

Key inspection report

Care homes for older people

Name:	Walnut Close
Address:	Brownsfield Road Thatcham Newbury Berks RG18 3GF

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 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:
Kerry Kingston	0 7 0 7 2 0 0 9

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

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

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

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

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

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

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

Outcome area (for example: Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

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

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

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

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

Reader Information

Document Purpose	Inspection report
Author	Care Quality Commission
Audience	General public
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Information about the care home

Name of care home:	Walnut Close
Address:	Brownsfield Road Thatcham Newbury Berks RG18 3GF
Telephone number:	01635587810
Fax number:	
Email address:	knorris@westberks.gov.uk
Provider web address:	

Name of registered provider(s):	West Berkshire Council
Name of registered manager (if applicable):	Karen Norris
Type of registration:	care home
Number of places registered:	24

Conditions of registration		
Category(ies):	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	24
physical disability	24	0
Additional conditions:		
<p>The maximum number of service users to be accommodated is 24.</p> <p>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; Physical disability (PD) old age, not falling within any other category (OP)</p>		

Date of last inspection:	0	3	0	8	2	0	0	6
Brief description of the care home:								
<p>West Berkshire Council owns Walnut Close Care Centre. A range of services are provided within one building.</p> <p>The registered service is Walnut Close Care Home, providing 12 permanent residential places for people over the age of 65 on the ground floor and 12 rehabilitation places on the first floor, which can be used for people over 50.</p> <p>The care is provided by Community Services, which are part of the Social Services Department of West Berkshire Council.</p>								

Walnut Close has two floors of 12 places and two separate units on each floor. Each unit has its own kitchenette and lounge/dining room. Residents have their own bedroom with wash hands basin but no en-suite facilities.

A day centre occupies the remainder of the ground floor; this service is not included in the registration.

The home is situated off the main road through Thatcham. The local library, GP surgery and shops are next door. There are ample parking facilities close to the home. Bus and train services are nearby.

The current fees are approximately £670 per week.

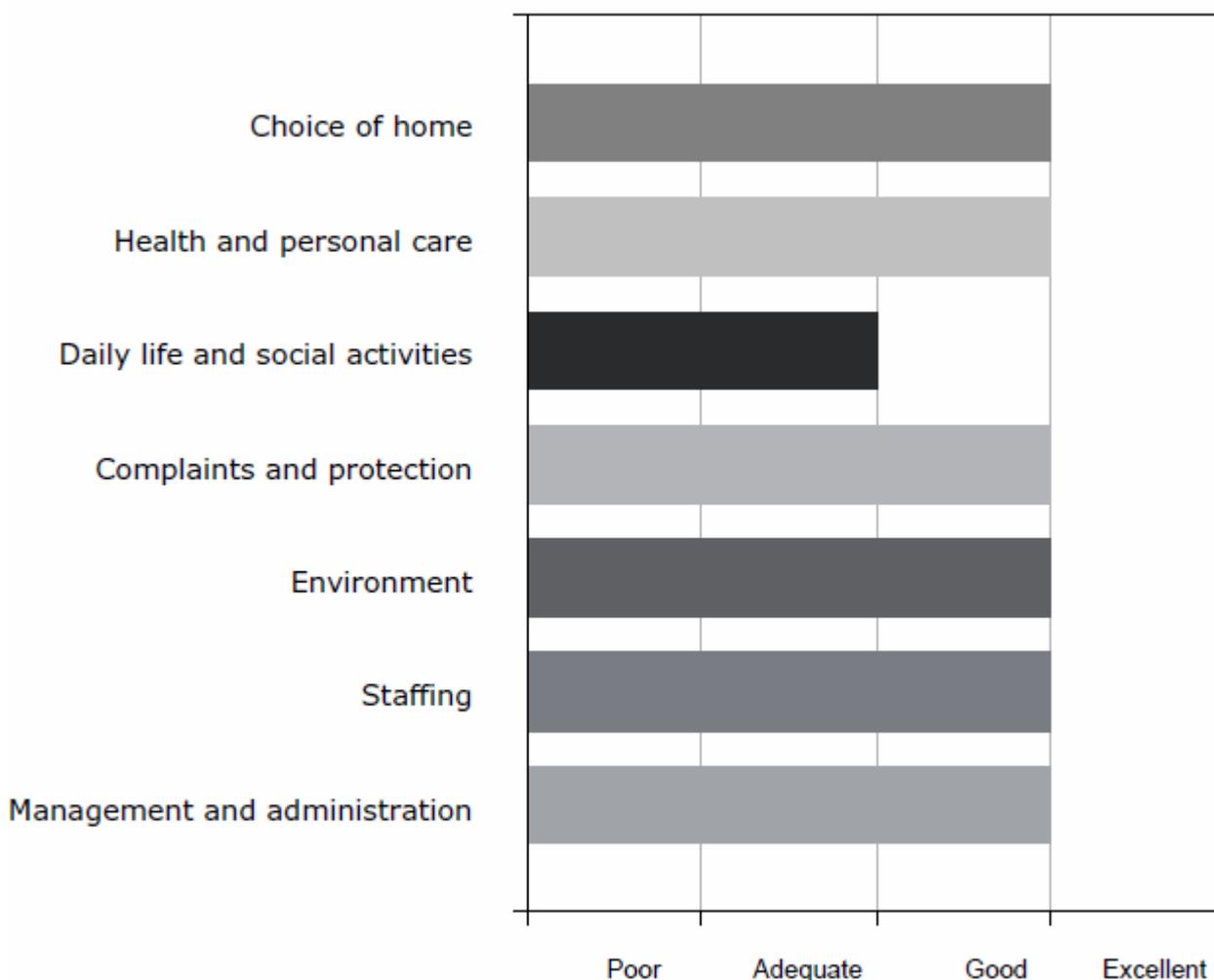
Summary

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:

What the care home does well:

A highly motivated team of multi- disciplinary staff help people who want to go back to their own homes to regain as many of their physical and practical skills as possible, so that they are able to regain an independent lifestyle within their own community.

The home makes sure that people are treated with respect and sensitivity so that they feel valued by the people who care for them.

The home provide people with a varied and nutritious menu that the people who live there, have helped to choose for themselves.

The home make sure that staff know all about 'safeguarding' so that they can keep people safe from all types of abuse. People who use the service say that they feel safe in the home.

Staff are very well trained and are given very good opportunities to learn so that they can give people the best possible care.

The home provides people with all the necessary equipment to help them to stay as independent as possible.

What has improved since the last inspection?

The whole of the residential home, the longer term unit and the rehabilitation unit is now managed by the same people so that there can be more clarity about who manages the service which may provide more consistency and flexibility for those who live there.

What they could do better:

The home could make sure that the documents which form the care plan are properly completed so that staff are able to use them as an effective working tool, to give the best care in the way that people want it provided.

The home must make sure that people who live in the home have activities and social contacts so that they can enjoy their lives as much as they are able.

The home must make sure that there are enough staff on duty to enable them to look after people's emotional and social needs as well as their physical and health needs.

The home should look to see if they need to add peoples' decisions and choices, especially regarding their money, to documents so that everyone knows who is helping people with their finances and why.

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

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

Details of our findings

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Requirements and recommendations from this inspection

Choice of home

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

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need.

People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

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

People who are admitted to the ground floor, residential unit of the home have a detailed assessment which identifies all areas of need, including any diversity or cultural needs.

People who are admitted into the short term unit of the home have assessments that identify health and physical needs but they do not always look at other aspects of need.

The facilities provided for rehabilitation are good and the shared work between Social Care and Health services works very effectively.

Evidence:

The home has a Statement of Purpose and Service User guide which were not looked at but five of the seven surveys received from people who use the service said that they had received enough information about the home prior to them moving in.

Only two of the seven surveys said that people had received a written contract/statement of terms and conditions and two of the eight care plans seen, included them. The other six care plans were for people who had not been resident for over six months, the registered manager stated that their contract/statement of terms and conditions are kept in peoples' personal box files, these were not seen on the day of the inspection.

The home operates in two units, the first floor rehabilitation unit known as W.I.L.C does not follow the same assessment process as the ground floor long term residential unit. Both units have a single point of access for referrals that is, upstairs referrals go to the lead Occupational therapist and physiotherapist who pass the referral on to unit if appropriate and the downstairs unit referrals are taken by the care management team. The rehabilitation unit has joint funding with the Health service and works closely with them.

The rehabilitation unit will admit people with a hospital assessment of their physical, personal and medical needs but these do not, necessarily, detail peoples' cultural/religious or emotional needs. People who are admitted to the unit stay a maximum of six weeks, although this is flexible. At the time of the visit there were only six people in the rehabilitation unit, where there is room for twelve. Staff said that the assessments received from hospitals were not always accurate. They also said that people who were being admitted to the unit were often having to wait for hours in the hospital for transport to bring them. On occasion people had waited from early morning until the evening and they arrived around 8 pm, very distressed and weary from such a long day. The unit ensures that people are given the necessary help to achieve their independence and there is a success rate of over 95%, some people have to return to the hospital, these are usually those who have been admitted with an inaccurate hospital assessment.

People in the ground floor (residential) unit are not admitted unless they have a full care management assessment, the manager or assistant manager, generally also meet them in hospital or in their homes to ensure that the assessment contains accurate and detailed information. A note is attached to the assessment with regard to how the home can (or cannot) meet peoples' needs and what special assistance such as physiotherapy or Occupational therapy input, may be required. It also lists any physical adaptations or special equipment that would be needed to enable peoples' needs to be properly met. The Residential assessments are completed with the individuals and there is a new booklet called 'about me' that people or their families are being asked to complete to enable staff to have a better overall picture of peoples' social history, activities, likes and dislikes and culture and diversity needs.

One person said that the home is meeting their needs very well and they are sure that they will be able to go home soon, because of the staffs' hard work. One person said they were going home the day after the visit and they were very pleased at the prospect. They also said that staff were making sure that everything is ready for them at home.

Another person said that staff know them well and help them do what they need to do as they like it done.

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 the 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 has care plans for each individual but the quality is variable and some do not contain enough detail to ensure staff can give consistent care in the way people prefer.

Peoples' health and personal care needs are met and people are treated with dignity and respect.

Evidence:

Care plans for six people were seen, they were of variable quality and for some there was no obvious links between them and peoples' assessments. Whilst the care plan format had all the necessary elements, in many instances paperwork was not completed, such as admissions checklists and personal details. Some care plans contained how people made choices and decisions and communication methods others contained none of this information. Some files contained individual care plans and noted needs such as 'needs to be encouraged to eat', however it did not detail how and what form that encouragement should take, for instance three staff assisting people at lunch time had three different ideas of what encourage meant, one staff member put food on a spoon and held it firmly to the mouth, another encouraged finger feeding and another felt that the person was finished with the food. The care plans do have an action plan attached but these are not always completed and are not detailed enough to be used as a working tool.

There was a discussion with the registered and assistant manager about missing and

incomplete information particularly review notes, they said that they now used the computer programme used by Community Services and some information was now kept on that system. However they said that not everyone who needs it has full access to the information, it was suggested that in these circumstances paper copies are available. The newest care plans appear to be those of the poorest quality, they contain a number of forms that have not been completed.

The surgery that the home use is next door, they use one G.P from the practice who visits the home once a week. He or a colleague also come to the home as and when required and the manager reported that they have a good working relationship. The G.P completed the Quality Assurance survey very positively agreeing that the service responds to diverse needs of individual people, respond appropriately if anyone raises concerns, supports people to live the life they choose whenever possible and respects people's privacy and dignity.

Care plans included health records such as weight charts, body charts and records of any appointments or contacts with health professionals. The rehabilitation unit is a joint Health and Social Services initiative and has some health staff on site, they complete records such as physiotherapy input in 'hospital' style.

The registered manager advised that the home does not complete formal nutritional or skin viability assessments but identifies if anyone has special needs and include them on the care plans, as necessary for the individual. Weight charts showed that people are weighed monthly and more often, if necessary. If there is a change of two pounds or more, a Doctor is also consulted if this is the case. A care plan noted that someone could be at risk of pressure sores and they had been supplied with equipment to help prevent them. The home currently has no-one with pressure sores.

All seven surveys received said that people always or usually get medical attention when they need it.

The Home was visited by the Primary Care trust on the 26/05/09, they checked all aspects of medication administration, including storage, the report noted that the home had met their standards and no actions were necessary. The home have reported three medication errors during the course of the year, they have been appropriately dealt with. A staff member talked through what had happened when they made an error, which included further training and additional supervision. The manager said that people are encouraged to drink lots of fluids and this was observed on the day of the visit, people were constantly asked if they wanted cold drinks and cups of tea and coffee were also available. The manager advised that fluid charts are kept in peoples' bedrooms, as necessary, these were not seen. The home has had one case of dehydration but this was due to various factors not a lack of fluid availability, as informed by the manager. The incident report about this did not contain enough detail.

Three people spoken to said staff treat them 'well', ' they make sure you are helped privately' , 'they listen to what you want'.

People were observed being treated with great respect and dignity.

A regular visitor to the home said that she always feels staff treat people with dignity and respect and has never observed anyone behave badly towards the people who use the service.

Six of the seven surveys received said that staff always or usually listen and act on what you say and one said that staff do but agency staff do so only sometimes.

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 the 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 home makes sure that people keep in contact with family and friends.

People in the rehabilitation unit are assisted to develop their skills so that they are able to return home and be as independent as possible.

People who live in the downstairs unit have very few activities to participate in and are only occasionally assisted to pursue any interests they may have.

The people who use the service are offered varied and nutritional food and mealtimes are relaxed.

Evidence:

Individuals do not have an activity plan included in their care plans and there is little information about what they like to do, in some. Some do include what people used to do for relaxation and entertainment. The new 'about me' booklet should address this as it has a section on social and leisure activities, but there are no completed booklets, as yet. The home does not have a weekly or monthly activity plan and little information about activities is displayed in the home.

The home had an activity organizer who worked 10 hours per week, when she left the post was not re-appointed, the manager said this was part of a cost saving exercise. The home has a budget for activities and there are plans to bring people in to provide gentle exercise and motivational classes but the planned programme is not yet finalised. A PAT dog does visit the home regularly, which people enjoy. Some staff

have completed training to enable them to provide activities but three staff said that they have very limited time. They explained that there are two carers to care for twelve people, who often need two people to help with personal care, there is therefore no-one to carry out activities.

The rehabilitation unit is not really affected as people get one to one time with therapists and spend much of their time practicing household and personal chores to ensure they are able to return home and live independently again, they are only resident for a maximum of six weeks often considerably less. People occasionally join in with outings organised by the day centre, which is situated in the same building. Activity records showed people participated in few activities. Staff had written in one care plan "there is great need for more recreational, leisure, social activities for those who are capable". One person said that they would like the opportunity to attend church, more often. Of the seven surveys received one said that the home always arranged activities that they could participate in, three said sometimes, two didn't know and one said never.

The home do not have any restrictions on visitors and the visitors book showed that a large number of people visited.

Peoples' preferences and how to encourage and/or maintain as much independence as possible is not always clearly outlined on care plans. People do not handle their own money it is either controlled by family, an advocate or by an administrator from the social services. The home retains some cash for each individual so that they have access to money for any personal purchases.

The homes meals are provided by a catering firm who provide meals for the residential home and the day centre. The kitchen work closely with the staff of the home to ensure that meals are of good quality and meet the needs and preferences of people who use the service.

The chef had good knowledge of the nutritional needs of the current residents group, they choose meals the day before but are able to have an alternative if they change their mind or don't like one of the two choices that are offered.

Two of the seven surveys received said that people always like the food offered and five said they usually do, two people spoken to said the food was excellent and three said it was good. They also confirmed that they are able to have an alternative if they change their mind or do not like what is offered to them.

Each unit of six people has its' own kitchenette and dining area.

Staff were observed to be respectful and sensitive when assisting people with their meal at lunch time but there was different interpretations, by three staff of the care plan which says 'encourage' one person to eat.

The chef explained that changes had been made to menus as a result of peoples' opinions such as taking chilli con carne and spaghetti bolognaise off the menu and putting milk pudding on the menus. The chef ensures meals are well balanced but does not use a system to check the nutritional value of menus.

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 the 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 listens to peoples' complaints and does something about them.

People are kept safe from all forms of abuse or poor care practice.

Evidence:

The home have a comprehensive complaints policy but it is not one specific to the care home. The complaints procedure clearly tells staff how to deal with complaints and they are provided with complaints training. Community services has a complaints officer who deals with all complaints, they visit the home three monthly to look at any complaints, comments or concerns received by the home.

The complaints procedure has just been reviewed but the new leaflet is not available in the home, as yet. The current leaflet is very out of date with the Theale address for the Commission for Social Care rather than the new address for the Care Quality Commission, this is addressed in the new leaflet (advised by the registered manager.) The manager agreed to consider whether a simpler complaints procedure specific to the home would be more effective. Complaints are recorded and detailed records are kept. Four complaints have been received by the service in the past 12 months, three have been resolved and one remains outstanding pending further investigation. People said that they know who to talk to if they had any concerns and three said they felt very safe, one said you can trust all the staff. Four of the seven surveys received said that staff always listen and act on what you say, two said usually and one said always except for agency staff. All seven said that they know who to speak to if they are not happy, but only four said they knew how to make a formal complaint. The Commission has not received any information with regard to complaints since the last inspection.

The home has clear procedures for dealing with safeguarding issues, staff are trained and have up-dates of the training. Three staff spoken to were very clear about how they would deal with any safeguarding concerns. They were able to fully explain their moral and legal obligations with regard to ensuring the well being of people in their care. The Commission has not received any information with regard to safeguarding

issues about the home, since the last inspection.

The home do not use any form of physical restraint as they have nobody with aggressive behaviours, behavioural guidelines are not necessary, currently. Staff confirmed that none of the people, who are currently in residence, display any behaviours that require guidelines and physical restraint is never used.

There are clear policies and procedures with regard to peoples' finances. People, who use the service, only have personal monies kept at the home. The home or its' staff do not act as appointees or have any responsibility for peoples' overall financial situation. Peoples' personal monies (up to £50) is held in the safe in the office in individual wallets. Each person has an account book which is completed at all withdrawals and deposits. Receipts are kept for all expenditure and these are cross referenced with peoples' individual account books.

Financial records for three people were seen and were accurate.

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 the 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 are provided with a pleasant environment that meets their individual and collective needs.

The first floor has been made to feel much more homely than the ground floor of the home.

Evidence:

The home is divided into two units, ground floor and first floor. The ground floor accommodates those people who will be living in the home for some time and the first floor accommodates people who are helped to regain their independence and go back to their own homes. The whole home is well kept, clean and tidy with appropriate furniture and soft furnishings. The communal ground floor accommodation looks quite institutional with plain walls and few 'homely' touches such as cushions and pictures. Large medicine cabinets and food trolleys are kept in the kitchenettes. The communal areas on the first floor had a much more comfortable, homely feel, with cushions on furniture and pictures on the walls. The manager said that the first floor accommodation had more financial resources available to it, because of donations from people who use the service and their families. Peoples' bedrooms were seen to be comfortable, with personal belongings in evidence and reflecting peoples' individual tastes. All necessary equipment is available to meet any specific physical or sensory needs individuals may have. The corridors are narrow and make it quite difficult to manoeuvre wheelchairs and trolleys. The first floor has all the necessary equipment to aid rehabilitation and allow people to practice with equipment that they might use when they return home. Bathrooms and toilets were clean and tidy, with all necessary aids and adaptations installed.

There is a small garden with seats and benches, people told me that they spend alot of time out there when the weather allows. Ground floor rooms have doors opening to

the outside area.

The laundry area is well kept and staff are trained in infection control techniques. There were no hygiene issues apparent on the day of the visit.

A recent environmental health inspection of the kitchen resulted in a four star, very good rating.

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 the 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 has enough staff to meet peoples' physical needs but there are not always enough available to assist them with activities to meet their social needs.

Staff are well trained and qualified to enable them to offer good quality care to the people who use the service.

Evidence:

The minimum staffing is four carers and one officer, on shift. The home operates with two units of 12 people and is further split into two small units of six. There are two carers in each, 12 bedded unit, and a residential care officer who covers both units. During the day time there is also a manager, a unit manager and several therapists, Occupational and physiotherapists who work in the first floor (rehabilitation) unit.

The home has used a lot of agency staff in the past six months as three staff are on long term sick leave and the registered manager has been on placement (as part of her training) since March. People are not happy with the high use of agency staff, some of the comments on the surveys received from people who use the service were 'they need more permanent staff' and 'agency staff do not always listen and act on what you say'. The home (and others in the area) have recruited bank staff and this is beginning to lessen the need to use agency staff. Permanent staff spoken with said that it was difficult to work with agency staff who were not always fully committed to the home and did not have time to get to know the people or routines.

Two surveys were received from staff, one commented that there were not always enough staff on duty, especially to provide people with activities. Staff spoken to said that people who use the services' needs were increasing particularly physically and they sometimes needed two carers to assist them with personal care, this meant that there was no-one with the other eleven people and no-one to interact socially with them (long term part of the home.)

Staff records for three people were seen, they all included the correct information and checks to ensure that they are safe to work with those in their care. Records included CRB checks, two references and a detailed application form. The home also completes and keeps interview records and an interview assessment form.

All staff have a detailed induction, regular supervision and an annual appraisal This was confirmed by written records and three staff spoken to on the day of the visit. The annual appraisal results in a personal development plan and the identification of training needs. Staff members said that they found supervision and appraisals supportive and useful in doing their work.

There is a training matrix for statutory training such as Health and Safety and all necessary up-dates are completed at the right time, this was confirmed by staff and records seen. 17 of the 22, current, staff have completed NVQ 2 or above training. Six people are completing their NVQ3 . The home has trainers on the staff team for some areas such as manual handling. Training records are well kept and show that staff have good opportunities to attend training. Staff spoken with said that they have as many opportunities as they like to pursue training , they confirmed that they attended up-dates to Health and safety, medication and safeguarding training and were able to choose other training courses such as dementia, that were of personal interest to them or of use in providing a better service to the people they work with.

All staff complete a detailed induction, that includes some 'shadowing' shifts and records showed that they are supervised regularly. Staff said that supervision was supportive and helpful with their work. Three residents said that staff knew what they were doing, they prefer staff that are there more often, that is not agency as they know them better and seem to know more about what they should be doing. Some staff said that the home greatly misses the activities co-ordinator and they don't think there are enough activities for people to do. They said that residents are getting more frail and many need two people to help them with personal care but this is not reflected in staffing levels that remain the same even though peoples' needs have increased greatly.

Three of seven surveys said that staff are always available when needed, three said usually and one said sometimes.

Comments included 'the home is lovely', 'I'm well looked after', 'the home is very good, all round', 'it is very satisfying being here', 'the home does most things well' and 'staff are nice'.

One of three staff surveys said that there are only enough staff sometimes.

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 the 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 has an experienced and qualified manager who manages the home in the best interests of the people who live there.

People are kept as safe as possible by staff adhering to Health and Safety policy and procedure.

Evidence:

The manager is appropriately experienced and qualified and has been managing the home for some years. She is, currently, pursuing a degree course and has spent approximately three months on placement, since the beginning of 2009. In her absence the assistant manager manages the unit. The registered manager manages the residential home which includes the 12 bedded rehabilitation unit, the 12 bedded ground floor unit for people who will live there on a long term basis and the community day centre which is situated on the same site. The rehabilitation unit is joint funded by Health and Social services and includes a number of Health staff but they are all managed by the registered manager, directly.

There is a good management system with everyone clear about their own responsibilities but although policies and procedures are the same, there are some major differences such as the rehabilitation unit having more staff during the day and looking more homely but having few comprehensive assessments completed prior to admission.

There are separate staff teams for each unit, except for the assistant and registered manager.

The registered manager explained that the units did have separate service managers but they now have the same senior manager and are working towards more uniformity throughout the home, where appropriate.

The home has a formal quality assurance system that is completed by all the West Berkshire Community Services residential homes. Each year they focus on different topics, this year it is 'improved ways of engaging with service users with dementia, to enable them to take part in the process', 'How are service users enabled/empowered to express their views about their care during the review process' and 'How do staff value service users as people in their own right.'

The work for this years' quality assurance has been undertaken but the report and development plan have not yet been completed. A development plan is completed every year, it is reviewed approximately two monthly and formally reviewed annually. The home has completed a menu review this year, by means of 50 random questionnaires completed by people who use the service over a month, the results were then evaluated and the menu changed/ developed as a result. The responsible individual visits the home monthly and provides a report on her findings.

People who live in the long term part of the home do not look after their own finances, this is generally dealt with by their families who provide them with some personal monies for any purchases that they wish to make. If there are no family members to support them an advocate or the finance officer from the Social Services Department act as peoples' appointees. Care plans do not always clearly indicate the status, arrangements or the preferences and wishes of individuals, with regard to their finances.

The sample of health and safety records seen showed that all necessary checks are Completed. Health and Safety is the responsibility of the assistant manager who rigorously ensures that health and safety policies and procedures are adhered to. Accident and incident forms are completed in detail although the home has no specific audit system and records do not always include what action has been taken to minimise the risk of recurrence.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection

Immediate requirements:

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

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
1	7	15	To ensure care plans are detailed enough to be an effective working tool for staff. So that staff are able to deliver consistently high quality care in the way that people prefer.	01/09/2009
2	12	16	To review the opportunities people have for recreational and social activities. So that people can be offered an interesting and rewarding lifestyle.	01/10/2009
3	27	18	To review the number and deployment of staff. To ensure there are enough staff to meet all the needs of the people who live in the service, with particular regard to activities and social needs.	01/09/2009

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
1	35	To ensure that peoples' financial status and wishes with regard to their finances is clearly stated on their care plans

Helpline:**Telephone:** 03000 616161**Email:** enquiries@cqc.org.uk**Web:** www.cqc.org.uk

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