



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Darenth Grange Residential Home
Address:	Darenth Hill Dartford Kent DA2 7QR

The quality rating for this care home is:	two star good service
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A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	Date:
Susan Hall	0 5 0 3 2 0 0 9

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

Copies of the National Minimum Standards – Care Homes for 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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- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Darenth Grange Residential Home
Address:	Darenth Hill Dartford Kent DA2 7QR
Telephone number:	01322224423
Fax number:	01322224435
Email address:	debbie.myatt@BTConnect.com
Provider web address:	

Name of registered provider(s):	D.F.A. Care Ltd
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Type of registration:	care home
Number of places registered:	29

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	0	29
old age, not falling within any other category	0	29
Additional conditions:		
The maximum number of service users to be accommodated is 29		
The maximum number of service users to be accommodated is 29		
The registered person may provide the following category of service only: Care home only (PC) to service users of the following gender: Either whose primary care needs on admission to the home are within the following category: Old age, not falling within any other category (OP)		
The registered person may provide the following category/ies of service only: Care home only (PC) to service users of the following gender: Old age, not falling within any other category (OP) Dementia (DE) Either Whose primary care needs on admission to the home are within the following categories:		
Date of last inspection		

Brief description of the care home

Darenth Grange is a care home for up to 29 older people requiring residential care. It is owned and operated by D.F.A. Care Ltd, which includes four providers. One of these is also the Deputy Manager. The home is situated on the outskirts of Dartford in a rural area. The building is a historical 18th century Manor House, set in over 6 acres of woodlands and lawns. Accommodation is provided on two floors, and there is a passenger lift providing access between floors. There is a large lounge and dining room on the ground floor; and a smaller conservatory overlooking the grounds. Most bedrooms are for single use, and most have en-suite toilet facilities. There is accessible garden space close to the building, and there is parking available for a number of cars. The home is some distance from town amenities and bus routes, and private transport is required. The current fee levels can be obtained from the manager.

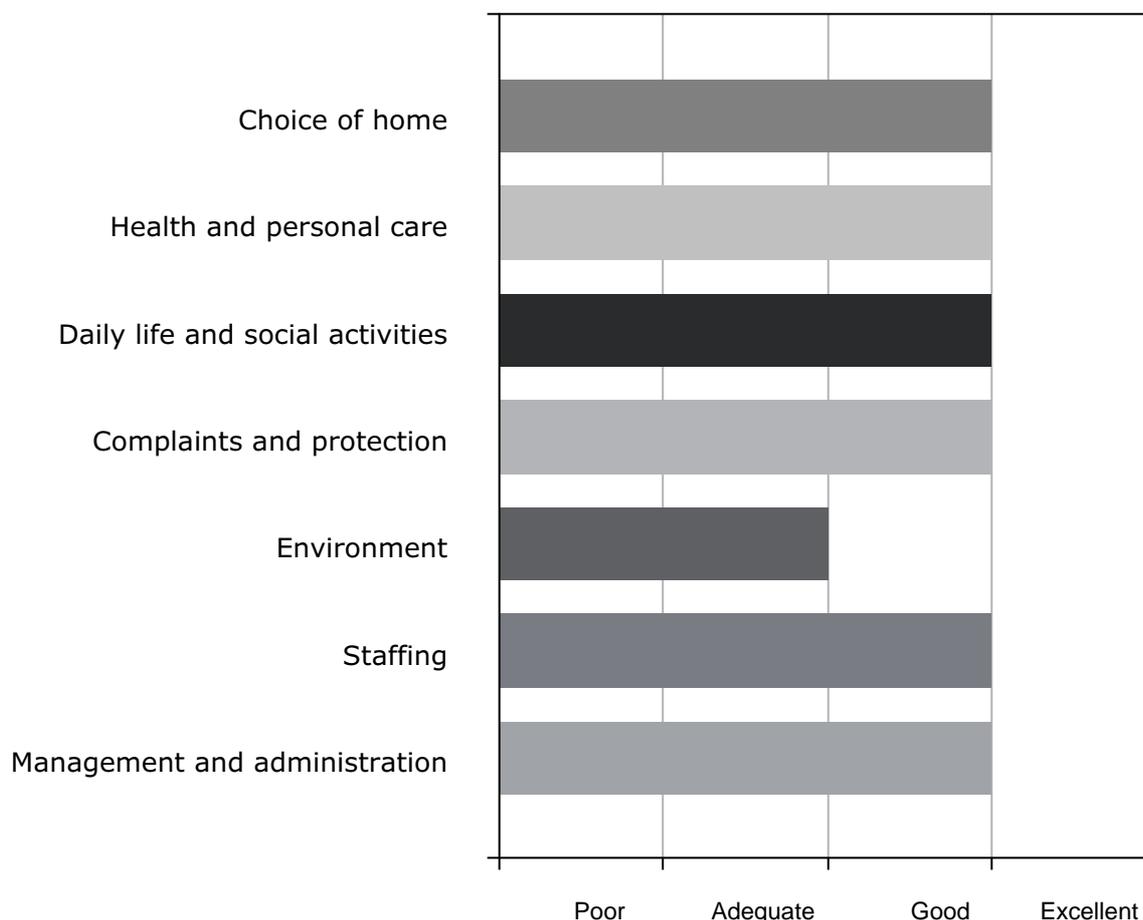
Summary

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

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

The home is assessed as having a rating of good, 2 stars. This means that CSCI expect residents to receive good standards of care in this home.

The inspection included assessing information which CSCI received during the last year, since the previous inspection, such as: formal notifications which the home are required to send in; any concerns, complaints or safeguarding issues; and any information received via letters and phone calls.

We (i.e.CSCI) sent out survey forms for residents, staff and health professionals; and fourteen completed survey forms were returned. Most of these contained positive comments such as these two comments from residents; "the staff in this home are first class, you couldn't ask for better"; and "I enjoy the activities, especially the quizzes and exercise class". Staff comments included "staff and residents are made to feel a

part of the home, and I enjoy working here"; and " I am kept up to date with all my training". However, there were several comments from staff stating that they were unsure how the management structure works, and do not know whether to talk to the deputy manager or the manager on some issues, and do not always feel supported.

A visit to the home was carried out by one inspector and lasted for six hours. During this time we talked with nine residents, two visitors, four staff and the management; viewed the premises, including most of the bedrooms; examined documentation such as care plans, recruitment files, and medication charts; and observed staff going about their duties.

The home has a relaxed and friendly atmosphere, and all residents we talked with, spoke highly of the quality and caring attitude of the staff.

What the care home does well:

The home has good information available for enquirers and new residents. A relative stated that the staff had been very welcoming when her mother first moved in to the home.

The staff assist residents to retain their independence, enabling them to choose their own lifestyles, such as going out, joining in activities, and times for getting up, and going to bed.

Personal care is given with sensitivity and respect; and health care needs are met.

Visitors are made welcome in the home, and are able to use a servery area to make their own drinks.

Residents are confident that their views will be taken into account, and know that they can voice concerns or complaints, and that action will be taken in response to these.

The home has a good emphasis on staff training, and this means that residents benefit from being cared for by competent and caring staff.

What has improved since the last inspection?

The statement of purpose, and the service users' guide have been amended and improved; and these documents provide a good overview of life in the home.

Care plans have been put into a new format, and contain suitable information to enable care staff to carry out effective care.

Risk assessments are included in care plans, and show the action to be taken to minimise risks.

The providers have worked hard to improve the internal environment of the building. This includes changes to the decor, soft furnishings and furniture in many areas. Many bedrooms and communal areas have been refurbished, and some of the bathrooms.

What they could do better:

Staff keep a daily record for each resident as part of the care planning. These documents should record the time that the entry is written, and not just enter these as morning, afternoon, or night.

There are a number of issues in regards to medication storage and administration which need to be addressed, and the management team stated that these would be dealt with. There have been no reports of any medication errors during the past year.

The providers have an ongoing plan in place for the continued renovation of the building. This includes refurbishment of the rest of the bedrooms; new carpeting for some areas; alterations to some of the bath and shower rooms; and refurbishing the laundry area.

Additional attention needs to be given to staff recruitment files to ensure that they

contain all required documentation; and to ensure that applicants are requested to provide a full employment history.

There seem to be some areas where the staff would benefit from improved communication with the management team, so that they are confident that the manager and providers are aware of their concerns and know who will address these. Some of the providers are involved in the day to day running of the home, and one of the providers is also the deputy manager. This makes it difficult for staff to know who is responsible for dealing with different areas of the work, and some further clarity for staff would be helpful.

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

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

Details of our findings

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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.

The home provides good information for prospective new residents, which enables them to make an informed decision about moving into the home.

Evidence:

The statement of purpose and the service users' guide have been amended and updated since the last key inspection. We (i.e. CSCI) viewed both of these documents, and found that they are produced in a clear and easy to read format, and contain all the required and relevant information.

The statement of purpose states that the home aims to "foster an atmosphere of care and support, enabling service users to live full and interesting lives, as independently as possible". The document then shows how the home seeks to carry this out, with information such as GP visits and arrangements for seeing other health professionals; meals and meal times; activities available; care plan reviews; and residents' meetings.

Evidence:

The service users' guide includes the terms and conditions of residency, the fees payable, and the complaints procedure.

The manager or deputy manager carry out a pre admission assessment for all residents, either at home or in hospital, and access as much additional information as possible from hospital staff, and relatives or other carers. The assessments focus on all aspects of daily living, such as safety and environment, mobility and dexterity, communication ability, and personal care needs. We viewed two of these assessments and they contained sufficient information for the management to make an informed decision. However, the home is using two different formats to record this information, and it would be more straightforward if they agreed on one format for ease of access by other authorised professionals e.g. care managers.

All residents are provided with a contract. There is a four week trial period prior to a review, when a discussion is held with the resident and their representatives about making the residency permanent.

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.

Residents feel that they are well cared for, and this is reflected in improved care plans and risk assessments. Medication management needs to be improved; but we are confident that these matters will be addressed as a priority.

Evidence:

Care plans are written by senior carer staff, and are then checked and typed by the manager or deputy manager. The care plans are drawn up with the involvement of the resident and representatives if applicable; and the resident then signs to signify their agreement. Care plan reviews are carried out every month, or more frequently if necessary.

We inspected three care plans, and found that they reflect individual needs and preferences. Dependency, mobility and social assessments are followed up by plans tailored to the individual person. All aspects of daily living are included, such as assistance needed with personal care; if the person prefers a bath or a shower; oral and nail care; mobility needs; religious and cultural choices; and medication. The plans include a daily record chart for personal care, indicating when the person has

Evidence:

had a bath, shave, hair wash etc. There is a space on these charts for recording weights, but these had not been completed on two of the three care plans viewed. The manager said they are written down elsewhere, and they need transferring to these records.

A separate record is maintained for any falls or other incidents, so that it is easy to check the frequency of these. Each care plan includes risk assessments, which deal with items such as going out unattended; use of wheelchair, and risk of trips and falls. These have been improved since the last inspection, and show the action to be taken to minimise risks.

Residents can choose which GP they register with; and there is a local GP who visits weekly or on request. Referrals are made to other health professionals (such as physiotherapy) as needed. An optician and chiropodist visit the home; and residents can register with a dentist in the area. District nurses visit the home to carry out any wound care, or other nursing duties such as taking blood specimens.

Medication is mostly administered via a monitored dosage system. The clinical room has adequate space for storage, but this was cluttered with other items and was not clean and tidy. The home has a small medication trolley for administration, and a separate locked cupboard for storage. The home had a number of controlled drugs in a locked cupboard, but storage is not in compliance with changed legislation for the safe storage of controlled drugs, and there is a requirement to address this. However, controlled drugs were correctly recorded in a register, with two signatures for each administration. The clinical room contains a drugs fridge, but this appeared old and dirty, and does not have a lock. Temperatures of the clinical room and drugs fridge were not being recorded.

Senior care staff receipt in most medication on to the Medication Administration Records (MAR charts); but medication brought in by a new resident had not been recorded anywhere. All medication brought into the home must be clearly recorded so that there is an ongoing record of all medication in the home, and so that amounts of medication can be properly audited. MAR charts were accompanied by a photo of the resident and any allergies, but allergies were not highlighted, and this would be good practice to do so. Most MAR charts had been well completed, but some contained handwritten entries of medication received. These had not been signed, and each handwritten entry must be signed by two appropriately trained staff for accountability. There is a recommendation to ensure that regular audits are carried out to check compliance with all aspects of medication.

Evidence:

We talked with nine residents during the day, and they stated that they are very well cared for. Staff respect their privacy, and are careful to knock on doors before entering; and enable them to go where they want and follow their own lifestyles.

When possible, any resident who is dying is enabled to stay in their own room and surroundings, and cared for by staff who know them. Some staff have attended training in caring for those who are dying, and for the bereaved.

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.

The range and amount of activities has increased since the last inspection. The home is working towards an increased number of outings this year, which would be appreciated by the residents.

Evidence:

The home has different activities available on most days, with three activities organisers employed by the home, and two other people called the "motivation team" who come in from the vicinity. A basic weekly activities planner is displayed on a notice board in the reception area. The organisers carry out a variety of activities such as reminiscing, arts and crafts, pampering sessions, quizzes, and bingo. On Fridays there are armchair exercises; and on Mondays a mobile shop is taken round so that residents can purchase small items such as sweets and toiletries. On Thursday evenings there is a singalong; and care staff put on video film shows at weekends. The motivation team have taken time to find out each person's individual interests, and come in twice per month to spend time with residents according to their preferences. This includes one to one time. Care staff stated on the day, and in survey forms, that they would like to have more time to spend with residents.

A church service is held in the home every two weeks, and residents are invited to

Evidence:

take part. If residents wish to go out to places of worship, the manager will assist them with arrangements.

One of the carers has started giving talks about local places of interest, and the home are planning to follow this up with outings to these places. Residents are already taken out to places such as the local garden centre and theatre shows, mostly in small groups. Some residents are able to go out unattended, and enjoy wandering in the large grounds, and viewing the countryside. Residents also enjoy watching the many birds, squirrels and rabbits in the area. The home has a Summer fete, and residents take part in making items for this.

Visitors are welcomed at any time, and can make drinks for themselves and their resident in a servery area. The home has a group of relatives who have formed the "Friends of Darenth", and who are becoming increasingly involved in helping out with parties, shows and outings. One of the residents said that there is always plenty going on for people who want to take part.

The home has an emphasis on allowing people to run their own lives, and residents are free to spend time in their rooms, go out, or take part in activities. Bedrooms can be personalised according to choice, and many rooms are attractively set out with photographs and ornaments, as residents wish.

Residents said that the food is good and there is plenty of it. A cooked breakfast is available every day, and many residents take advantage of this. There are three courses at lunch and tea time, and a choice of main courses. Home made cakes are served with afternoon tea, and biscuits are served with other mid morning, and evening, drinks. The kitchen was seen to be clean and well equipped. The cook prepares the menus, and changes these according to ongoing discussions with residents. Meals can be taken in the dining room or in residents' own rooms according to choice.

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.

Residents are able to raise any concerns or complaints and are confident that they will be listened to.

Evidence:

The complaints procedure is displayed on a notice board in the entrance hall, and each resident is given a copy of this when they are admitted. It advises complainants to speak to the manager in the first instance, or to the providers. There is a reminder that residents can access Social Services if they wish to do so; and details are included for CSCI. The complaints procedure contains timescales for investigating complaints and replying to people. Residents said that they have no difficulty in voicing their opinions, either individually or at residents' meetings.

We viewed the complaints log, which showed six complaints in the last year. These had been addressed appropriately, and action taken as a result. The manager or deputy responded to each complainant in writing, and arranged meetings for discussion if indicated.

Five complaints occurred during March and April 2008, and the content of these centred around poor communication or attitude between staff members which had an effect on other staff or residents. This seems to have settled down since then, but the management need to have an ongoing awareness of the importance of having clear lines of communication and accountability for staff, so that staff are clearly informed

Evidence:

about who is responsible for different aspects of the work.

The staff training matrix showed that all staff are trained in understanding the protection of vulnerable adults. The home has a whistle blowing policy, which states that the management will support any staff who need to use this.

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.

The building has been extensively improved and upgraded since the last inspection visit; and the providers are continuing with their plans for further improvements.

Evidence:

The home is a large Manor House, which is set in over six acres of lawns and woodlands. The last inspection report showed that the building had become rather run down generally, and needed refurbishing. The providers have worked hard over the past year to improve the facilities, and have refurbished thirteen bedrooms during the past year, the dining room, and some of the toilets and bathrooms. This includes redecoration, and purchasing of new furniture and soft furnishings. The work has been carried out to a high standard. They are currently working to improve another five bedrooms. The main lounge has also been completely redecorated as the result of winning a competition for a room to be refurbished. Residents appreciate the use of a conservatory overlooking the gardens. This is due for refurbishment in the near future.

The entrance to the home did not give a very good first impression, due to piles of leaves outside, and no pot plants or flowers; but the entrance hall inside is impressive. There is still a lot of work to be done to upgrade the decor and carpeting in corridors; to improve more bathrooms; and to renovate the laundry area. The providers have a working business plan for this upgrading.

Evidence:

Most bedrooms have en-suite toilet facilities, and there are other toilets near to communal areas. Baths are fitted with integral bath hoists, so that it is easier for the residents to access these. As the result of a residents' meeting, one of the bathrooms is being altered to make it a shower "wet" room, in place of an existing shower room which is too small for comfort.

The home is suitably equipped with other items such as raised toilet seats, hand rails, and two mobile hoists. One room has been fitted with a ramp to take a wheelchair. There is a passenger lift for access between floors.

All radiators have been covered to promote safety, and bedrooms have individual radiator thermostats for residents' comfort. Window restrictors are appropriately fitted to large upstairs windows.

The laundry is small and not suitable for effectively managing the laundry for this number of people. There is one washing machine and one tumble dryer. The home employs a dedicated laundry person each weekday, and there have been no complaints from residents about the quality of the laundering. The providers have been obtaining quotes to refit and refurbish the laundry.

The building is kept clean in all areas, and is a credit to the hard work of the domestic staff in maintaining the cleanliness of such a large building.

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.

The staff are efficient, competent, and well trained. The residents feel that they are well looked after, as staff carry out their duties well, and show attention to individual needs.

Evidence:

Staffing numbers are maintained in accordance with residents' dependency levels. There are usually four care staff on duty in the mornings, and three in the afternoons until 4pm, when an additional carer comes on duty to prepare the evening meal, and stays afterwards to help with care duties. A senior carer is on duty for each shift, and the manager or deputy are usually on duty as well. The deputy manager covers some weekend shifts, so that there is a senior person available to staff, residents and relatives at weekends. There are two waking care staff for night shifts.

The home is committed to assisting care staff to study for NVQ levels 2 or 3. There are currently 8 care staff who have completed these, which is 44 per cent; and most other care staff are studying for NVQ 2. One carer is currently studying for NVQ 3, and one for NVQ 4. Both the manager and deputy manager have completed NVQ 4, and the Registered Managers' Award.

Three recruitment files were examined, and these show good procedures are in place. The files viewed contained health records, employment history, a declaration about

Evidence:

cautions or criminal convictions, proof of ID, two written references, interview record, and contracts. One file did not have a full employment history, and the management must ensure that a full employment history is requested. The same file did not contain a work permit, for a staff member from a country for which a work permit is required. The manager stated that she had seen this and could not understand why it was not on file, and would follow this up accordingly. All staff go through a Skills for Care induction programme, and shadow more senior staff until they are assessed as competent. The manager oversees all inductions.

Staff files contained certificates to confirm staff training, and the training matrix showed that mandatory training is kept up to date. Records were seen for moving and handling, health and safety, first aid, infection control, basic food hygiene, fire prevention, medication and POVA. There is also training for bereavement, dementia, and the mental capacity act.

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

The staff would benefit from having clearer lines of accountability from the management. However, they work together to ensure that the home is run in the best interests of the residents.

Evidence:

The home has four providers, one of whom is the named responsible individual, and was present in the home during the inspection. Another of the providers is also the deputy manager. Feedback regarding the inspection was given to the registered manager and both of these providers together.

The registered manager and the deputy manager have both completed the Registered Managers Award and NVQ level 4, and have many years experience in working in care homes. The lines of accountability are not always clear to staff, as the deputy manager and the responsible individual are in the home on a day to day basis, and take an active role in the running of the home. Staff said that they do not always know who to go to, and CSCI staff survey forms included comments about this. We

Evidence:

also noted that several complaints from 2008 included aspects of poor staff communication. Both the registered manager and the deputy manager will assist care staff if the need arises, but the deputy manager has a bigger role in leading the way on a day to day basis. Staff meetings are held two to three times per year, and a staff communication book has been commenced to assist with day to day staff communication.

Residents are confident about voicing their opinions, and are enabled to do this via residents' meetings, and via ongoing surveys. The management are discussing the possibility of changing the format for the surveys, so that there are five possible outcomes, not just yes and no. There was clear evidence that residents' opinions are taken into account. This included their views in regards to soft furnishings and some of the refurbishment; and also in relation to meal times. Lunch was changed from 12.30 to 1pm for a time, and then residents realised that they prefer lunch at 12.30, so it was changed back again. Residents and relatives meetings are usually held quarterly, but the management also have an open door policy, and residents know that they can approach them at any time.

Small amounts of residents' money may be stored safely on the premises, and is kept in individual amounts, with individual records. All receipts are retained, and a copy of all transactions, and the balance, can be requested at any time by the resident or their authorised representative.

Staff supervision records were viewed, and staff have individual one to one supervision every two months, as well as a yearly appraisal.

The providers are aware of health and safety requirements, and ensure staff training is kept up to date. Accident records are well completed, but records regarding residents' accidents were seen to be kept in residents' care plan files. This contravenes the Data Protection Act 1998, as these forms contain staff addresses. The manager said that she would change this practice.

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	9	13	<p>Medication management must be improved in the following areas:</p> <p>Controlled drugs must be stored in a controlled drugs cupboard, which meets the storage requirements as outlined in the Misuse of Drugs (Safe Custody) Regulations 1973.</p> <p>The clinical room temperature and the drugs fridge temperature must be recorded every day.</p> <p>Any medication brought into the home from any source must be recorded.</p> <p>All hand written entries on Medication Administration Records must be signed by two appropriately trained staff.</p>	10/04/2009

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
			The registered person shall make arrangements for the recording, handling, safe keeping, safe administration and disposal of medicines received into the care home.	
2	26	29	<p>Recruitment practices need to be improved in the following areas:</p> <p>The providers must ensure that all applicants are requested to provide a full employment history i.e. from the time of leaving full time education.</p> <p>The providers must ensure that all documentation required is available for inspection, including work permits where applicable.</p> <p>The registered person must not employ a person to work at the care home unless they are fit to work at the care home.</p>	30/04/2009
3	29	29	<p>Recruitment practices need to be improved in the following areas:</p> <p>The providers must ensure that all applicants are requested to provide a full employment history i.e.</p>	30/04/2009

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
			<p>from the time of leaving full time education.</p> <p>The providers must ensure that all documentation required is available for inspection, including work permits where applicable.</p> <p>The registered person must not employ a person to work at the care home unless they are fit to work at the care home.</p>	

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	9	<p>To ensure that medication management is improved in the following areas:</p> <p>The clinical room should be kept clean and free from unnecessary clutter.</p> <p>To obtain a drugs fridge which can be locked.</p> <p>To carry out regular (e.g. monthly) medication audits.</p> <p>To highlight allergies.</p> <p>To review the windows of the clinical room in regards to safe and secure storage.</p>
2	38	<p>To comply with other relevant legislation including the Data Protection Act 1998.</p> <p>Accident records should not be stored where other people have access to staff addresses.</p>

Helpline:

Telephone: 03000 616161 or

Textphone: or

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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