

Key inspection report

Care homes for older people

Name:	Notrees
Address:	10 High Street Kintbury Newbury Berks RG17 9TW

The quality rating for this care home is:

three star excellent service

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 8 1 2 2 0 0 9

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

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

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

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

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

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

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

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

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

Reader Information

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Information about the care home

Name of care home:	Notrees
Address:	10 High Street Kintbury Newbury Berks RG17 9TW
Telephone number:	01488658332
Fax number:	01488657324
Email address:	notrees@westberks.gov.uk
Provider web address:	

Name of registered provider(s):	West Berkshire Council
Name of registered manager (if applicable):	The registered provider is responsible for running the service
Type of registration:	care home
Number of places registered:	18

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	18

Additional conditions:

The maximum number of service users to be accommodated is 18

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)

Date of last inspection

Brief description of the care home

Notrees provides long term 24-hour residential accommodation and care for up to 16 and short term care for up to two elderly people.

West Berkshire Community Services are the authority responsible for the overall management of the home. The home is situated in the village of Kintbury and has excellent community links.

Brief description of the care home

The home is a single storey building situated back from the road with a large parking area to front of the building and well maintained grounds surrounding the property. The home has a conservatory at the front and a large sitting/ dining room, with two other small sitting rooms to give people choice and privacy, as required. There is a large kitchen and smaller kitchen areas used to make coffee and snacks. Peoples' rooms are located off two corridors which are accessed via the lounge /dining area, most rooms have individual en -suite facilities.

The current weekly fees for the home are £650.

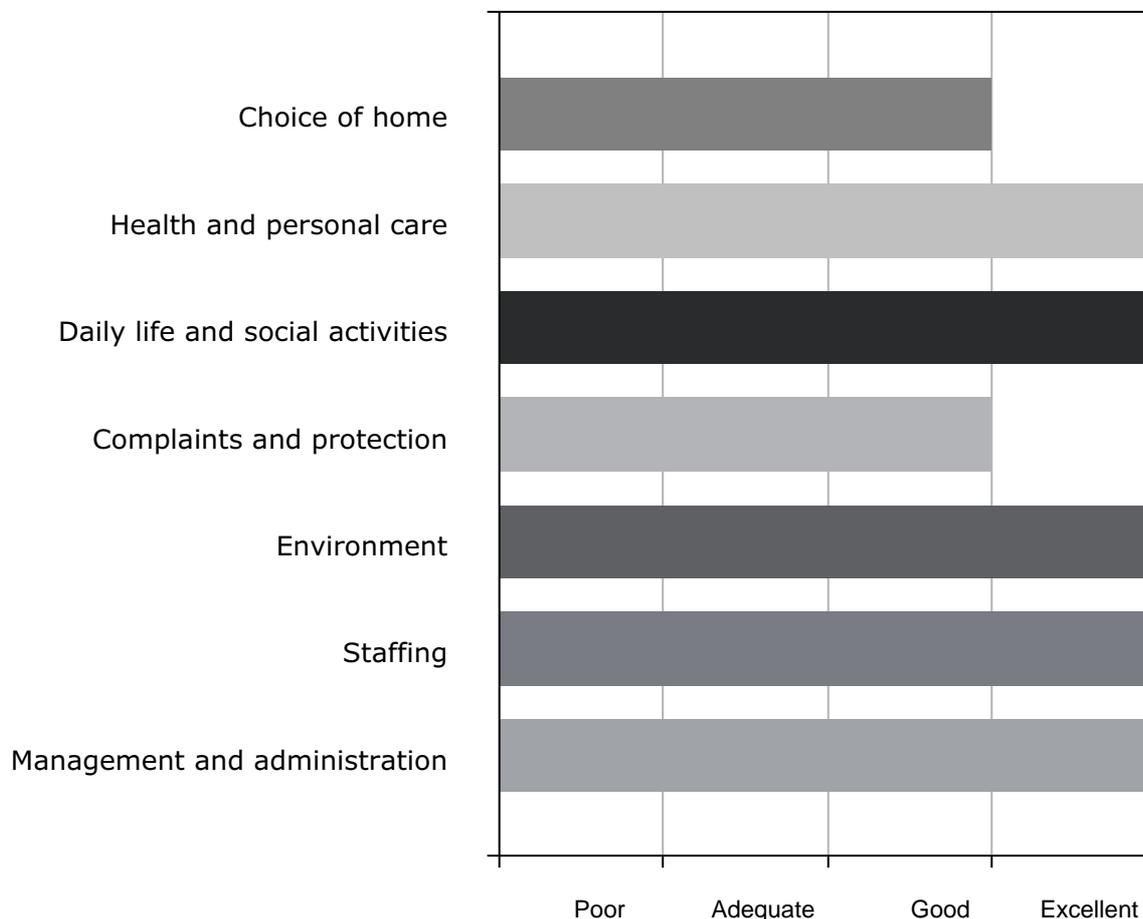
Summary

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:

The last inspection on this service was completed on the 18th of April 2007. This is a report for the key inspection, which included a routine unannounced site visit to the service. This took place between 10.30 and 6.00 pm on the 8th of December 2009. The information was collected from an Annual Quality Assurance Assessment, a document sent to the service from the Care Quality Commission and completed by the service manager. Surveys returned to us by people who use the service, some were completed independently, some were completed with staff help and some with relatives help. Discussions with the the registered manager, two other staff members and three people who use the service took place. Observation of people and their interactions with staff took place during the visit to the home, which included a meal time. Reviewing records of the people who use the service and other records and procedures

was also used to collect information on the day of the visit.
All information received by the Commission since the last inspection, about this service was also taken into account when producing this inspection report.

What the care home does well:

The home have very clear plans of care that help staff to care for people in the way that they need and prefer. These are written in a simple way so that they can be used as an effective working tool, on a daily basis.

The home make sure that they have a full knowledge of the person so that they are able to offer them very individual care.

The service has developed good relationships with the local Primary Health care team so that they are able to work with them to ensure that people who live in the home have the best possible health care.

The home has a good activities programme that ensures people are able to pursue their own interests and hobbies, aswell as providing some group activities. Notrees is an integral part of the local community, families and friends visit frequently and are always welcome in the home.

People are encouraged to express their views on the care they receive and the staff listen to and act on these views, if possible.

The staff work hard to make sure that the building is homely, clean and cared for and meets the needs of individuals and the group as a whole.

The staff team are stable, committed and motivated and offer sensitive, respectful and appropriate care to people. The people who live in the home are very confident to communicate and express their needs to staff.

The home has a skilled registered manager who is respected by staff and residents alike, she clearly runs the home in the best interests of the people who live their, the staff are proud to adhere to this principle.

What has improved since the last inspection?

The home has maintained its' excellent standards and ensures there are ongoing improvements made, as necessary.

What they could do better:

There are no requirements or recommendations as a result of this key inspection, but the manager advised that she will review the homes' own complaints procedure.

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

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

Details of our findings

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Choice of home

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

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

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

This is what people staying in this care home experience:

Judgement:

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

The home has an in depth and detailed assessment of peoples' needs before they are admitted and develop a plan of care to ensure they are able to meet those needs. Plans of care are reviewed regularly to check that the home can continue to meet peoples' needs.

Evidence:

Plans of care and assessments for the three newest people to be admitted to the service were seen. All have full assessments called a full review, completed by care managers and health staff, fully identifying their needs. Staff from the home go to visit the applicant either at their own home, but more often in hospital. They complete a plan of care, with the individual, which details how they will meet the needs identified. People admitted from home are invited to come to visit and some admissions are of people who use respite care beds in the home, prior to their full time admission. Families sometimes visit the home on behalf of a family member. The manager was observed spending time with a family and explaining everything that

Evidence:

goes on in the home, including how to make a complaint, on the day of the inspection visit. The home confirm that they are able to meet peoples' needs by production of a detailed plan of care. They also identify if they cannot continue to meet peoples' needs, for instance, because of acute illness or change of behaviour because of dementia, by regular reviews.

The home has two respite care beds and are careful that this does not impact, adversely, on the people who live there permanently. One person said that she likes to talk to 'new faces' and many of those who visit come to live in the home.

Plans of care are reviewed and amended monthly, and full reviews are held annually.

The manager advised that the Service User Guide has been recently updated and the statement of terms and conditions are being up-dated, currently.

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 has detailed plans of care which include personal, social and health care needs. Peoples' individual needs as, identified in the plans of care, are fully met. People are treated with great respect and consideration and medication is safely administered.

Evidence:

Plans of care for five people with diverse needs, were looked at. They are very detailed and include several areas such as a personal profile, which includes social history, likes and dislikes and preferences, detailed care plans which include communication, mobility, personal hygiene, using the toilet, dressing, eating and drinking, cultural and emotional needs, family and friends a daily task plan and a night care plan, risk assessments, which cover all areas that may present a risk to the individual as well as generic risk assessments such as fire safety. The information is detailed and presented in a simple format that enable staff to use it as a daily working tool. The manager and staff spoken to had an in-depth knowledge of the needs of the people in their care and staff were observed, on the day of inspection, working to the plans of care. The plans of care are very individual and tailored to meet the needs of

Evidence:

the individual such as communication guidelines for working with people with a sensory loss, choices that people make and how they make them and ensuring people can lead the lifestyle they prefer. The home also have an 'All About Me' booklet in place, which is completed by people who use the service and their families and tells the staff about them as a personality and what they used to do and enjoy. This is a very good addition to the plans of care as it gives a comprehensive picture of someone and their past as well as their present.

Risk assessments are comprehensive and are developed into individual guidelines, as necessary, such as any special needs with lifting and handling/mobility. Falls are recorded individually and generally so that the manager is able to monitor them and take any action, as necessary. People are involved with senior staff in developing their initial plans of care, they then participate with their key worker in the monthly reviews. They and families are invited to attend annual reviews and are sent a copy of the review notes (as appropriate.)

Health care plans are comprehensive, all contacts with health professionals are carefully recorded. The home has developed a close relationship with the local GP surgery and primary care services. All residents have an initial health review on admission and a minimum of a six monthly medication review. The home use the MUST (malnutrition universal screening tool) assessment, as necessary. None of the people who are currently resident have pressure sores but skin viability risk assessments are in place. There was evidence that the home use a continence adviser, as necessary and work closely with all other professionals, including occupational therapists.

Medication is stored in a locked trolley and kept in a locked cupboard and there is a detailed medication administration policy. The staff member spoken to had an in depth knowledge of medication administration and explained that she has been trained and attends 'refresher' training courses. Only senior staff administer medication although all staff receive training. The home uses the BOOTS monitored dosage system, records seen on the day of inspection were accurate. One medication error was reported to the Commission, appropriate action was taken to minimise the risk of recurrence. The pharmacist visits on a regular basis and an inspection carried out by the Primary Care Trust in May 2009 resulted in no recommendations or requirements. Only one controlled drug, is being used currently for pain relief, this is properly administered and recorded.

Staff were observed to be treating people with great respect and dignity, not rushing them and ensuring that they were comfortable. A visitor spoken to said that they have

Evidence:

never seen people being treated in any other way. Residents spoken to said that staff show them great respect, preserve their dignity and always have time for them. Resident survey comments included, 'everyday care is done well', 'They do everything well', 'They take very good care of me' and 'I think they do everything well,they do their best to take care of me'.

Staff comments included, 'all care plans and risk assessments are kept up-to-date', 'We meet service users needs using a person centred approach','We have a caring attitude, people can't praise us enough for our approach to and care of the residents', 'Notrees looks after the needs of service users' and ' we make sure that service users needs are met.'

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 make sure that people have an interesting and rewarding lifestyle and remain part of the community, as much as possible. Contact with families and friends, is encouraged and the people who live in the home have numerous visitors.

The people who use the service are offered varied and nutritional food and mealtimes are a pleasant social occasion.

Evidence:

Peoples' hobbies and interests are noted on plans of care, this information is enhanced by the use of the ' All About Me' booklet. The home ensure people have any necessary special equipment to enjoy daily leisure such as ceefax on the television and large print books and information. There is a list of activities produced each month which includes library visits, external people who provide music groups, PAT dogs, religious services and any special outings or activities . People who use service said they are never bored and always have plenty to do. There are two religious services a week held in the home and one person is supported to go to the local church on a weekly basis. Because of the time of year there are varied and numerous activities during December, including a trip out, outings do not occur often as people have difficulties accessing the transport but people are wheeled to the village and one person walks to the village. The local school visits and 'internal' activities include quizzes and art and

Evidence:

craft. Many residents also pursue their individual hobbies such as one lady crochets and does craft work, some people prefer to watch TV or chat to their friends.

The home has regular resident meetings, which most people attend. They inform people what is going on in the home, such as events, staffing and resident changes and also get peoples views of what they would like to do and change. There is also a bi-monthly newsletter produced, which is also sent to peoples' families and friends keeping them informed of what has happened and what is planned to happen in the future. It welcomes people to the home and explains the absence of any residents such as people in the hospital and also notes any events in the life of the staff, as appropriate. Everyone who lives in the home, currently, choose to go to the dining room for meals which are a very social occasion. People are very communicative and interactive, they are encouraged and supported by staff. Those less able to 'join in' on their own are assisted by staff to be part of the social atmosphere. Staff members were observed helping those who were not as 'alert' or socially able to join in with the communication and banter during the mealtime. People spoken to were very happy with activities offered and a visitor said that the person they visit seemed to have enough to do and had no criticism of the activities offered. One residents survey commented that 'we could have a few more activities', and one family member said 'they could be a bit better at day to day entertainment'. However all other surveys felt that there were enough activities.

The visitors book showed that there are numerous visitors to the home, it has many local staff and local people who use the service, it is an integral part of the community. Family and friends are always made welcome and one visitor said that the staff always made her feel at home and listened if there were any concerns. On the day of the visit there were numerous family members and friends visiting the home, all appeared to be comfortable and accessed quiet areas, if they wished, for privacy during their visit. Daily notes noted activities participated in and any contacts with family and friends, these showed regular activities and contacts, three people told me how important it was for them that their families visited frequently and were made welcome. A member of staff commented that 'we have good relationships with families/friends and other professionals'. The home do not act as appointees for anyone who lives there, finances are dealt with by peoples' families or by a legal process. The home keep a small amount of personal allowance for people so that they are able to purchase items for their personal needs. The manager described the system that keeps peoples' money individually and requires two signatures for each transaction. Detailed records and receipts are kept of all income and expenditure.

Food is provided by a contractor, people said that it is wonderful. They also said that

Evidence:

the cook is lovely he will do anything for them and ensures that the meals are of good quality, they can also choose anything they want to eat if they do not like what is on the menu.

The home has a small tea bar where residents and their families can make hot drinks and access snacks if they wish to.

The home keep nutritional and weight records,as necessary. The manager monitors the weight records and makes comments about what staff need to do if there is any fluctuations or worrying weight losses (or gains.) Guidelines for any special diets are included in individuals' care plans. Staff were observed to be supporting and assisting people with their food in a very discreet and sensitive way and according to the guidelines in their plan of care.

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 home listens to peoples' complaints and does something about them.
People are kept safe from all forms of abuse or poor care practise

Evidence:

The home has a comprehensive complaints procedure that ensures people know how to make complaints to the social services, however it lacks a simple procedure that relates directly to the home, the manager agreed that she would produce one for the people who use the service imminently, there is already one written for staff. The responsible individual has advised (since the inspection visit) that the complaints manager will produce a poster for each of the care homes, that has basic information relating to complaints, such that all people who use the service, staff and visitors can understand how the process works and how they can raise a concern or complaint. People who use the service knew who to complain to and said that the manager always listens and acts upon what they say if there are any concerns. People including visitors spoken to said that they have never had any causes for concern. A complaints book is kept which includes the detail of any concern or complaint. The home also have access to a complaints officer (from the local authority) who visits the home quarterly and monitors any complaints received. The manager has written guidelines for staff as to how to identify that someone is complaining or unhappy, if they are not able to express themselves, in words. Staff surveys commented that, 'people are always listened to'. All staff have Safeguarding (Protection of vulnerable adults) training as part of their induction, this is up-dated, as necessary. Staff spoken to were

Evidence:

aware of how to protect the people in their care. People who use the service said that they felt very safe in the home and knew that none of the staff would 'let anything bad happen to them', if they felt at all worried 'they would tell the manager at once'. One visitor said that she and her family were confident that their relative is safe in the home. There have been no safeguarding issues reported since the last inspection and the Commission has received no information with regard to complaints or safeguarding concerns about the home.

There is no -one with aggressive behaviours, currently resident in the home, the manager and staff are very alert to the needs of people and are able to identify if they are no longer able to meet those needs.

All policies and procedures relating to people who use the service are being up-dated with any necessary adjustments made because of the mental capacity act. Mental capacity is an element of the individuals' plans of care.

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

Staff make sure that people have a pleasant, homely environment in which to live. They ensure that it meets the needs of individuals and the group. The home is kept exceptionally clean and hygienic.

Evidence:

The home was purpose built for slightly more able elderly people than the current population, the manager is aware of any changes that are necessary to increase peoples' access and comfort and has an ongoing programme to try to ensure that the landlords make the necessary changes. All areas of the home were exceptionally clean and well kept, rooms are fresh with some being newly decorated. Staff work hard to make the building feel homely, such as pictures on walls, clocks and flowers. There are good quality furniture and fixtures throughout the home. Several people showed me their rooms, the manager did not enter any rooms without seeking permission. Rooms seen were individualised and very much reflected peoples' personality and taste. Resident surveys commented that 'the home is always clean and comfortable', one person commented that 'they could make the beds a bit better'.

Specialist equipment is provided for anyone who needs it to enhance their lifestyle, including sensory mats for people who are at high risk from falls, these are provided after risk assessments and discussions with the individual. There is limited space for large lifting/handling equipment in some rooms, the manager is very alert to this

Evidence:

issue. The home are able to seek referrals to the Occupational therapists, as necessary. On the day of the visit the staff had completed decorating the home for Christmas, some people who use the service said they were 'delighted' with the decorations.

Staff have infection control training and there are reminders about how to prevent cross infection in appropriate locations, staff were observed adhering to the infection control guidelines.

The home has an efficient laundry system, with 'back up' machines, the laundry was well kept and tidy.

The home had an environmental Health visit in 2009 and received a good rating.

The home has pleasant well kept grounds that everyone can access.

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.

The home has enough staff to properly meet the needs of the people who use it. Staff are well trained, qualified, committed and caring and are able to offer the best possible care.

Evidence:

The home has a total of 24 staff, there are a minimum of three staff per shift during day time hours (7.15 am to 9.45 pm), and two waking night staff with access to an 'on call' senior staff member. Residents surveys comments included , 'there are always staff around if you need them'. People spoken to on the day of the visit confirmed this and said 'bells are generally answered very quickly and people do not usually have to wait for anything'. The home uses very few agency staff, generally covering staff shortages with bank staff or staff doing extra hours. One of the bank staff met had been working at the home for four years and had completed all her training and her NVQ 2.

The two newest staff files contained all the necessary information to ensure that the applicants are safe and suitable people to be working in the home.

Of the 24 staff 22 have an NVQ 2 or above and one has applied to begin her NVQ training, training records showed that staff receive all the necessary up-dates for their core training. They also have opportunities to participate in training for the direct

Evidence:

benefit of the people in their care such as understanding Parkinson's disease, mental capacity, dementia care, person centred planning and reporting and recording. Staff confirmed that they have good opportunities to participate in training and had completed all necessary health and safety up-dates or were booked onto the courses.

A very detailed handover was observed and the communication book ensured all important information was also written as well as verbally handed over. Staff are supervised and appraised regularly and the home holds regular staff meetings.

Staff were observed, on the day of inspection, working in a very sensitive and responsive way, ensuring peoples' privacy and dignity and engaging them in positive interactions and conversations.

Residents survey comments included, 'staff are good we are always treated well', 'good staff, always there when I need them' and 'staff give good advice'.

Staff commented that , 'all staff work to a high standard', 'I am proud to work at Notrees', 'it's a great place to work we are all a great team (including service users)' and 'we all work together, as a team'.

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

The home is very well managed, in the best interests of the people who live there. People are kept as safe as possible by adherence to Health and Safety procedures.

Evidence:

The manager has many years experience (managing this home for approximately 11 years), she is well qualified and eminently suitable to manage the home. Staff felt that it was an 'open' and supportive management team and residents said that they were very comfortable to approach the manager and knew that she would listen to them and take their views seriously.

The home holds regular resident meetings, sends annual quality questionnaires to all interested parties and develops their annual development plan as a result of the analysed responses to the questionnaires. Respite people (there are two permanent respite care beds) complete a satisfaction/quality survey after each visit. The manager notes and takes action on any issues raised such as some people saying they were not offered a morning cup of tea. The home receive regular regulation 26 visits from a

Evidence:

senior manager and these are displayed so that everyone can see them and see what issues have been identified.

Some Health and Safety maintenance records were seen, they were up-to-date with checks and maintenance being completed in a timely manner. The home has access to the health and safety officer of the local authority, if needed, and staff from the home attend health and safety meetings held by them.

The home keeps detailed records of accidents and incidents, one copy is held in peoples' files and one is held generically for ease of monitoring, the local authority health and safety officer also monitor any accidents and helps to identify any trends, across services.

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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