

# Key inspection report

## Care homes for older people

<b>Name:</b>	Cloverfields
<b>Address:</b>	Chester Road Whitchurch Shropshire SY13 4QP

**The quality rating for this care home is:**

two star good 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.

<b>Lead inspector:</b>	<b>Date:</b>
Dawn Evans	0 4 0 8 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](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)

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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:	Cloverfields
Address:	Chester Road Whitchurch Shropshire SY13 4QP
Telephone number:	01948667889
Fax number:	01948663216
Email address:	monica.cloverfields@hotmail.co.uk
Provider web address:	www.newparkhouse.co.uk

Name of registered provider(s):	Cloverfields Care Ltd
Type of registration:	care home
Number of places registered:	32

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	32
Additional conditions:		
The maximum number of service users who can be accommodated is: 32		
The registered person may provide the following category of service only: Care Home with Nursing (Code N); To service users of the following gender: Either; Whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category (OP) 32		

Date of last inspection									
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### Brief description of the care home

The date of the last inspection was 14 September 2007. Cloverfields is residential home for older people and also provides nursing care for people with complex nursing needs due to their physical health condition. The home is located on the rural outskirts of Whitchurch. Local amenities such as shops, pubs, restaurants are accessible within the town, which is nearby but not necessarily within waking distance. The local bus also runs infrequently to the town. The three storey property is situated within its own grounds, offering 32 single bedrooms, 28 of which, are provided with en suite. The remaining bedrooms are fitted with a washbasin. Bathrooms and toilets are provided on each floor and are nearby to communal areas. A lounge, dining room,

### Brief description of the care home

kitchen and laundry is situated on the ground floor and accessible to people who live there. Ramp access to the property enables people with restricted mobility to gain entry in and out of the building. Appropriate equipment and adaptations are also provided to assist people with reduced mobility. These consisted on a passenger lift, assisted baths, grab rails and lifting appliances. Staffing is provided on a 24 hour basis to ensure people receive the necessary support when needed. People also have access to previous inspection reports, this enables them to find out about the quality of the service provided and people's experience of living there. The fees charged for the service provided at Cloverfields was not made available to us. The reader is advised to contact the service direct for this information.

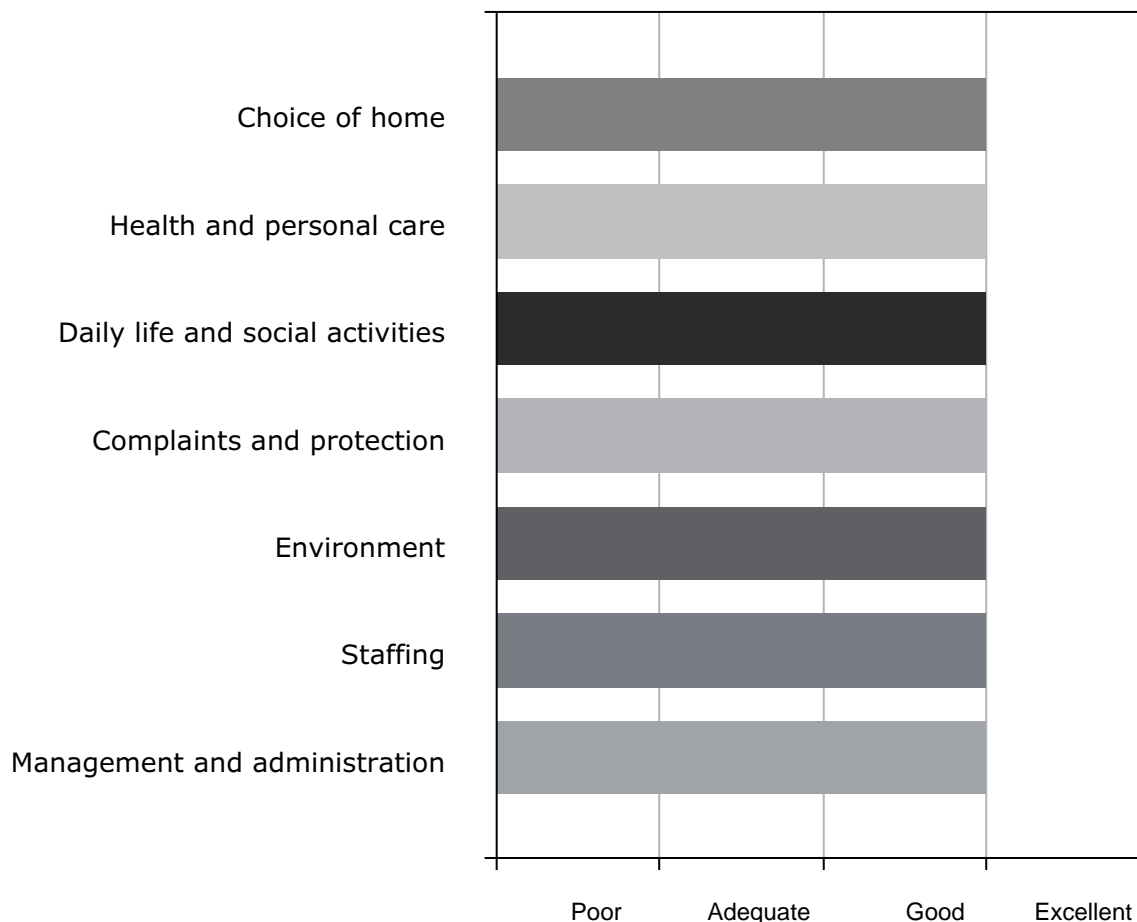
## Summary

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 quality rating for this service is 2 star. This means the people who use this service experience good quality outcomes.

This inspection was carried out over one day; the home did not know we were going to visit.

The focus of inspections we, the Commission, undertake is upon outcomes for people who live in the home and their views of the service provided. This process considers the care homes capacity to meet regulatory requirements, standards of practice and focuses on aspects of service provision that need further development.

Prior to the visit taking place we looked at all the information we have received, or asked for, since the last key inspection. This included notifications received from the home. These are reports about things that have happened in the home that they have

to let us know about by law, and an Annual Quality Assurance Assessment. [AQAA]. This is a document that provides information about the home and how they think it meets the needs of people living there.

Three people living in the home were 'case tracked.' This involves establishing individual's experiences of living in the care home by meeting them, observing the care they receive, discussing their care with staff, looking at care files, and focusing on outcomes. Tracking people's care helps us understand the experiences of people who use the service.

We looked around some areas of the home. A sample of care, staff and health and safety records were looked at.

Where people who use the service were able to comment on the care they receive their views have been included in this report. Due to the communication needs of some people living there it was not possible to ask them for their views on the home, so time was spent observing care practices and staff interaction.

We spoke to three people who use the service, two visiting relatives and three care staff.

## What the care home does well:

People have access to relevant information about the service in a format they can understand before they move into the home, so they know what to expect from the service.

Appropriate assessments ensure people's needs are met on admission.

Staff have access to detailed care plans so people can be assured staff will know how to meet their assessed needs.

People's involvement in their care planning ensure they will receive their care the way they prefer.

One person who live there said, "The staff are really good, nothing is too much for them."

One visiting relative told us, "They look after my mother properly."

People can be confident that practices adopted by the home will support their right to privacy.

Access to a variety of social activities ensure people are able to live a fulfilled and stimulating lifestyle.

People are supported to maintain contact with their family and friends so they can have meaningful relationships.

One visiting relative told us, "We are able to visit at anytime and staff always make us welcome."

People are offered well balanced and nutritional meals to reflect their likes, dislikes and ensure their dietary needs are met.

One person who live there said, "The food is very good, I had a good dinner today, the gravy was lovely."

Arrangements in place ensure people's complaints will be listened to and taken seriously so people's right are assured.

One person said, "I have never made a complaint but if I have any concerns I would tell the staff, they are all very nice."

The home is clean and tidy so people's comfort can be assured.

The home's recruitment procedures ensure staff members are suitable to work with vulnerable people.

One person told us, "All the staff seem nice, they are all very pleasant."



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**What has improved since the last inspection?**

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**What they could do better:**

Staff who are responsible for administering medicines should have access to a written protocol, for the safe use of 'when required' medicines and obtain regularly competency assessments, so people can be confident staff have the skills to manage their medicines safely.

A written risk assessment for the use of bed rails should be made accessible to staff, so this equipment is used in accordance to the manufactures guidelines and does not compromise people's health or safety.

The fire risk assessment should be dated so people can be confident staff have up to date information on how to safeguard them in the event of a fire,

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](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

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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.

People have access to relevant information so they know what service to expect and the undertaking of appropriate assessments ensures their needs will be met on admission.

Evidence:

The manager said people who wish to use the service are given a copy of the Statement of Purpose and Service User Guide before moving in. This provided people with relevant information about the service and facilities available and enable people to find out if the service would be suitable to meet their assessed needs. The manager said these documents can be made available in other formats such as different languages, large print so people can understand them.

The Statement of Purpose and Service User Guide was displayed in the home and accessible to people who live there.

## Evidence:

We spoke to two visitors whose relative had recently moved into the home. They told us the home was recommended to them and they were aware of the Statement of Purpose and Service User Guide.

People can be confident they will receive the necessary information about the home so they know what service to expect.

The AQAA shows that a needs assessment is undertaken before people move into the home. The undertaking of a needs assessment enables the home to find out people's needs and the level of support required to ensure they live a fulfilled lifestyle.

We case tracked three people and looked at their care records, all contained evidence of a detailed needs assessment. One person who lives there also told us they had an assessment before they moved in. This should ensure staff have the necessary information to enable them to meet people's needs. The admission process also enables people to visit the home before making a decision to move in.

## 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.

People can be confident their healthcare needs will be met in a way they prefer.

Evidence:

We looked at three care plans. A care plan should tell staff about people's assessed needs and how to meet them. Information obtained from the needs assessment was used to develop the care plan.

Care plans provided detailed information. For example, one care plan showed the person had a health condition and required a special diet. It also told staff about appropriate meals to be offered to the person and foods to be discouraged, so this person's health can be assured.

Discussions with three staff members confirmed their knowledge of this person's needs. This person was not able to tell us about the care they receive but because staff have access to clear written information, this person can be confident staff will know how to meet their specific needs.

## Evidence:

Another care plan showed the person had complex care needs and required assistance with all their personal care. This person also needed assistance with their diet, mobility and required special equipment to reduce the risk of pressure sores.

We were not able to speak to this person to find out if they received the care as shown in their care plan but discussions with three staff members confirmed their knowledge of this person's care needs so their wellbeing can be assured.

Care records provided information about people expressing their sexuality and to support people to dress in a way they prefer. We observed that people were smartly dressed, appropriate to their age and gender. People also had access to two hairdressers who visited the home once a week.

The AQAA told us people are involved in their care planning. Discussions with two visitors confirmed their relative was encouraged to participate in their care planning. Care records looked at contained evidence of discussions with people about their care and the service they receive. This should ensure people receive the necessary support in a way they prefer.

Discussions with the manager and care plans looked at confirmed these were reviewed on a monthly basis to ensure the care given reflected the person's current needs.

Risk assessments were in place to support people's independence and ensure their safety. One assessment showed the person had restricted mobility and told staff what equipment was required to assist this person to mobilise. We observed this person had access to the equipment as shown in their risk assessment. This person can be assured staff will know how to care for them appropriately.

One care record showed the person had limited vocal communication and told staff how to communicate with this person. Records also showed this person had access to a Speech and Language therapist providing professional support and advice.

Three staff members told us they were able to communicate with this person by writing messages and by understanding the person's facial and body language.

Records were maintained of healthcare visits. These showed people had access to relevant healthcare services, so they can be assured their healthcare needs will be met. This included access to a General Practitioner, Dentist, and Opticians amongst others. One person spoken to told us they had been to hospital that day for a routine

## Evidence:

health check. We also saw this information was recorded in their care record.

One person said, "The staff are really good, nothing is too much for them."

One visiting relative told us, "I am very pleased with the service, it's a lot more than I expected." "They look after my mother properly."

We looked at how the home manages people's prescribed medicines. Medicines were stored and recorded appropriately. Medication administration records [MAR], were signed by staff to show when medicines were given to people to ensure their health. MAR is a record of people's medicines.

A record was maintained of the fridge temperature where medicines were stored and these temperatures were appropriate to ensure the correct chemical balance of medicines.

Discussions with a registered general nurse confirmed people were prescribed 'when required medicines.' These are medicines that should only be given to people when needed. For example, medicines for pain relief to ensure people are not in discomfort. The nurse and manager confirmed there was no written protocol in place to ensure the safe use of these medicines. It is recommended that this should be put in place so staff know when and how to give these medicines, the dosage and what to do if the symptoms persist.

Medicines were only administered by a qualified nurse. One nurse told us they did not have a competency assessment to monitor their skills in managing people's medicines safely. The manager said she would ensure all nurses receive a competency assessment on yearly basis.

The AQAA told us, "People's dignity is respected at all times, staff knock on bedroom doors before entering." Two people who live there said, staff do knock on their bedroom door before entering and we also observed these practices. We also saw staff talking and assisting people in a respectful and professional manner. People can be assured that practices adopted by the home will support their right to privacy.

## 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.

People are able to pursue social activities and maintain contact with people important to them to ensure they live a fulfilled and stimulating lifestyle.

Evidence:

The home have an activities coordinator who visits the home on a Tuesday and Wednesday offering a range of social activities consisting of bingo, quiz, flower arranging and assisting people to write to their family and friends.

We observed people engaging in pastimes of their choice. This included watching the television, reading, socialising with other people who use the service and some people wishing to be alone within the privacy of their bedroom.

People spoken to and staff members said there were a variety of social activities available to reflect people's interests.

One person had limited verbal communication, their family said, "She enjoys, walks, watching the television, word search and likes to be alone." They told us staff assisted X to pursue their interests and respected their right to be alone in their bedroom when they wanted to.



## Evidence:

Care records showed people's religious needs and the support they require to continue to practice their faith. On the day of our inspection the Vicar visited the home. We observed a Christian service taking place. There were a number of people in attendance and this also included their families and friends.

The AQAA showed people were able to have visitors. We observed people visiting the home throughout the day. One person said, "My son comes to see me every morning." One visiting relative told us, "We are able to visit at anytime and staff always make us welcome." This means people are able to maintain contact with people important to them.

We observed people were able to personalise their bedrooms to reflect their interest and style. One visiting relative said, "We brought some of mum's furniture in, to personalise her room and the staff were OK with this." We spoke to this person's mother, although she had limited verbal communication she indicated to us that she was happy with her room.

We looked at the homes menus, the manager told us these had recently been reviewed. Menus showed people were offered a variety of meals to reflect their likes, dislikes and dietary needs.

A menu board was located in the dining room showing what meals were on offer that day. We observed meals looked appetising and well presented.

One person said, "The food is very good, I had a good dinner today, the gravy was lovely."

Another person told us, "The food is alright."

Care records showed the assistance people required when eating and drinking and we observed staff assisting people with their meals in a manner that ensure their dignity. For example, ensuring their clothing was protected, telling people what the meal was and encouraging them to eat.

The manager said no one required a special diet due to cultural or religious needs but every effort would be made to meet any future dietary needs.

## 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.

People can be assured their complaints will be listened to and taken seriously so their rights are respected.

Evidence:

The AQAA showed and the manager confirmed that the home have not received any complaints since the last inspection visit.

The home had a complaint procedure and we saw this displayed in the main entrance of the home. The Statement of Purpose also told people how to share their concerns.

One person's family member said, "We are aware of the complaints procedure but we have never had any complaints."

One person who live there said, "I have never made a complaint but if I have any concerns I would tell the staff, they are all very nice."

Practices adopted by the service ensure people's concerns will be listened to and taken seriously so their rights are assured.

We have not received any complaints about the service since the last inspection visit.

The AQAA showed and staff confirmed people have access to a self advocacy service

## Evidence:

when necessary. This service provides independent support to people. People spoken to couldn't remember if they had received information about this service but we saw information relating to this service accessible within the home. This should provide people with additional support in promoting their rights.

The manager said the home have received one safeguarding referral. This is where an allegation of abuse has been made or where care practices may compromise a person's health or safety. The manager said this was investigated by Social Services and there was no evidence of any poor care practices within the home.

Discussions with staff members and the training records we looked at confirmed they had received safeguarding training. This should ensure staff are able to recognise various forms of abuse and know how to protect people from this.

Three staff members spoken to said if they received an allegation of abuse they would report it to the manager or the registered provider to safeguard the person.

## 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.

People live in home suitable in size and design to meet their needs.

Evidence:

Cloverfields is situated in a rural area on the outskirts of Whitchurch and is near to the town but not necessarily within walking distance. There are no local amenities, such as shops, restaurants, pubs within walking distance.

The three storey property offers 32 single bedrooms located on each floor. Twenty eight bedrooms are equipped with an en suite; the remaining four have a washbasin. Most bedrooms offer picturesque views of the countryside.

Bathrooms and toilets are located on each floor and are near to bedrooms and communal areas.

Situated on the ground floor are two lounges, dining room, kitchen and laundry.

Equipment and adaptations are in place to support people's independence and safety. These included a hoist, assisted baths, disabled toilets, grab rails, ramp access and nurse call alarms.

One person required the use of a bed rail, although a risk assessment was in place, it

Evidence:

did not provide detailed information for the safe use of this equipment. For example, there was no information about the type of bed it should be fitted to, or how often the equipment should be serviced or access to the manufactures instructions for the appropriate installation. The manager said she would ensure this risk assessment is reviewed to provide staff with clearer information.

People have access to a well maintained garden at the rear of the property. Ample off road car parking is available.

The size and layout of the property was suitable to meet people's needs.

The home employs domestic staff and we observed that all areas of the home was clean and tidy to ensure people's comfort. One person who live there told us, "The home is always kept clean."

At the previous inspection visit a requirement was made for an appropriate sluicing facility to be installed. This has now been addressed to improve infection control within the home.

## Staffing

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

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

There are no additional outcomes.

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

Judgement:

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

People can be confident that suitable, skilled staff provided in sufficient numbers will meet their needs.

Evidence:

The home is able to accommodate 32 people. On the day of the visit the manager said 29 people were living there. Discussions with the manager and staff confirmed sufficient staffing levels were provided to meet people's needs.

We looked at staff working rotas and discussions with staff confirmed sufficient staffing is provided. One staff told us staffing levels regarding to the number of people living there was adequate. Rotas showed there was a qualified nurse available throughout the day and night, three or four carers are provided in the morning and afternoon and two during the night.

One person who live there said, "The staff answer my buzzer quickly."

One visiting relative told us, "There always seems to be plenty of staff around, mum prefers to spend most of her time in her room and staff always pop in, to see if she is alright." People can be confident staffing will be provided in sufficient numbers to ensure their welfare.

## Evidence:

The manager said 8 out of 16 permanent staff have obtained the National Vocational Qualification level 2 or above in care. Two out of three staff spoken to said they had received this training. They also told us they had received the following training: moving and handling, adult abuse, fire awareness, resuscitation, first aid, health and safety amongst others.

Discussions with the manager and training records we looked at confirmed staff had received this training. This should ensure staff have the skills to provide people with a good standard of care.

The AQAA shows the home have a robust recruitment procedure. We looked at two personnel files of staff who had recently been employed. Appropriate safety checks were undertaken to ensure their suitability to work with vulnerable people. These included a Criminal Record Bureau [CRB] check, Protection of Vulnerable Adult [PoVA 1st] clearance and two written references.

Three staff members spoken to confirmed the undertaking of these checks before starting to work at the home.

One person who live there said, "The staff are good." An other person told us, "All the staff seem nice, they are all very pleasant."

## 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.

People can be confident the home will be managed in a way to ensure they receive a good standard of care and that their needs are met.

Evidence:

The manager is experienced in social and healthcare services. She is a registered general nurse and has also obtained the registered managers awards. Discussions with her confirmed she undertakes regular training to enhance her skills. This should enable her to provide a good standard of care to people who use the service.

Discussions with three staff members confirmed her management style enhance their skills to meet people's needs appropriately. One staff said, "She will listen to you and take the time to help you."

The manager showed a good understanding of the needs of people within her care. The undertaking of continued assessments and the review of people's care plans ensure their needs are met.



## Evidence:

We looked at how the home monitors the service provided. The owner told us she undertakes regular visits to the home to monitor the quality of service provided. Although formal reports of her findings were not in place, she showed us her hand written notes of an inspection carried out on 22 June 2009, which showed a brief inspection of the building was carried out. Discussions were held with people who use the service, their relatives and staff members.

Information relating to these visits are discussed within a meeting held with people who use the service. The manager said, "We operate an open door policy and undertake informal meetings on a regular basis.

The manager said quality assurance surveys are also given to people yearly. We saw a number of completed surveys, which showed people were satisfied with the service provided to them. The manager told us, "If any issues are identified on these surveys, we discuss this with the individual and make every effort to address the concern."

The home's Annual Quality Assurance Assessment [AQAA] was sent to us within the required timescale. However, it did not provide sufficient information to reflect the service provided to people. This was discussed with the manager who acknowledged this and said she would ensure future AQAA's provide more in depth information about the service and facilities available to people.

People spoken to said they were happy with the service provided and have never had any cause to complain. One person said, "Its a very good home, the staff are all very nice, we are well looked after."

One visiting relative told us, "The service is really good, nothing is too much trouble for them."

People can therefore, be assured to home will be managed in a way to ensure their best interests.

The manager said the home does not assist people with their financial affairs this was undertaken by the person's respective family, so we did not look at this standard.

We looked at systems and procedures that ensure safe working practices. The records we looked at showed equipment and appliances were regularly serviced to ensure they are safe to use.

Evidence:

A fire risk assessment and an evacuation plan was in place, this told staff what to do in the event of a fire to ensure people's safety. This risk assessment was not dated, the manager said it had recently been reviewed and was up to date.

The manager said and staff confirmed they are provided with regular training relating to health and safety. Evidence of this was also seen in staff training records. This training should ensure staff have the skills to under their work in a manner that ensures people's safety.

Are there any outstanding requirements from the last inspection?

Yes

No

## Outstanding statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action

## Requirements and recommendations from this inspection:

### Immediate requirements:

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

No.	Standard	Regulation	Requirement	Timescale for action

### Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
1	9	13	<p>The necessary measures should be taken to ensure staff have access to relevant information about the use of 'When Required' medicines.</p> <p>This should ensure staff know how to manage these medicines safely.</p>	30/10/2009

### 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	9	To promote safe working practices, staff who are responsible for the administration of medicines should have a competency assessment to ensure they have the relevant skills to handle medicines safely.
2	22	To ensure staff have access to a detailed risk assessment for the safe use of bed rails.
3	33	A written report of monthly quality assurance inspections, should be completed to show the level of service provided in the home and actions to be taken to improve standards.

## Helpline:

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

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