

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:	three star excellent service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
Wendy Mills	1 0 0 6 2 0 1 0

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

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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
Name of registered manager (if applicable)	
Margaret Lee	
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	0	5	0	3	2	0	0	9

Brief description of the care home

Darenth Grange is a residential home providing care and support for up to twenty-nine older people. The registered provider is D.F.A. Care Ltd. This is a partnership of four individuals. One partner is registered as the responsible individual and another acts as deputy manager for the home. The registered manager for the home is Mrs Margaret Lee.

The home is situated in a rural area on the outskirts of Dartford. The building is an historical eighteenth century Manor House, set in over six acres of woodland and lawns. Accommodation is provided on two floors with a passenger lift providing access between floors. There is a large lounge, spacious dining room and conservatory on the ground floor. Most bedrooms are for single use, and most have en-suite toilet facilities. There is accessible garden space close to the house and ample parking to the front of the building. The home is some distance from town amenities and bus routes, and private transport is required.

Further information, including current charges, about this service may be obtained by contacting the registered manager of the home.

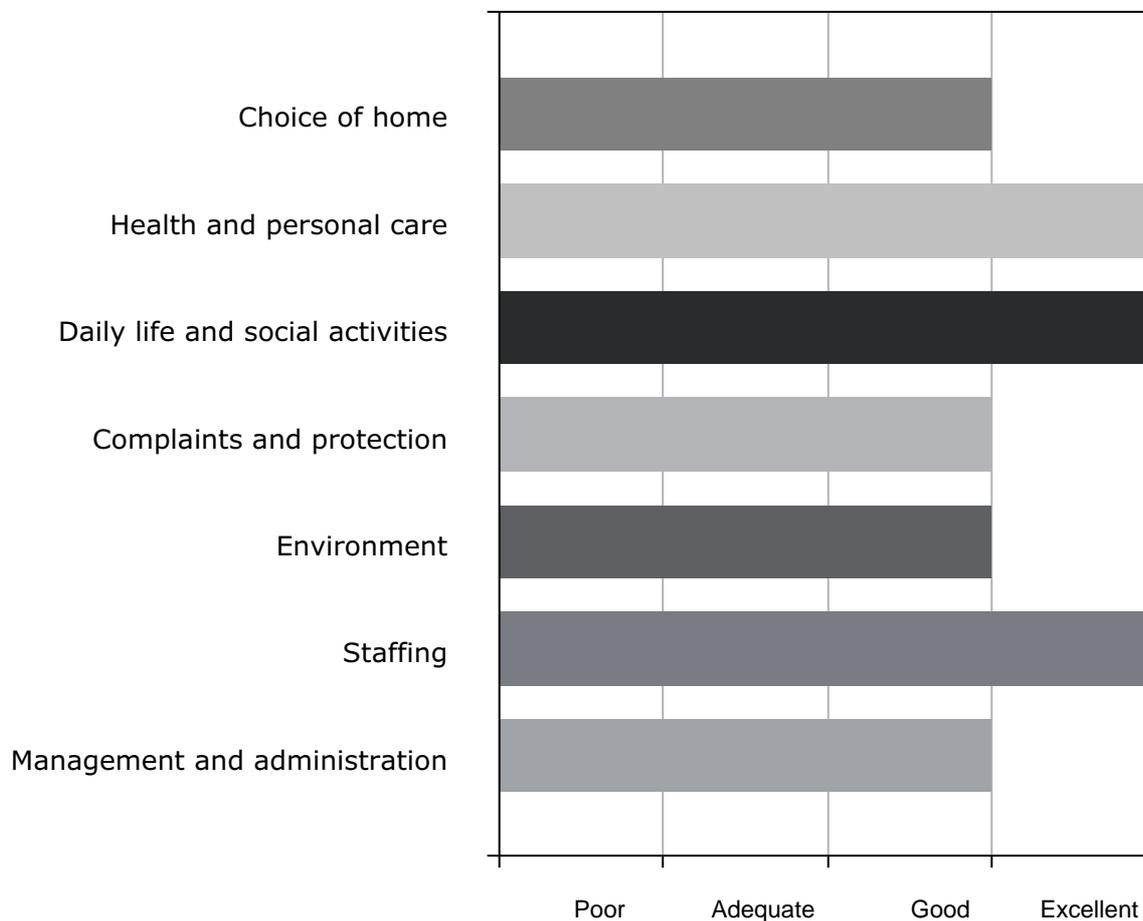
Summary

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

The quality rating for this care home is:

three star excellent service

Our judgement for each outcome:



How we did our inspection:

This visit was unannounced and formed part of the annual inspection process of the Care Quality Commission (CQC). This report takes into consideration evidence we found during the visit and information we have received prior to the visit, such as the home's Annual Quality Assurance Assessment (AQAA) and any notifications the home may have sent us about significant events. We also took into consideration the results of surveys we sent to the people who use this service and their supporters and other information we have been given about the home, for example, opinions expressed by visiting health and social care professionals.

During this visit we spoke to twelve of the residents, some in the privacy of their own rooms and some during a tour of the home; we spoke to three relatives and four staff members and held in depth discussion with two of the partners in the provider organisation; we examined important documentation such as care plans and staff files; we made a tour of the home and made direct and indirect observations throughout the

day. Following this visit we spoke with the registered manager on the telephone as she was unable to be present at the inspection due to unforeseen circumstances.

The people who live in this home said that they prefer to be called "Residents". Therefore, this is the term we have used throughout this report to refer to them.

The residents and their relatives all said that they are very happy with the home and care they receive.

The residents, their relatives, the staff and the management team are all thanked for their assistance and the welcome they gave during this visit.

The quality rating for this home is three stars. This means that the people who use this service experience excellent outcomes in their care.

What the care home does well:

The home provides excellent health and personal care that is given in a way that respects the privacy and dignity of the individual.

There is a wide range of activities for the residents to choose from, including garden parties, outings and a weekly programme of activities such as quizzes, arts and crafts and music and movement. Residents said they really enjoy joining in and that there is a good variety of things to do.

There is a stable staff team who treat the residents with respect and dignity. Residents said that the staff, "Can't do enough for us - nothing is too much trouble, they're lovely".

The home has a dedicated team of ancillary staff including chefs, cleaners, gardening and maintenance personnel and a laundry assistant. Residents and their relatives praised the way they all do their jobs. Comments on the surveys included, "The home is nice and clean". "The laundry is always well done and nicely ironed", and, "The house and garden are lovely - they work so hard to keep them up to scratch".

There is a spacious, comfortable and homely environment that is kept very clean. The home is set in six acres of garden which is pleasant and well maintained.

Nutritional services in the home are of a very high standard. There is a good choice of meals and nearly all provisions are locally purchased.

The home is well managed and the registered providers are in the home on a daily basis. The management team know the residents well and understand their needs and preferences.

What has improved since the last inspection?

There have been a number of environmental improvements including a new conservatory, a complete refurbishment of the dining room, new hall carpet, the creation of an ironing room and the completion of the programme to redecorate and refurbish the bedrooms.

Staff training has increased and is better monitored. Staff said that they get plenty of training and information to help them do their jobs well and to understand best practice in care.

There have been improvements in the main kitchen including the purchase of new equipment and new cupboards.

There is an on going review of care planning.

Staff recruitment procedures have been tightened.

What they could do better:

No requirements were placed as a result of this inspection.

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

The report of this inspection is available from our website www.cqc.org.uk. 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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Outstanding statutory requirements

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.

The home gives prospective residents and their supporters plenty of information about the home so they can make an informed decision about taking up a place in the home.

Thorough pre-admission assessments are made so that only those people whose needs can be met and who are suited to the home are offered a place there.

Evidence:

We looked at Standards 1 and 3 in this outcome area. In order to make a judgement about how well the home informs prospective residents about the facilities and makes sure that they can meet the needs of prospective residents, we looked at information the service gave us in their Annual Quality Assurance Assessment (AQAA); we examined three care plans in detail and we spoke to residents, some relatives and two of the home's directors. The home has a Statement of Purpose and a Service User Guide that meet the required standards. In addition there are noticeboards around the home that contain plenty of information for the people who use this service and their

Evidence:

families.

The people we spoke to were aware of the various activities that are going on and said that staff keep them well informed.

There are robust policies and procedures to ensure that thorough pre-admission assessments are made. The care plans show good evidence that a pre-admission visit is made to prospective residents and written pre-admission assessments are carried out. Relatives we spoke to confirmed that a visit had been made and that the home had made sure they could meet needs before offering a place at the home.

The home does not provide intermediate care.

Health and personal care

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

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

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

The home actively promotes the health and well being of the residents in a way that respects their privacy and dignity.

Evidence:

We looked at Standards 7, 8, 9 and 10 in this outcome area. In order to make a judgement about how well the home looks after the residents' health and well being and delivers personal care in a sensitive and dignified way, we examined a sample of three care plans selected at random; we spoke to eleven of the residents, some in private and some in the main lounge; we considered the responses given to us in the surveys we sent to residents and staff; we spoke to four staff members at length; and we made direct and indirect observations throughout the time we spent in the home.

The care plans are person centred, up-to-date and in good order. They identify personal care needs, cultural and religious needs and likes and dislikes. There is good evidence that the home tailors care to individual needs and caters for the diverse needs and wishes of individual residents. For example, the care plans describe in detail how each resident prefers to receive their personal care. Risk assessments are

Evidence:

in place but these would benefit from a review to ensure that they are all person centred and reflect the changing needs of individual residents.

We found good evidence to show that the importance of good nutrition is well understood and that the nutritional needs of individuals are very well catered for. Weights are recorded on a monthly basis. The way weights are recorded would benefit from review. It would be helpful for the action taken, once significant weight losses or gains are recorded, to be noted on the same form as the monthly weights. This was discussed with two of the providers and they told us that they would revise this form within the next two weeks.

Staff receive training in all aspects of care, including respecting privacy and dignity and safeguarding. Indirect observation throughout the time of this visit showed that staff are kind, respectful and discreet when dealing with residents and their personal care needs.

The results of surveys showed that residents feel the care in the home is very good and those we spoke to during this visit said that they are very happy with their care. One said, "It couldn't be better, they look after all our needs and we're not all easy, you know".

Records show that health care professionals are contacted appropriately and that their advice is listened to and followed. A GP visits the home every Monday and will see any resident who has health issues or wants to see the doctor. District nurses also visit most days and a chiropodist visits every six weeks. The home maintains good relationships with visiting health care professionals and sends out surveys to some of them to check that they are satisfied with the way the home relates to them and supports the health needs of the residents.

A GP visits the home every Monday and will see any resident who has health issues or wants to see the doctor. District nurses also visit most days and a chiropodist visits every six weeks.

The management and administration of medicines in the home is good. One person is able to self-medicate and is supported to do this safely. Only staff who have received training in the administration of medicines are permitted to do so. The home uses the monitored dose system for most medicines. The storage of medicines is safe. They are stored in a locked medicine cabinet and a locked trolley in a locked room. Proper arrangements are in place for the storage and recording of controlled drugs. Temperatures of storage are recorded on a daily basis.

Evidence:

The medicines trolley was inspected and found to be tidy and well organised. The Medicines Administration Records (MARs) were examined and found to have been completed correctly. We were told that there have been no medication errors in the last year and no evidence was found of errors.

Daily life and social activities

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

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

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

The home provides a wide variety of activities so that the residents can continue to lead interesting and meaningful lives.

Evidence:

We looked at Standards 12, 13, 14 and 15 in this outcome area. In order to make a judgement about how well the home ensures the residents are able to continue to live interesting and meaningful lives we looked at activity records and care plans, talked to residents, their relatives, staff and the providers; and made observations.

The home provides a wide variety of activities. There are two activities co-ordinators and there are daily activities such as quizzes, gardening, art and crafts and music. In addition a number of other activities are brought into the home. These include music and movement, "Pet and Pat" dogs, singers and musicians. At least one session each week is led by a visiting entertainers.

In addition to the regular activities in the home there are a number of outings each year, especially in the summer. Residents spoke of trip out to a nearby park, to the seaside and to the shops. There is a fund raising group for the home, "The Friends of Darenth Grange". This group is well supported by staff who take part in fund-raising

Evidence:

activities. A legacy enabled the Friends of Darenth Grange to purchase a mobile home at the seaside. Residents said this was "wonderful" because they can have trips to there and know that there are all facilities on hand should they need them.

Residents told us how much they had enjoyed a Fun Day on the weekend prior to this visit. They said their relatives, their children and pets had been able to come along and enjoy themselves. One said, "It was so nice to be able to spend time with the family and see them enjoy themselves. We all had a good time, there were lots of stalls and they (the staff) kept coming round with cool drinks and ice creams - it was lovely". Many of the staff take part in these events in their own time.

Each month the home holds a themed day that includes special menus, decorations and activities relevant to the theme. For example, if there is a saint's day in the month then the menu will include a traditional meal of the country that the saint represents.

Throughout the home there are boards with photographs of the many activities and outings. There are also plenty of pictures and displays of objects of interest.

The home has a large and well maintained garden and many residents enjoy spending time here. There are gazebos in place to give shade and a patio sitting area. Several residents enjoy gardening and others like to feed the birds. Some look after the hanging baskets and others make sure the bird feeders are kept filled.

Religious and cultural needs are noted in the care plans. Ministers and priests from a variety of denominations visit on a regular basis. On the day of this visit a local priest came to hold a service. Other priests visit to give Holy Communion to individuals. Visitors to the home said that they are always made welcome and can visit at any time. They said that they were pleased to see that the home runs a number of events that they can join in.

Residents said that the food in the home is very good and that they enjoy their meals. There is always a choice of two main meals and the chef is always happy to provide a third alternative for those who do not want either of the two main choices. Most residents said that they prefer to go to the dining room for their meals as this is a nice social occasion.

The dining room has been recently refurbished and the residents were able to choose the colour scheme. We spent time talking to one of the chefs. She showed us the systems that are in place for ensuring a very high standard of kitchen hygiene is maintained. There are good quality control measures in place to ensure food is of a

Evidence:

high standard. Food is purchased locally and there is plenty of fresh produce used. The chef told us that special diets are catered for. Currently there is no-one in the home who requires a special diet for religious reasons but there are a number of people on special diets, such as low sugar and low fat, for health reasons.

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.

The concerns of the residents are listened to and acted upon and they are protected from all forms of abuse.

Evidence:

We looked at Standards 16, 17 and 18 in this outcome area. In order to ensure that the home has sound systems for listening to concerns and protecting the residents from all forms of abuse we looked at the complaints records, spoke to residents, providers and staff and considered information given to us in the Annual Quality Assurance Assessment (AQAA).

The home has policies and procedures in place for managing concerns, complaints and safeguarding. The home is in the process of revising the complaints procedure to make it clearer for the people who use this service. We found good evidence that the home deals with formal complaints in a timely manner in accordance with these policies and procedures.

There are sound systems for handling residents' finances. The home only looks after small amounts of "pocket monies". These are stored securely and all monies are accounted for and receipts in place. The home also supports some residents to continue to manage their own money and in some cases, has arranged for advocacy or input from solicitors. The providers said that they would have no hesitation in calling in the help of the police if there were any concerns regarding finances.

Evidence:

The training matrix showed that all staff have received recent training in how to protect vulnerable people from all forms of harm. The staff we spoke to were all clear about their responsibility to report any concerns and said they would have no hesitation in doing so should the need arise. They said that the managers run an open door policy and that they felt confident that any concerns will be acted upon. They also said that they are listened to by management if they make any suggestions to improve the lives of the residents.

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.

The home is clean and well maintained with an ongoing improvement plan for the environment. This means that the residents have a pleasant, homely and safe place in which to live.

Evidence:

We looked at Standards 19, 21, 24 and 26 in this outcome area. In order to assess how well the home meets these standards we made a tour of the home, spoke to residents and their relatives and considered the information the home gave us in their Annual Quality Assurance Assessment (AQAA).

The home is a large manor house set in six acres of lawns and woodlands. When the providers took on the running of the home four years ago it was in a poor state of repair and since that time they have worked hard to make improvements. Since the last inspection the shaft lift has been completely overhauled, the dining room has been completely refurbished and all the bedrooms have been redecorated and refurbished. In addition, new carpet has been fitted to a hallway and it is planned to replace the one upstairs. One old bathroom has been replaced with a shower room and another bathroom is due for a complete refurbishment in the near future. The providers have a clear plan for further improvements.

The home has a laundry room on the ground floor and a clean laundry storage room

Evidence:

on the first floor. This room is used for sorting residents' clothes before delivering them to their rooms. Since the last inspection an ironing room has been created and this makes it much safer for residents as previously ironing was done on the landing.

The home has plenty of communal space with a large lounge, dining room and conservatory. Outside there are accessible and well maintained gardens with plenty of shade and places to sit.

All areas of the home were clean and odour free on the day of this visit. The responses to our surveys showed that the residents are pleased with the cleanliness of the home. The home employs two cleaners, a laundry assistant, a gardener and a maintenance person.

Residents and their relatives told us that they are happy with the environment and that it is always kept clean. They said they were pleased with their rooms and are able to help choose colour schemes when redecoration is taking place.

The AQAA confirmed that all health and safety certificates and checks are in place. No health and safety or infection control hazards were noted during a tour of the home.

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

Staffing levels, staff training, recruitment processes and staff morale are all good. This means that the residents are cared for by a well qualified, carefully vetted and cheerful staff team.

Evidence:

We looked at Standards 27, 28, 29 and 30 in this outcome area. In order to make a judgement about how well the staff support the people who use this service we examined a sample of staff files, including that of the most recently recruited member of staff; we examined staff training records and rosters; we spoke to staff during the visit; and considered the responses to the surveys we sent to staff.

The staff rosters show that there are sufficient staff on each shift to meet the needs of the residents. There are three carers and one senior carer on each day shift and two wake night staff. In addition, there are activities co-ordinators and a team of domestic and maintenance staff consisting of cleaners, a laundry assistant, a maintenance person and a gardener.

There is a very stable staff team, low staff turnover and very good staff morale. The providers told us that they have not had to use any agency staff since they began running the home.

Evidence:

Observation showed that staff were respectful, gentle and kind toward the residents but were able to enjoy friendly banter with them as well.

Residents and their relatives spoke highly of the staff team. One resident said, "They do all they can for us - they couldn't do better". A relative who visits often said, "The staff are always friendly and helpful. They understand us as well as the residents!".

There was good evidence in the staff files to show that there is a good level of training taking place. The training matrix showed that all statutory training is up-to-date and on schedule. Staff said that they get plenty of training opportunities. One staff member said, "They (the management) are very hot on training, we get loads of it". We also found that the home is providing specialist training such as Awareness of the Mental Capacity Act. Responses to our surveys also confirmed that staff are satisfied with the training they receive. All of the respondents said that their induction training had covered everything they needed to know as they began working at the home. They said that further training is relevant to their role and keeps them up to date with good care practice.

The staff files also provided good evidence that the home is now taking extra precautions when vetting prospective staff. The files we examined all had evidence that Criminal Records Bureau (CRB) and Safeguarding checks have been made, written references obtained and employment histories investigated before staff take up a post at the home. Respondents to the staff surveys confirmed that CRB and other checks had been carried out before they were allowed to start work at the home.

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 home is well managed and run in the best interests of the people who use this service.

Evidence:

We looked at Standards 31, 32, 33, 35, 36, and 38 in this outcome area. In order to make a judgement about how well the home is managed we spent time in discussion with two of the directors of the provider partnership; we considered information given to us in the home's Annual Quality Assurance Assessment (AQAA); we examined relevant documentation and we spoke to residents, their relatives and staff.

Unfortunately, due to unforeseen circumstances, the registered manager was not in the home on the day of this visit however, a long telephone conversation was held with her following the inspection. Two of the four partners who provide this service were in the home on the day of this visit and assisted with this inspection throughout the day.

Evidence:

One of the partners acts as the Responsible Individual and another acts as deputy manager for the home. This arrangement has the potential to be confusing for staff and some concern was expressed at the last inspection. Since that time the registered manager and the deputy manager have worked to improve communication and to make lines of accountability and responsibility clearer. Although the organisational structures have not changed, the way the registered manager and the deputy work together and communicate with staff has. This means that communication had improved and staff know to whom to report. Comments of staff surveys confirmed this. One staff member said, "There is good communication and we are kept informed of any changes that take place". Other staff said that the management run an open door policy and that they can talk to the manager or deputy at any time.

Both the registered manager and the deputy manager have many years experience of working in care homes. They both hold the Registered Manager Award (RMA) and the National Vocational Qualification at level four(NVQ4).

There are sound quality assurance systems in place. The registered manager visits every resident on the days she is in the home and the deputy manager visits them if registered manager is not there. Observation showed that the residents are happy to express their opinions and feel able to visit the office and talk about any worried they may have. There are regular residents' meetings and relatives are invited to some of these. We found good evidence to show that residents' opinions are taken into account. For example, the dining room has been completely refurbished and residents were able to choose the colour schemes. The home sends out questionnaires to residents, their families and some health and social care professionals to seek their views about how well the home is run.

The home looks after small amounts of money on behalf of some residents. Some residents are able to manage their own finances whilst others have relatives or advocates who do this for them. The home does not act as appointee for any resident. Individual records are made of any "pocket monies" handled on behalf of residents. All spending is accounted for and supported by receipts.

There is good evidence that staff receive regular one-to-one supervision and yearly appraisals.

The Annual Quality Assurance Assessment (AQAA) confirmed that all health and safety requirements are met and the necessary certificates are in place. No health and safety hazards were noted during this visit.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

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

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action

Recommendations

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

No	Refer to Standard	Good Practice Recommendations

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