



Making Social Care  
Better for People

Inspecting for better lives

# Key inspection report

## Care homes for older people

<b>Name:</b>	Walkden Manor
<b>Address:</b>	41 Manchester Road Walkden Worsley Gtr Manchester M28 3WS

The quality rating for this care home is:

two star good service

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

<b>Lead inspector:</b>	<b>Date:</b>
Jennifer Hughes	1   8   0   2   2   0   0   9

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

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

**Outcome area (for example Choice of home)**

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

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

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

**This is what people staying in this care home experience:**

Judgement:

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

Evidence:

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

Copies of the National Minimum Standards – Care Homes for Older People can be found at [www.dh.gov.uk](http://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](http://www.tso.co.uk/bookshop)

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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

## Reader Information

Document Purpose	Inspection report
Author	CSCI
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
Copyright	Copyright © (2009) Commission for Social Care Inspection (CSCI). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CSCI copyright, with the title and date of publication of the document specified.
Internet address	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>

## Information about the care home

Name of care home:	Walkden Manor
Address:	41 Manchester Road Walkden Worsley Gtr Manchester M28 3WS
Telephone number:	01617909951
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	Walkden Manor Care Home Ltd
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	2	0
old age, not falling within any other category	0	29
Additional conditions:		
A maximum of 29 older people (OP) requiring personal care only may be accommodated.		
Within the overall numbers two (2) service users who are currently accommodated are under the age of 65 and also have dementia (DE). If these service users leave the category will revert to OP. When either of the service users reach the age of 65 the category will be OP (DE).		

Date of last inspection								
-------------------------	--	--	--	--	--	--	--	--

Brief description of the care home
Walkden Manor is a residential care home situated in the centre of Walkden, Salford. The home provides personal care and support to older people. Bedrooms are situated on the ground and first floor of the accommodation with the laundry, office and main kitchen located in the basement. There are two lounges and a dining room, providing residents with a choice of where to sit. A passenger lift provides easy access to first floor areas. There is a large, flagged patio area to the rear of the home, which can be used by residents in the warmer months, and a small car park situated at the side of

## Brief description of the care home

the building.

Information about the services provided by Walkden Manor are available in a Statement of Purpose and Service User Guide, which can be obtained from the home. The weekly fees range from £325 to £373.52 per week. Additional charges are made for hairdressing and for trips. Further information about fees can be obtained from the manager.

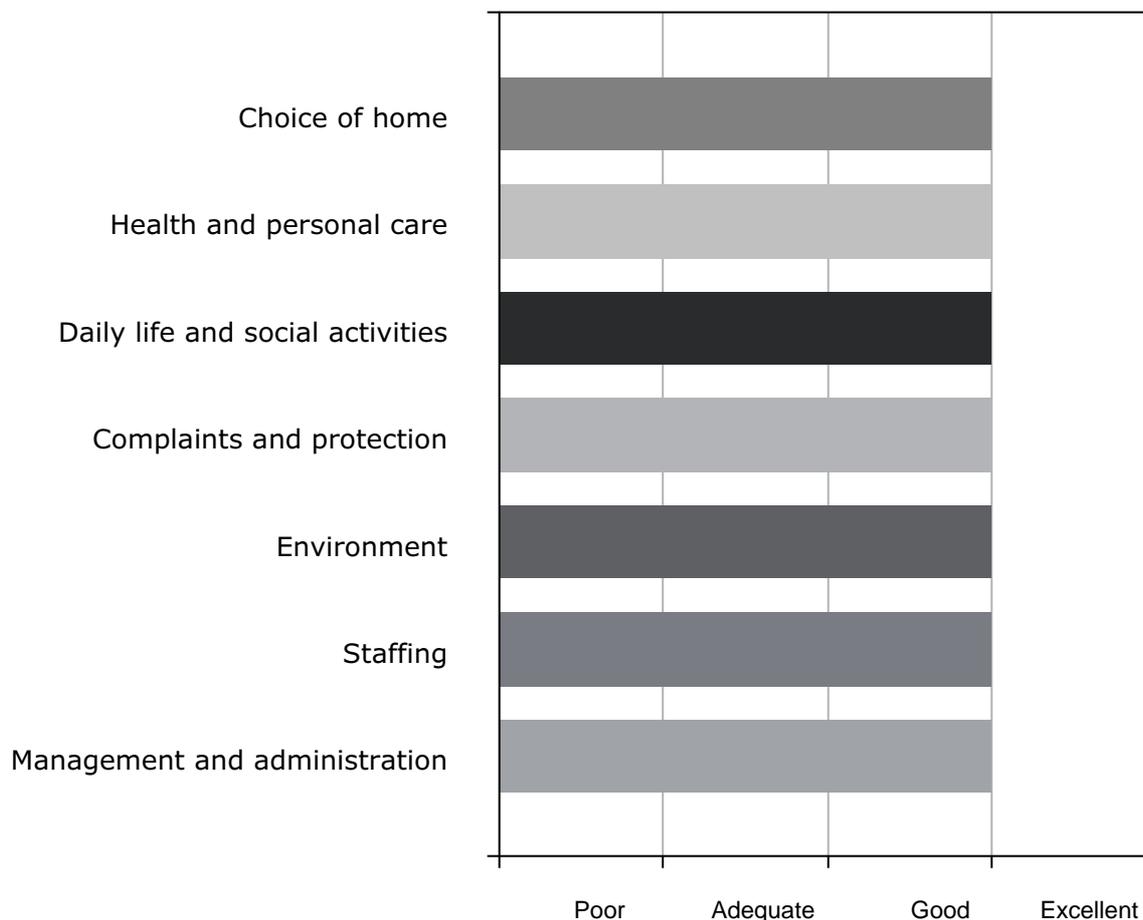
## Summary

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

The quality rating for this care home is:

two star good service

### Our judgement for each outcome:



### How we did our inspection:

The last inspection on this service was completed on 15th and 16th January 2008.

This was an unannounced visit to the home, in that the owners and manager were not aware that it was to take place. The site visit was part of the key inspection of the home. A key inspection takes place over a period of time, and involves gathering and analysing written information, as well as visiting the home.

The length of the visit was for 6 hours.

Every year the registered persons are asked to provide us (Commission for Social Care Inspection, CSCI) with written information about the quality of the service they

provide. We use this information, in part, to focus our assessment activity. This document is called the Annual Quality Assurance Assessment (AQAA).

Surveys were sent and received from residents and staff of the home.

During the site visit staff records and resident care records were viewed, alongside policies and procedures of the home.

The registered manager, residents, care staff, and the organisation's area manager were spoken to, along with any visitors who called during the day. Their responses are reflected in the body of this report.

A tour of the home was made, viewing lounges, dining room, bedrooms and bathrooms.

Everyone was friendly and cooperative during the visit.

## What the care home does well:

The manager holds the Registered Managers Award, and National Vocational Qualification level 4. The manager has led the continued development of the environment, and the procedures used in the home, to try and ensure a good standard of care is being provided to residents.

We found that prospective residents' needs were assessed prior to being admitted to the home, and these assessments included talking to the individual, their family, and using information from any other professionals who were involved.

Assessments and care plans were clear and detailed, for staff to know how best to look after each individual. Individual preferences are taken into consideration. "If anyone new is coming here, we can look at the assessment, and also the manager and senior staff tell us all about the person at handovers", said a staff member.

Daily records by staff gave a good picture of the life of each resident in the home.

The residents surveys returned to us said that they usually received the care and support they needed. A resident we spoke to said "They're all good girls, a friendly lot". Another said "They do everything for me. They're very helpful".

Staff at the home were friendly and approachable, and had a good understanding of each residents' care needs. We saw good and regular interaction between the staff and the residents living at the home.

Residents told us that there are some activities organised that they can take part in if they wish. They told us about coach trips they go on, and one resident told us about the trip planned for going to Blackpool, where they are to see a show and have a meal. Residents told us about making Christmas and birthday cards, and one commented "I enjoy day trips out, but not bingo or crafts". Another told us "I go out on day trips in the mini bus. I enjoy watching entertainment, especially the children at Christmas".

A dedicated cook plans and prepares the meals, which were praised by the residents. She tries to cater for different tastes when she can, and makes sure that the residents eat well and have a choice of what to eat. We sampled the meal of the day, which was tasty and nicely presented, and noted that residents had all enjoyed their meals. "Good meals here. No doubt about that", said one resident.

The home provides a pleasant, clean and comfortable environment for residents to live in. The residents we spoke to all said that they liked their rooms, and we saw several rooms that were all personalised with the residents' own pictures, ornaments and small pieces of furniture.

## What has improved since the last inspection?

Several requirements and recommendations were made of the home at our last inspection visit, and we found that the manager had addressed all of these.

Care plans are written records that describe the care that is given to each resident. We

saw that the care plans we examined clearly identified the areas of need for each person, with instructions for staff on what they must do to meet that need. A body-mapping tool is now used to record any bruises/injuries/pressure marks, so that progress can be monitored. New weighing scales have been purchased so that residents' weight can be accurately monitored.

We saw staff respecting the privacy and dignity of residents as they carried out their work. Doors were knocked on before entering, and doors were closed if personal care tasks were being carried out. Residents were included in conversations, and staff respected their need to take time to respond.

Issues around the maintenance of the environment had been addressed, and we found it to be a safe place to live. The fire safety risk assessment had been validated by a professional body.

The area manager of the company is in regular contact with the manager of the home, and makes at least monthly visits to the home. The manager said that she is well supported and guided by the area manager, which enables her to feel confident in how she is developing the practices in the home in the best interests of the residents.

### **What they could do better:**

The dates of the last review should be clear on all care plan information so that staff know which is the most up to date information they are to follow, to make sure residents receive the right care.

Information held in the staff diary ,which is used as their daily aide memoire, and we found to be openly accessible to anyone in the home, should not include confidential information about individuals.

We advised that where a resident required staff to apply cream, and it was applied in the resident's room, a chart to record the application should be held in the room, and completed by the staff doing the task. This would minimise errors being made around the task not being done, or not being recorded correctly.

The manager should ensure that all of the residents are being stimulated by arranging appropriate activities for the different individual needs. For example, people with some levels of dementia may need more specialised or individual activities.

All returned references for new staff applications should be dated by the referee to confirm they are recent. Good recruitment procedures help to protect residents' welfare.

A training record should be in place, such as a matrix, which gives the manager a clear overview of completed staff training and when refresher training is due. Staff need to be up to date with care procedures to provide the best care to residents.

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

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line –0870 240 7535.

## Details of our findings

### Contents

Choice of home (standards 1 - 6)

Health and personal care (standards 7 - 11)

Daily life and social activities (standards 12 - 15)

Complaints and protection (standards 16 - 18)

Environment (standards 19 - 26)

Staffing (standards 27 - 30)

Management and administration (standards 31 - 38)

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 has a clear assessment procedure which is carried out for all residents. This means that the service provided is tailored to an individual's needs and preferences.

Evidence:

A copy of the Statement of Purpose and Service User Guide are available in the entrance hall of the home. These inform on who the owner and manager are, and what services the home provides. There has been no change to these from our last visit. The manager discussed her awareness for this information to be available in other formats, such as audio, or other languages, and said that this would be addressed when the need occurred.

Some of the residents we spoke to knew about this information, and surveys returned to us said that people were given information about the home before they were admitted.

## Evidence:

Individual records are kept for each of the residents, and there is a set procedure for admitting someone to the home, with a pre-admission assessment form being seen on four selected files. The manager said that she ensures she always carries out an assessment, as well as receiving the social work assessment. The manager confirmed that she makes a visit to the person in their own home, or hospital, and gathers information by talking directly to them. She also gathers information from family and any professionals involved, such as social workers or district nurses.

We found that the assessments had been fully completed, and held detailed information about the physical, social and psychological care of the individuals. There was good background information about each person, including hobbies and interests, and any cultural needs. The information gathered for these assessments made sure that particular individual needs were identified, and the home could meet those needs.

Staff told us that they are always given up to date information about the care needs of people they support, and were able to tell us about the needs of residents, and how to meet those needs.

The manager is continuing to develop systems, and the most updated assessment tool is used for all prospective residents, promoting equality of assessment and care provision.

## Health and personal care

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

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

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

**This is what people staying in this care home experience:**

Judgement:

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

The health and personal care needs of residents are well met in this home

Evidence:

Care plans are written records that describe the care that is given to each resident.

We viewed four of the residents' care plans, which we found clearly identified the areas of need for each person, with instructions for staff on what they must do to meet that need. All of the residents or their representatives had signed a care plan agreement, showing that they had participated in the decision on what care they needed.

We saw evidence that the care plans were reviewed with a social worker following six weeks of residency, to make sure it was the right place for the individual to be. The date for the next professional review would then be set. We saw that the manager reviews each care plan every month, and any changes in need were recorded. We advised that dates of the reviews should also be noted on the moving and handling plan to show that it is the up to date one staff should follow.

## Evidence:

The home follows the good practice of the cook carrying out the nutritional assessment for each person, meaning that she was very aware of any dietary or eating problems and was able to deal with them accordingly. "I also keep an eye on their weight", the cook told us, "and if, for example, someone's losing weight linked to a lack of appetite, I will talk with them and try to find out how I can encourage them to eat".

Staff we spoke to clearly knew the care that each person needed.

Daily records are made three times a day for each resident, and we saw that these gave a good picture of the daily events in each person's life. Records also prompt contact with other professionals, such as GP's or district nurses when needed. We saw records of visits by healthcare professionals, and what care they provided.

Staff also communicated by writing information in a diary, which we saw was on a hall table underneath the staff noticeboard. Some of the information held in this was personal information about individuals, and staff need to be sure that they do not include confidential information, which should be held in personal files, in this diary.

Staff care for people with diverse needs, for example different dietary needs. Clear information is held on specific conditions of individuals, and how staff can provide the best care. Appropriate aids and adaptations are assessed for by professionals, and available in the home for those residents who need them.

We saw residents being treated with respect, and heard staff chatting with residents, giving them time to understand and respond in their own way. Those people we spoke to clearly felt able to say how they felt and what they wanted. "All of the staff are really good. I get everything I need. You can't say more than that can you?" said a resident.

We looked at a sample of medication records and stock, and found that they were correct and up to date. The manager or senior carer makes weekly and monthly audits of the medication. We saw staff administering medication, tactfully monitoring residents, ensuring the medication was taken. We saw that some residents had cream applied by staff in their own rooms, and advised a chart was held in these rooms for the staff who did this to record the task was done.

Residents can choose to hold a key to their room, following a risk assessment, and we found that some people liked to lock their rooms when they were not in them.



## Daily life and social activities

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

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

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

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

Residents' daily lives and social activities are generally catered for, and people benefit from living in a home that tries to continually develop to provide people with opportunities to live lives that are fulfilled.

Evidence:

The individual care plans we saw included information on each person's life history, their religious needs, and what hobbies and activities they preferred.

A named staff member takes the lead on organising activities, and discussed her plans for developing these. She said they often have film afternoons with the plentiful DVD's in the home, and music and sing-a-longs are always enjoyed. Residents told us about the trips out, the outside entertainers who call, and photographs on the walls showed us Hallowe'en and Christmas festivities.

During this visit, staff led a gentle exercise session with residents in one of the lounges.

The manager discussed the need for specific activities for people with mild dementia

## Evidence:

who may be resident at the home. She had accessed some guidance, and needs to make sure this is used so that all residents can benefit from being stimulated. Staff spoken to were aware of what types of activities would be suitable for these residents, and what they liked to do.

Visitors called into the home through the day of the visit, and the visitors book gave further evidence of the regular callers to the home and to the residents.

Meals were served in the dining rooms, which were relaxing and pleasant places to eat a meal. Tables were nicely set and attractive. Some residents preferred to have their meals in their own rooms, and some preferred to stay in the lounges to have their meal.

We saw that there is always a choice of two items at lunch time, as well as soup. The menu is varied and nutritious. At this visit we sampled sausage casserole with vegetables and potatoes, followed by trifle, which was all very tasty and well presented. There was also a jacket potato with fillings and fresh fruit available.

The cook is very aware of all residents nutritional needs, and their likes and dislikes, and always helps to serve and assist at lunch-time. This enables her to note if any resident has a poor appetite, and she addresses any need for a change to their diet to encourage healthy eating.

Staff helped discretely if needed. One resident liked to take their time over their meal, and they were left to take as long as they wanted to finish their food.

We noted that residents had all enjoyed their meals. "Good meals here. No doubt about that", said one resident.

## 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 residents benefit by being supported and protected.

Evidence:

There is a complaints procedure in place, and this is provided to all residents in the information they are given about the home when they are first admitted. The manager told us that she had noted in surveys returned to her from some relatives that they were not aware of the complaints procedure, so she addressed this by sending out all the necessary information again.

We saw a file where any complaints were recorded, along with the action taken, and what the outcome was. There had been one allegation since our last visit regarding poor care practices, which we found to have been addressed and appropriate procedures and recording documents were now in place.

All of the residents we spoke to said they knew how to make a complaint "I'd tell any of the staff here if I didn't like something", said one resident, and "I make any complaints to my daughters or the manager", said another. The manager said she operates an 'open door' policy, and welcomes anyone who wishes to discuss any concerns they have.

We saw that staff had attended training about safeguarding procedures. These are

Evidence:

procedures all homes must have in place that must be followed if it is suspected that a resident has been the victim of any kind of abuse. We spoke to staff on duty, and found they had a good understanding of the procedures. The manager confirmed that it is one of the issues that is discussed with staff during one to one supervision sessions.

One staff said "I am here not only to care and look after people, but I protect them and make sure they are safe. I don't like to see anybody unhappy".

Advocacy services are advertised in the home.

## 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.

Residents live in a pleasant, safe and homely environment, which provides the aids and equipment to meet their care needs.

Evidence:

We toured the home, and saw that it was clean, tidy and fresh. The home was kept comfortably warm.

Domestic staff have set routines to follow to keep the home to a good standard of hygiene, and they were at work during our visit. They told us they had achieved an NVQ award in domestic practices. Surveys returned from residents told us that the home is usually fresh and clean.

There is equal access to all areas of the home for residents and visitors with mobility problems, in that there are wheelchair ramps and a passenger lift in place. Aids and adaptations are also in place to help with toileting and bathing needs.

The bedrooms we saw were personalised with residents' own belongings, such as pictures, ornaments, and small pieces of furniture. The residents we spoke to said they were happy with their rooms, and the manager and staff try to meet individual needs as much as they can. "This is a nice room. They moved me to this one because I

Evidence:

prefer to spend time in my own room and this one has a better view out of the window", said a resident.

The manager said residents can choose on admission whether, following a risk assessment, they would like a key to their room. We found that some residents held keys, and locked their rooms when they left them.

There is a maintenance book for staff to record any work around the home that needs doing, and a maintenance man signs to show the work has been done. He also regularly checks water temperatures and call bells. We saw the annual development plan for the home, which included an action plan on further refurbishment in the home, and plans to improve the patio area with better garden furniture. This will make it a pleasant place to sit in the warmer weather.

Work we had required done at our last visit had been completed, apart from one radiator that had no cover due to it affecting the use of the nearby fire door if it had. The uncovered radiator was low risk to residents' safety as it was situated in a place where they would not normally be near.

The laundry room was tidy and clean. Policies are in place for the prevention of cross infection, and we saw staff had attended infection control training.

## Staffing

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

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

The recruitment policies and procedures protect the safety and wellbeing of residents.

Evidence:

Three staff files were selected, and we saw that there is a recruitment procedure in place showing that the necessary recruitment checks are carried out to ensure the protection of residents.

Two references and a Criminal Records Bureau (CRB) disclosure are required prior to staff starting work at the home. We advised that the manager ensures that references are always dated to show they are recent. Staff may start work at the home on receiving the Protection of Vulnerable Adults (POVA )1st check, which is done as part of the CRB and usually received earlier than the full disclosure. Staff are supervised until the full CRB is received. We confirmed with the manager that this process must only be used as a last resort, and if more staff are required to make staffing numbers appropriate to meet the needs of residents. The requirement for new staff is that they hold a full CRB disclosure prior to starting work.

The manager takes instruction from Head Office, but understands that as a registered manager she takes responsibility for following procedures correctly.

## Evidence:

All new staff follow an induction programme in the form of a workbook, which they complete over the first two or three months, and sign, along with the manager, to show they have completed it. An Employee Handbook gives guidance on working practices in the home.

The manager told us that they do not use agency staff, as one concern was that they would not know the residents, or the routines of the home.

Staff commented that they felt they had a good staff team. "Carers get on well with each other and work well together", said one. They also said there were good procedures in place to make sure everyone was always up to date with information.

Residents we spoke to, and responses from surveys, told us that staff were usually available to help them when they needed it, "But on occasion it takes a while for staff to get to me if they are busy with someone else".

We saw the rota showed that there were usually three or four staff on duty, plus the manager, cook and domestic. The manager said that she was aware that presently four care staff were required to fully meet needs, but sickness absence had caused the shortfall, and the manager herself carried out hands-on work when required. The dedicated kitchen and domestic staff ensure that roles are not compromised, and care staff can concentrate on their own role with residents. The manager confirmed that staffing levels would improve with the recent recruitment of new staff and the return to work of absent staff. Two staff work a waking watch overnight.

We saw that staff were able to meet residents needs appropriately during our visit to the home.

A record of staff training was available, showing what training had been attended by each staff member, and when refresher training was due. This would be easier for the manager to monitor if it was in a format which gave a clear overview of all staff training, as in a matrix, which could also prompt the manager when refresher training was due.

The staff team have attended varied training, including moving and handling, infection control, continence awareness, health and safety, first aid, equality and diversity and dementia care. The manager confirmed that all of the staff either hold a National Vocational Qualification (NVQ) in care, or are attending the course to achieve it.



## 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 manager has a good understanding of the areas that can further improve the services provided, and in turn the quality of life for residents.

Evidence:

The manager has achieved National Vocational Qualification (NVQ) level 4, and the Registered Manager's Award.

Staff we spoke to were positive about the development of the home, and said that the manager was always available to speak to. Residents and relatives told us that they could speak to any of the staff or the manager, and they would listen to any comments made.

Staff meetings are held every four to six weeks, and the manager told us about her plans for the residents and their families meetings, which had been poorly attended in the past.

## Evidence:

We saw that staff one to one supervisions and appraisals take place regularly.

The manager has further developed procedures in the home, in response to requirements we made at our last inspection.

The area manager gives regular support and at least monthly visits to the manager at the home, with monthly reports being completed. These reports detail the findings of the area manager's visit, and any issues discussed.

The quality assurance system includes written surveys. We saw the outcomes of the latest annual surveys sent out to residents and their families and professional bodies. They held generally positive comments, with the manager following the good practice of responding to all the people who had returned their surveys, either to address the issue raised, or to thank them for returning the form. The quality assurance system also includes the manager regularly monitoring records to ensure they are complete and up to date. Accident records, and any complaints records, are monitored to identify any patterns of events, which may need addressing to ensure the safety and welfare of residents.

There is a policy and procedure in place for the management of resident's finances. We saw clear records of resident's spending money left in the home. This was securely held in a safe.

We viewed a selection of maintenance records of equipment and safety certificates, which were up to date.

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
1	7	Ensure the dates of reviews are clear on all care plan information so that staff know which is the most up to date review they are to follow.
2	9	A chart to record the application of cream on a resident in their own room should be held there, and completed by the staff doing the task.
3	10	Information held in the staff diary ,which is used as their aide memoire, and is openly accessible, should not include confidential information about individuals.
4	12	The manager should ensure that all of the residents are being stimulated by arranging appropriate activities for the different individual needs.
5	29	It should be ensured that all returned references are dated by the referee to confirm they are recent.
6	30	A training record should be in place, such as a matrix, which gives the manager a clear overview of completed staff training and when refresher training is due.

## Helpline:

**Telephone:** 03000 616161 or

**Textphone:** or

**Email:** [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

**Web:** [www.cqc.org.uk](http://www.cqc.org.uk)

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

Copyright © (2009) Commission for Social Care Inspection (CSCI). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CSCI copyright, with the title and date of publication of the document specified.