

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 8 0 3 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

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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:	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

Brief description of the care home

The Grange Nursing Home provides accommodation for twenty-five 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 converted

Brief description of the care home

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.

Information received from the service stated that the current fees ranged from #750 to #950 per week

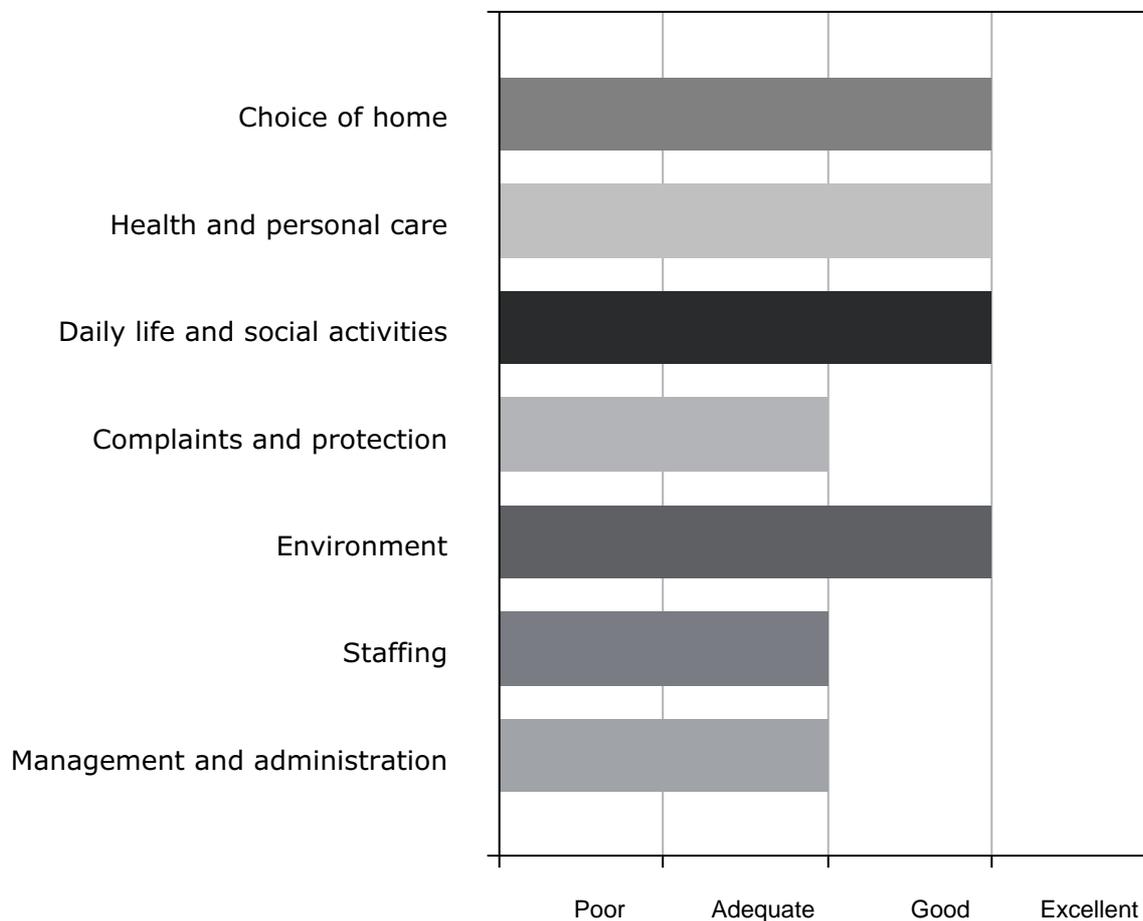
Summary

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:

The purpose of this key inspection is to assess how well the home is doing in meeting the key National Minimum Standards (NMS) and Care Home Regulations.

The findings of this report are based on several different sources of evidence.

Kathryn Kirk and Tracey Horne, Regulatory Inspectors, visited the home on 18 March 2009. We spoke with four service users, two visitors and six staff. We looked around all of the communal areas and in some bedrooms. We looked at some records that the service keeps and talked with the manager, proprietor and group nursing director. We looked at The Annual Quality Assurance Assessment (AQAA) that was sent to us by the service. The AQAA is a self assessment that focuses on how well outcomes are being met for people using the service. It also gave us some numerical information about the service.

A range of Surveys were returned to us. These comprised two from service users, two from GPs , three from staff and five from relatives.

We also looked at:

Information we have about how the service has managed any complaints.

What the service has told us about things that have happened in the service, these are called notifications and are a legal requirement.

The previous key inspections and the most recent Annual Service Review.

Relevant information from other organisations.

What other people have told us about the service.

What the care home does well:

Service users we spoke to and who returned our surveys were generally happy with the service provided at the Grange. Relatives surveyed were extremely satisfied and GPs also provided positive feedback. When asked what the home does well people made the following comments: "gives a homely caring feel", "they provide a kind and caring environment with the appropriate nursing. Staff are friendly" "make both residents and visitors feel at home. Treat residents with the utmost professionalism and care. humour too makes the Granges atmosphere a very pleasant place to be. Always welcoming whatever time of the day or evening" "The Grange staff look after my mother with great respect and dignity, she is always clean and very well cared for. The staff are exceptional" "my mother wants for nothing"

The home is set in beautiful surroundings and people told us that they like the views and the gardens.

People like the food and have a good choice of what they eat.

The registered person has communicated well with us to inform us of developments and changes in the service. He has also taken action to remedy some identified shortfalls in service provision

What has improved since the last inspection?

The service has installed a new nurse call system. Policies and procedures have been reviewed and updated where necessary.

What they could do better:

The Grange has a history of providing good quality care for people. The service has in the past generally met National Minimum Standards and Care Home Regulations and any minor shortfalls identified have been addressed appropriately. Since the last Annual Service Review in March 2008 the evidence that we have gathered has indicated that there have been some changes in the service. Notably, a small but significant number of people have not felt listened to when they have had a concern or wanted to express a view. This has at times had an impact upon the quality of care delivered, for example service users sometimes have been reticent about making their needs known to staff and some staff feel that issues that they have raised have not been adequately addressed. This has been exacerbated by the fact that regular supervision sessions have not been taking place and so staff have not had that forum in which to express their views. The proprietor, who has recently conducted his own surveys, is aware of the situation and has already made changes. He has appointed an experienced senior member of the organisation to be Group nursing Director and is advertising for the post of manager as the current Registered manager has resigned.

Although care plans that we saw were accurate they focused primarily on peoples physical needs and had little information about peoples preferred daily routines and how they like their care to be provided. Senior management have again already identified this as an area that could be improved and are working towards achieving this.

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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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 "there is a brochure, statement of purpose and website that offers detailed information of the services we provide" Service users surveyed said that they had received enough information about the home before they moved in so they could decide if it was the right place for them.

During the visit we spoke with one service user who confirmed that although they had been unable to visit the home before they moved in, their relative had done so and had been provided with all information needed. One relative spoken with said the handover at the beginning of care being provided was very good. Records of two service users who had been recently admitted were seen. These contained assessments of needs from which an initial care plan had been devised . These had

Evidence:

been completed before care had started .

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.

Care is delivered in accordance with peoples care plan but this could be further improved if plans included more information about peoples wishes, preferences and where necessary, gave staff guidance on how to recognise when people are in discomfort or pain.

Evidence:

Each service user has a plan of care that has been drawn up from the initial assessment of their needs. Staff surveyed were asked "Are you given up to date information about the needs of the people you support or care for?". They generally felt that they were. One said for example, "care plans are always up dated plus we have report at the beginning of each shift" another person commented however "could do with more training and practical discussions about care plans from senior trained staff" During the visit, we observed that care plans are kept in peoples bedrooms. We discussed the information contained in their care plan with two service users. Plans contained information about specific physical needs , such as washing and dressing, mobility and nutrition. Service users agreed that what was written was accurate and up to date. Care plans also contained assessments of risk where a particular issue had

Evidence:

been identified and gave staff guidance on how to support the service user safely, for example where service users needed to be hoisted. Other risk assessments seen included nutritional assessments, pressure areas, and use of bed rails. Those seen were up to date and had been signed by the service user. One person spoken with said however that staff had not discussed care needs with them and they were unsure about whether they needed to ask when they wanted a shower or whether staff would know when this was required. There was no information in the care plan about this person's preference about bathing arrangements or how often they needed or wanted to have a bath or a shower. A nurse spoken with during the visit was able to describe what they would look for if a person who had communication difficulties was uncomfortable or in pain but agreed that there was nothing at present written down about this. Care planning was discussed with the manager, proprietor and group nursing director at the end of the visit. They were already aware that some improvement to care planning is required and are currently working on this. Relatives surveyed by us were asked "does the care home give the support you expect or agreed?" Three said "always" and two said "usually". Service users asked "Do you receive the medical support you need?" said that generally they did. One service user spoken with confirmed that staff call a doctor for them if they feel unwell. The manager said that a GP visits weekly. Two GPs surveyed (one an occasional visitor) were asked. "Does the care service seek advice and act upon it to manage and improve individuals health care needs"? Both said "always". They also said that individuals health care needs are met by the care service One said staff "Call for additional help appropriately"

The AQAA says that the service has started to work on The Liverpool pathway and gold standard framework.

GPs were asked "Does the care home support individuals to administer their own medication or manage it correctly where this is not possible?" Both said "Always". We found medicines to be securely and appropriately stored. Two residents confirmed they received regular medication by staff as their preference. Care plans detailed medication needs and Medication Administration Record (MAR) sheets had been completed accurately.

Staff confirmed only trained nursing staff administer medication.

Staff were observed to talk with service users in a friendly and respectful way. People surveyed agreed that people's privacy and dignity is respected. The AQAA says that people can have a telephone in their room if they wish .

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 AQAA says that the home employs a dedicated activities co ordinator. It lists the range of activities as aiming to cover reminiscence therapy, multi sensory support, reality orientation, coordination games and music therapy. Service users also have a regular entertainment programme which includes visiting musicians and theatre groups.

People told us that they have a variety of activities as long as there are enough staff on duty. On the morning of our visit all service users were in their bedrooms. After lunch some enjoyed games of bingo in the lounge. Two service users were having their nails painted by staff. A hairdresser visits regularly.

The AQAA says "the home caters for the spiritual wellbeing of our residents and religious services are regularly held. We are also visited by the Salvation Army who visits residents wishing to talk or receive spiritual guidance. "

The manager said that service users can receive visitors in private if they wish. One service user said she has a lot of visitors and staff are very accommodating to ensure they are made to feel welcome. A Relative said "the Grange Nursing Home have

Evidence:

relatives meetings and also publish a monthly book which is fantastic, all news of the month re care and outings birthdays events etc".

Relatives were asked "does the service support people to live the life they choose?" All felt that it always did, one person for example commented "they give encouragement but also respect individuals right to decide. They organise a variety of events and activities and invite relatives and friends"

Relatives were asked "are you kept up to date with important issues affecting your relative for example if they have been admitted to hospital or had an accident " All said "always". One person commented " I am always advised of significant health changes issues and the outcome of medical intervention. A senior member of the nursing team telephones me."

The AQAA says "we encourage residents to personalise their rooms where possible but have to consider health and safety matters. " Bedrooms that we saw during the visit contained some personal possessions which reflected peoples interests and tastes. Records showed that one service user had been offered a key to their room but said that they had declined. The person concerned confirmed that this was the case. Service users spoken with described the meals as "marvelous" and "very good" One service user said that there is a choice of three things at lunch and at teatime. One relative said "most of the kitchen staff are excellent regarding meals giving good attention to the individuals needs"

Some service users eat their meals in the dining room. Three said they enjoy this as it gives them an opportunity to chat. We saw that people were given appropriate assistance by staff, that meals were pureed where required and that the mealtime was not rushed.

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.

Procedures are in place to ensure that people can make a complaint should they need to do so. Procedures are also in place to protect adults from abuse. Most people, but not all, are confident that any concern would be listened to. This may have had an effect upon the quality of care that people receive.

Evidence:

Service users surveyed were asked "Do you know who to speak to if you are not happy?" one said "always" and one said "usually". One knew how to make a complaint and the other did not.

Relatives surveyed all confirmed that they know how to make a complaint. One commented "the senior staff are very keen to know if there are any problems immediately to enable them to address them"

Relatives were also satisfied that the home had responded appropriately if they had needed to raise a concern.

Staff were more ambivalent. "Asked Do you know what to do if a service user, relative, advocate or friend has concerns about the home?"

One said yes "I would speak to my manager and ask her to see the relatives regarding the concerns if she was not available see the nurse in charge." One did not answer yes or no but said "In very complicated matters I would have to pass the matter on to senior management" One said no "I would pass it on to my senior member of staff but if it is not listened to I am unsure what to do." Whilst most staff we spoke with were

Evidence:

happy with the complaints procedure some uncertainty was expressed by one staff during our visit. The registered provider was already aware of some peoples feelings and had instructed the manager to wear her uniform and to have more of a presence on the floor. This was the situation on the day of the visit.

We looked at the complaints log. This showed that one complaint was received in October 2008, the manager responded in writing four days later. One concern that we passed on to the home was also responded to quickly. The evidence shows therefore that the service responds to peoples complaints in a timely way.

Staff spoken with said that they understood adult protection and whistle blowing procedures. The AQAA says that all staff receive training in adult protection. Records seen substantiated this.

Staff recruitment records contained evidence that a satisfactory CRB check had been obtained and that the home had completed a POVA first check on each new staff member (this is an initial basic check, which the home undertakes whilst it awaits the results of the full CRB disclosure)

There are two adult protection investigations which are ongoing. These are being coordinated by Hampshire County Council Adults Services. The proprietor has kept us informed of significant events which have occurred as the home is required to do under Regulation 37 of the Care Homes Regulations.

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 live in an attractive safe and well maintained environment.

Evidence:

We toured communal areas and saw some bedrooms. All areas were clean, warm and there were no adverse odours. Service users surveyed and talked with said that the home is always fresh and clean. They also said that they enjoyed the views of the garden. Relatives surveyed by the home all rated the standard of housekeeping as "good" or "very good".

At the time of this inspection the service was installing a new nurse call system. The manager said that toilets and bathrooms are due to be refurbished. The AQAA says that the home provides adequate moving and handling equipment, specialist baths, passenger lifts and hand rails. This was verified during the visit.

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 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. Staff use protective clothing to prevent the spread of infection. The home has sluicing facilities, one staff surveyed felt that the machine did not always clean effectively. However all staff spoken with during the visit felt that sluicing facilities were satisfactory.

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.

Service users are supported by well trained staff who have undergone thorough recruitment procedures. At times they are not on duty in sufficient numbers to meet the collective need.

Evidence:

The AQAA says that in the past three months no nursing shifts and three care worker shifts have been covered by agency workers. When we visited there was a nurse and two carers on each floor. The manager was also assisting with care tasks. The care and nursing team is supported by catering, domestic and administrative staff. There are three waking staff on duty at night one of whom is always a nurse. Staff said that they tend to work on particular floors. At the time of our inspection there were nineteen people in residence. The AQAA says that eighteen people need two staff at a time to assist them. Two service users who need two staff to help them transfer safely said that they sometimes had to wait to use the toilet and one said that this could become uncomfortable. One resident said 'Staff are too busy to help me, I don't want to bother them.' Most staff spoken with thought that they had enough time to complete their tasks. One said, for example, "its just a matter of being organised" Others however felt that a times there were not enough staff to meet the needs of service users particularly. for example, when one service user was critically ill and so required more support than usual. In the homes own survey of relatives the results showed that people were very satisfied with staff, although one person commented that very

Evidence:

recently there seemed to be a shortage of staff with roles doubled up. One staff we spoke with felt that there was a lack of communication with management and so any concern over staffing levels would not be responded to.

All staff surveyed confirmed that the service had carried out pre employment checks before they started. This was also confirmed by one staff member that we spoke with who had been recently recruited. We checked the records of two staff who had been employed in the past twelve months. They both contained completed CRB and POVA first checks , two references, completed application form with employment history and a statement of terms and conditions.

The AQAA says that there is an induction programme in place for new staff. One recently recruited member of the care team told us that they had completed moving and handling training and had shadowed more experienced members of the team three times. They had not yet had any formal supervision or other training although said that a meeting had been scheduled for later in the month. 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?"

All said "yes" One person said, for example, "since working here I have gained my NVQ 2 and 3 plus regular in house training to cover all aspects of my job. " During our visit we found that one member of staff is responsible for arranging training. A matrix is used to ensure training is provided when it is needed. Staff said they utilise each others knowledge and experience to provide some in house training in specialist subjects such as pressure area care and mouth care. Service users spoken with felt confident in the abilities of staff, for example they felt safe when staff helped them to transfer .Relatives surveyed spoke very highly of the skills of the staff team They said for example "all care is carried out with the utmost skill and experience""Second to none""24 hour nursing care superb""I believe this is one of their strengths Carers and nursing staff are always in evidence and willing to discuss issues" GPs surveyed generally also agreed that staff had the right skills and experience to support people.

The AQAA says that ten out of the twenty one permanent care staff have completed their NVQ 2 in care This is very close to the 50% stipulated in the National Minimum Standards.

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 new management team is working to improve the service and has already effected some positive changes. This work needs to continue to ensure that all National Minimum Standards are met.

Evidence:

We were advised shortly after our visit that the Registered Manager has tendered her resignation. We understand that until a new manager is appointed the service will be managed by the Group Nursing Director with support from the senior nursing team. There are structures in place to monitor the quality of the service. These include surveys sent to relatives and staff. The proprietor or senior staff have also visited the service and completed 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, that service users and staff were spoken with and various records were inspected. It is partly as a result of these quality assurance measures that some deficits within the service have been discovered and as stated already in this report action is being taken to address these issues.

Evidence:

The service has a history of working well with us and has complied on the few occasions in the past where it has fallen short of Care home Regulations.

The AQAA says that There is a robust residents monies system in place operated by the Administrator. We found this to be the case during the visit.

Staff surveyed gave a range of replies to the question "does your manager meet with you to give you support and discuss how you are working" For example, One said "my manager is always available if I have any problems and wish to discuss anything." One said "to date I had not a one to one discussion with my manager in a private meeting. In general day to day questioning and answering yes. I have an appraisal and assessment due for February." One said "only on request" This was mirrored during our visit, with some staff feeling well supported and others feeling that they were not always listened to. This is one of the shortfalls in the service that the proprietor has already identified and is taking action on.

The AQAA states that all equipment and appliances have been recently serviced. policies and procedures have also been reviewed and updated as necessary. Records seen, for example, a recent fire risk assessment which has been completed by an external consultant, and records of accidents, provide us with evidence that the health and safety of service users and staff are being promoted.

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	27	18	Staff must be employed in adequate numbers at all times to meet the collective needs of service users. To ensure that people receive the care that they need when they need it.	29/04/2009
2	36	18	Staff must receive regular supervision So that staff can discuss with a person senior to them all aspects of practice, the philosophy of the home and any career development needs.	29/04/2009

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

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

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