearly highlighted when refresher training is due.

Mandatory training covers fire safety, health and safety, moving and handling, infection control, adult protection, food hygiene and First Aid.

Service users spoken with felt confident in the abilities of staff, for example they felt safe when they were being hoisted.

Evidence:

The health care professional surveyed said that "usually" staff have the right skills and experience to support people.

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 manager has the skills and experience to manage the home effectively. Quality monitoring systems in the service need to improve to ensure that it continues to be run in the best interest of service users. Supervision arrangements are better but still need to improve to ensure that staff are properly supported.

Evidence:

Since the last inspection the service has appointed a new manager, Mrs Julie Royle. She has successfully completed the registration process with CQC, which means that we judge her to be fit to manage the service. Staff we spoke with described her as very approachable and said that she always had an open door. Service users agreed that she listens to them and one longstanding resident described her as "the best we've had". Mrs Royle continues to update her skills and knowledge, for example she has recently completed training in staff supervision and is due to embark on a course in management in January 2010.

There are some structures in place to monitor the quality of the service. These include

Evidence:

surveys sent to relatives and staff. these are carried out annually. Senior staff also visit the service and complete a monthly report on the conduct of the care home. This is in accordance with Regulation 26 of the Care Home Regulations. Records checked showed that these visits were being carried out regularly. During these visits some records are checked and some staff and service users are spoken with. These visits however did not identify that some staff feel stressed and that some records are not up to date or accurate. The service has residents meetings, although people we spoke with said that there had not been one for some time. The AQAA says that relatives meetings have not taken place recently but says that the manager plans to restart them . The service sends us records of significant events that happen in the home , although when we checked over the past year these related only to deaths. They did not notify us of other significant events such as a medication error or an accident which occurred when one person was hoisted.

The AQAA says that there is a robust system in place to manage service users money and this remains unchanged.

At the last inspection we made a requirement that staff must receive supervision . Since this time the service has held group supervision sessions with all care and nursing staff. Staff we spoke with said that they felt well supported by the manager and this was endorsed by staff who completed our surveys. The service has produced evidence that they intend to start one to one supervisions with staff shortly and staff were aware of this. This is important as it provides staff with a forum in which they can discuss with their supervisor issues that they may not wish to share in a group, for example, career development needs. We are therefore satisfied that the requirement regarding supervision is being met.

The AQAA states that all equipment and appliances have been recently serviced. Records seen, for example, of any accidents, provide us with evidence that the health and safety of service users and staff are being promoted.

The service has recently been inspected by Hampshire Fire and Rescue Service and the manager confirmed that the two deficiencies found had been rectified.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

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

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
1	7	15	<p>All service users must have an up to date plan of care which provides sufficient detail in respect to how health and welfare needs are to be met.</p> <p>To ensure that staff have access to information which will ensure that they support people effectively</p>	10/04/2010
2	8	17	<p>Records must be kept in sufficient detail to demonstrate that staff are providing for peoples identified care needs.</p> <p>To help staff monitor peoples conditions effectively and to ensure that people are consistently getting the support that they need.</p>	10/04/2010
3	26	16	All staff must follow infection control procedures.	10/04/2010

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
			To reduce the risk of spread of infection	
4	27	18	The service must ensure that sufficient staff are on duty at all times with the correct amount of skills and experience to meet peoples needs. To ensure that all people are given the amount of care and support that they need.	10/04/2010
5	33	24	The service must have effective quality monitoring systems in place To ensure that the service reflects and meets the needs and wishes of service users.	10/05/2010

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations

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