



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Woodlands Ridge Nursing Home
Address:	191 Woodlands Road Woodlands Southampton Hampshire SO40 7GL

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.

Lead inspector:	Date:
Patricia Trim	1 9 0 5 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 or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The 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

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Woodlands Ridge Nursing Home
Address:	191 Woodlands Road Woodlands Southampton Hampshire SO40 7GL
Telephone number:	02380292475
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	Contemplation Homes Ltd
Name of registered manager (if applicable)	
Mrs Deborah Davis	
Type of registration:	care home
Number of places registered:	24

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	24
physical disability	24	0

Additional conditions:

The maximum number of service users to be accommodated is 24

The registered person may provide the following category/ies of service only: Care home with nursing - (N) to service users of the following gender: Either Whose primary care needs on admission to the home are within the following categories: Physical disability (PD) Old age, not falling within any other category (OP)

Date of last inspection									
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Brief description of the care home

Woodlands Ridge Nursing Home is a registered care home providing nursing and personal care for twenty-four service users in the older persons category. The home is situated in Woodlands on the outskirts of Southampton City with easy access to the New Forest. Accommodation is provided on two floors served by a passenger lift. There is an area of the home that is accessed via three steps and is not suitable for people

Brief description of the care home

with limited mobility. The registered provider has confirmed that a stairmatic is available to facilitate access to this area. The home has twelve single bedrooms and six double bedrooms with adequate numbers of bathrooms and toilets. It also benefits from having a large well-maintained garden accessible to wheelchair users.

The current fees charged range from 675.00 to 880.00 pounds per week.

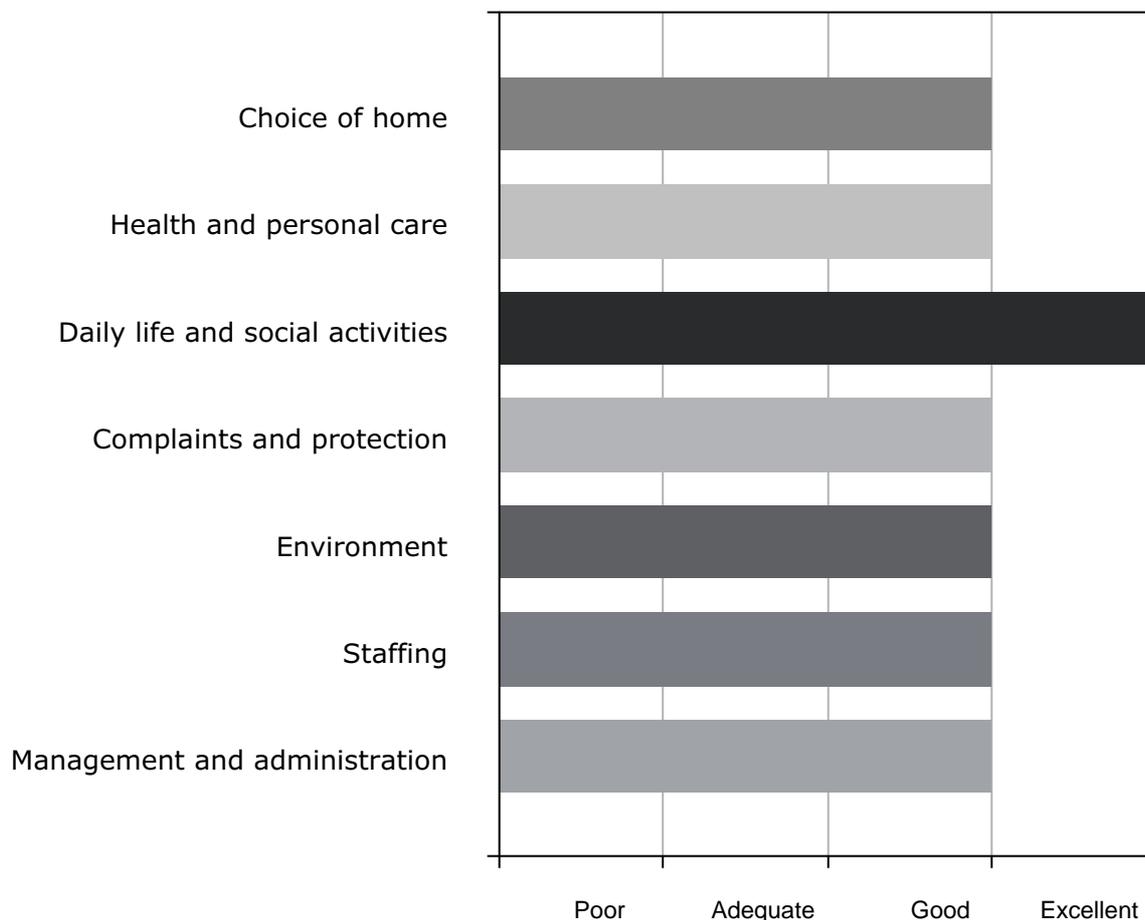
Summary

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

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

The information used to write this report was obtained in the following ways.

We looked to see if we had received any complaints about the home and found that we had not. We also looked at any information the home had given us about what might have happened since we visited.

We used some of the information the provider gave us about the home in a form called the Annual Quality Assurance Assessment (AQAA). This is a form the home has to fill out every year to tell us what they are doing to make sure the home gives the people who have used the service the care that they want.

We also used information we received from surveys. We sent surveys to five people who use the service to ask what they thought about it. We received four surveys back. We also sent four surveys to health care professionals and received one back. We sent four staff surveys to the home and asked them to give them to staff. We received three surveys back.

A 6.5 hour visit was made to the home by one inspector to carry out a key unannounced inspection. During the visit time was spent talking with five of the people who use the service to get their views about it, Staff practice was observed, as was the interactions between people who use the service and staff.

There was also an opportunity to get the views of some visitors to the home and to speak with several staff. Time was also spent discussing the provider's plans for the home and looking at the environment. A random selection of documents was viewed.

Three people who use the service were case tracked. This means their records were looked at to see how the provider identified their needs and made sure they were met.

What the care home does well:

People who use the service thought they were looked after well. Comments included: 'It's great here - the staff are very good.' 'I came for convalescence. After the first month I felt much better.' 'It's a very nice place. The regular staff are lovely girls.' 'It's like a four star hotel.'

Families also thought the care given was very good, commenting 'We think the staff are fabulous. They always go the 'extra mile.'

People felt they were able to make choices about how they lived their lives, choosing when they got up, went to bed and where they spent their time. People who use the service said:

' I like to stay in my room and watch the birds. Staff feed them every day for me and put up a bird table.' 'I don't like to join in the activities, but staff have asked me to paint pictures of the visiting birds and are going to have them framed.' 'I am not a morning person. I don't get up till I've had my breakfast, but stay in bed. Staff tell me to ring when I need help washing, but I don't like to. They pop in to see if I am ready instead.'

Everyone thought the food provided was fantastic. Menus are displayed and pictures used to help people make their choice of main meal the day before. However, if on the day they don't want what they have chosen they can have something else. As one person said 'The food is very good with a choice of two meals. If you don't like either of those you can have something else.

There is a varied and extensive activity programme, which provides both group and one to one activities to make sure everyone has the opportunity to join in if they wish to. This includes reminiscence, quizzes, board games, armchair exercises and manicures. Outside entertainers visit regularly and someone comes in to help people with craft activities. Regular event days are held, such as Ascot Day and an annual summer fete. Photos of these events are displayed throughout the home.

What has improved since the last inspection?

Two requirements made following the last inspection have been met. Infection control measures have been improved and the laundry floor replaced.

What they could do better:

People who use the service commented that they did not like the fact the home had used a lot of agency staff. They felt they did not know their needs and disliked receiving personal care from a lot of different people. Comments included:

'There are not enough permanent staff. The weekends are not so good as there is nearly all agency staff on duty.' 'The agency staff do not provide continuity. They don't seem to know what is needed.' A member of staff also commented 'I think that our home needs to have more permanent staff rather than using agency.'

The registered manager said the home had been experiencing staffing problems, but

she had been recruiting new staff to address this issue. She also hoped to employ bank staff to cover absences of permanent staff.

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. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line –0870 240 7535.

Details of our findings

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Requirements and recommendations from this inspection

Choice of home

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

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

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

This is what people staying in this care home experience:

Judgement:

People using 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.

A comprehensive assessment of need is completed prior to admission, which enables the registered manager to make sure the person is only offered a place if the service can meet their needs.

Evidence:

The AQAA recorded that the service used a comprehensive assessment tool to identify the needs of people wishing to move into the home. Three people were case tracked to see how the assessment process was used to identify their individual needs.

The first person had lived at the home for some time. The initial assessment was very basic, but a range of assessment tools were used on a monthly basis to monitor her needs and identify where changes to the care plan were required. This gave a comprehensive view of her current needs.

Evidence:

A second person had moved in quite recently and there was detailed information about his abilities and needs. The assessment tools were again reviewed on a monthly basis and showed an improvement in some aspects of his care needs.

The third person had been admitted for a short stay. The initial assessment had been completed and care needs identified. The person's needs had improved and she was now being supported to return to her home with support from an agency.

The registered manager said the service was going to introduce a new format that would enable people who use the service to be more able to tell her what help they thought they needed. An example of this was seen and it was evident the new format would provide a more person centred approach and enable people to be more involved in assessing their needs.

People who use the service felt they had sufficient information about it before deciding to move in. Several people had visited before moving in or had been told about it by friends and relatives.

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 who use the service receive help with personal care in a way that respects their dignity and supports their independence. However, the introduction of the new care plans will enable people to be more involved in identifying how they like to receive their care. They have good access to a wide range of health care professionals, which ensures their health care needs are monitored and met.

Evidence:

People who use the service felt they always received the care and support they needed. People spoken with said 'staff are very kind' 'They are always willing to go the extra mile.'

Current care plans are generic with tick boxes to identify what support is needed. These give basic information about what help a person needs. Additional information records peoples' personal preferences such as their morning routine. For example, one person thought the care was very good, commenting 'I'm not a morning person. I don't get up till I've had my breakfast, then I get up. Staff tell me to ring when I need

Evidence:

help but I can't bring myself to. They know my routine so pop in to see if I'm ready for help.'

The new care plans, to be introduced shortly, will make it easier for care plans to reflect these personal preferences, as well as identifying what support is needed.

A range of assessment tools is used to identify changing needs at least monthly. Care plans are then amended to reflect these changes. For example, one person was at risk of malnutrition on admission and needed to have food supplements. As their appetite has improved there is no longer a need for this or for a food chart to be completed.

The assessment tools are also used, together with risk assessments to monitor and review health care needs. For example, where the tools indicate there is a risk of pressure ulcers, a care plan is written so staff know how to minimise this. For example, when someone is 'bed bound' turning charts are completed to ensure this risk is minimised and appropriate equipment, such as pressure relieving mattresses are supplied.

People who use the service felt they were able to see health care professionals when they need to. Daily records showed the service regularly asked for visits from doctors and a chiropodist visited regularly. One local G.P. felt people's health care needs were well monitored and commented the 'Service communicates well with medical staff.' There was evidence to support this statement, as the service was currently working with health care professionals to support one person with high health care needs.

The registered manager stated that only nursing staff were permitted to give medication and care staff confirmed this. Nursing staff have to be assessed as competent before being allowed to administer medication. The lunchtime medication round was observed. The person giving out the medication followed 'best practice' guidance and completed each record after giving an individual their medication. Records had been completed correctly for morning and lunchtime. There is a robust system for storing and monitoring controlled medication.

Medication is ordered on a monthly basis and the majority of it provided by a local pharmacist in a monitored dosage system. This is colour coded for each time of day to minimise the risk of error. Medication is stored appropriately in locked cupboards and transferred to the medication trolley when needed. All medication is checked on admission to make sure it is correct and the home has a contract with a company to take and destroy any unused medication.

The service has introduced a system of clinical audit so the registered manager can

Evidence:

monitor all aspects of medication to ensure it complies with current guidance.

People who use the service thought staff treated them with dignity and respect. Staff were seen throughout the day, knocking on doors and waiting for permission to enter. They were observed giving assistance discreetly and calmly. Staff helping people with eating, sat next to them, talking with them and helping them eat a meal at their own pace.

One aspect of recording did not uphold the values of privacy and dignity as this particular record was not individual. This was discussed with the registered manager who stated it was company policy to record this information in this way. It was agreed she would raise it at the next manager's meeting as it would be easy to record this information in a more confidential way that would respect peoples' rights to privacy and dignity.

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.

A wide range of activities are offered that provide mental stimulation and that people who use the service enjoy. People who use the service are offered a choice of meals that provide a balanced diet and that they like.

Evidence:

People who use the service felt it was run for their benefit and that they were able to make choices about all aspects of their daily routines. People's personal preferences were respected. For example, one person liked to have her meals in her room, another liked breakfast in bed and another liked to have meals in the dining room, but go back to her room for a rest after lunch. All these individual choices were respected.

One person had been offered an upstairs room, but preferred to have a downstairs one. This was arranged and meant she could go out into the garden independently whenever she wished to.

Everyone thought there were a lot of activities offered. A monthly activity plan is displayed throughout the home, although the print is quite small, giving information about each day's activities. These offer a range of things to do, including quizzes,

Evidence:

singing, exercising, board games and reminiscence. Many of these activities are offered in groups and also 1 to 1 for those who are not able to leave their rooms or who prefer not to be in a group.

The home is visited regularly by 'Pat dogs', entertainers and someone who does craft. At the moment people are making bookmarks to sell at the fete. At the time of the visit people were also planting sunflower seeds and the activities co-ordinator said they were hoping to introduce some raised flower beds to make gardening outside easier for everyone.

'My Life' books are completed over a period of time. These give detailed information about the person's life, relationships and interests and are completed by the person concerned or by their family. This information is used to make sure they are offered activities that will interest them. For example, one person had an interest in cars. Staff made sure they were able to see the Grand Prix on television.

Time is spent making sure everyone has the support they need. For example, one person did not wish to join organised activities. They were at the home for a short stay so did not want to arrange for a daily paper or tv in their room. Staff made sure they could borrow the daily paper and reminded them to go to the dining room every evening when it was quiet to watch the news and their favourite 'soap'.

Another person loved to watch the birds from their room. They said staff went every morning to put food on the birdtable that had been provided to make sure birds visited regularly.

A third person, who did not enjoy group activities had been asked to paint pictures of the visiting birds. They said the activities co-ordinator was arranging for the pictures to be mounted and hung.

Families said they were always made welcome. One group were visiting for a family celebration. The cook had made a cake and arranged for the celebration to take place in the dining room after lunch. Staff had spent time helping the person concerned get dressed for the occasion.

The service organises regular celebrations such as Royal Ascot Day and a Cream Tea Afternoon. Sundays people are invited to come to the lounge to watch the church service and the local vicar visits regularly. The AQAA also recorded that a representative of the Catholic Church visits weekly.

Bedrooms had been personalised with people's own possessions. They said they had

Evidence:

been encouraged to bring things in with them. People were able to exercise their right to vote and had voting cards for the coming election in their rooms.

People who use the service thought the food provided was excellent. Comments made included 'You cannot fault it,' 'It's fabulous,' 'It's like a four star hotel.'

Everyone spoken with said they had a choice of two main meals, but were able to choose an alternative if they did not like either of them. The menu is displayed in the dining room each day and has a description of the meals offered. Staff ask people to make their choice the day before and have pictures of all the meals offered to help people recognise what is being offered. The cook confirmed it is not a problem if anyone changes their mind when their meal arrives.

At the time of the visit the main meal comprised Fisherman's pie with baton carrots, buttered spinach and boulangere potatoes or braised sausages with vegetables of the day. Pudding comprised rhubarb crumble and custard or icecream, yoghurt, fresh fruit or cheese and biscuits.

People who required a pureed diet were able to have each item pureed separately so the meal had colour and they could choose what they ate. The cook said no specialist diets were currently required. Those with tablet and diet controlled diabetes were able to have the same meals as everyone else, using sugar substitute where necessary.

A range of soft drinks were available at the lunch tables and in the lounge and bedrooms at all times. Fresh fruit was kept in the dining room for people to have when they wished. Those who wanted it had a glass of sherry with their lunch.

The lunchtime meal was relaxed and sociable, with staff sitting next to those who needed help with feeding. They were assisted in a calm and unhurried way, eating at their own pace. Staff spoke with them whilst helping them eat.

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 who use the service have the information they need to be able to make complaints and can be confident their concerns will be listened to and investigated.

Staff have the training and information they need to enable them to use the safeguarding procedure to protect people who use the service.

Evidence:

The surveys completed by people who use the service and information given by people during the visit evidenced they knew how to make complaints if they were unhappy and that they were confident the registered manager would investigate their concerns. One person said they had not made a complaint but had been unhappy about the noise made by the washing machines at night. She had told the registered manager, who had taken immediate steps to stop her being disturbed during her stay.

The complaints procedure is displayed in the entrance hall. The print is quite small and some people might benefit from having it in a larger format. The AQAA recorded no complaints had been received by the service and none were recorded in the complaints log. We had not received any complaints either.

The service had a policy and procedure for staff to follow if they had information about any incident that related to safeguarding. During their induction staff were expected to

Evidence:

read these and to sign a record to evidence they had done so. They also received safeguarding training as part of their induction and regular refresher courses. Two staff spoken with were aware of their responsibility to report any possible abuse.

The safeguarding procedure had been followed to ensure the safety of the people who use the service and the service had shown it was able to work effectively with other agencies to protect the people who live 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.

People who use the service are able to live in a clean, comfortable and safe environment that they like and that meets their needs. Staff have the training and guidance they need to minimise the risk of infection.

Evidence:

People who use the service said they liked Woodlands Ridge and thought it was homely. The layout is not good for people with mobility problems, but everything has been done to make it more accessible, such as providing a mobile stair lift for use on the first floor, where there are a few steps to a bathroom and some bedrooms. People who have bedrooms on the first floor are risk assessed to make sure it is safe for them to be there.

It was noted that two bathrooms were being used to store cleaning equipment. The registered manager said there was limited storage on the first floor and these bathrooms were not used very often. However, they were used occasionally and storing equipment there could be a trip hazard. The registered manager agreed to make sure the equipment was moved to a safer place.

The providers have a long term development plan for the home that includes expanding the present accommodation and providing a new more accessible lift.

Evidence:

The home has extensive grounds, including a large patio area, which people who use the service said is very popular in the summer. An advertisement in the main hall showed it would shortly be used for a cream tea and the registered manager said the lawned area was used for the annual fete and garden parties. Several people said how much they liked to walk in the gardens and there are a number of seated areas where people can spend time.

The grounds are also pathed so people can walk to various parts of the garden. It was noted that in some places the asphalt was lifting which could be a trip hazard. The registered manager said this had already been raised with the providers.

At the time of the visit, the home was clean and there were no unpleasant odours. The home employs several cleaners and people who use the service thought the home was always clean and fresh. Cleaning schedules are kept in each bedroom to show when they have been cleaned.

A requirement was made at the last inspection that the laundry needed to be improved. A new floor has been put down which can be easily cleaned. The home has industrial washing machines that are able to manage the large amount of washing.

Staff have regular training in respect of infection control and were seen following their procedures when dealing with clinical waste and soiled linen.

There are two sluices, one on each floor, and suitable storage for clinical waste. The service has a contract for the removal of clinical waste.

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.

Well trained staff are provided in sufficient numbers to meet the needs of the people who use the service.

Evidence:

People who use the service felt there were usually enough staff to help them, although two thought agency staff were used too often. Feedback from 1 staff survey also thought the service needed to have more permanent staff. The registered manager said she agreed this had been an issue, but a recruitment drive meant more permanent staff were being employed which should reduce the need to use agency staff so often.

The normal staffing levels were 2 qualified and 3 unqualified staff on duty in the mornings, with 1 qualified staff and 3 unqualified staff covering the afternoons. At night care is provided by 1 qualified and 1 unqualified staff who both stay awake. The registered manager said she kept staffing levels under review and was able to call in more staff when needed.

Feedback from staff surveys and from speaking with staff during the visit, showed they thought their recruitment had been thorough and fair. Three staff records were viewed to assess the recruitment process. Each had been required to complete all the

Evidence:

necessary checks, such as completing an application form, providing a previous employment history, references and Criminal Records Bureau (CRB) and Protection of Vulnerable Adults (POVA) checks before being offered employment.

Staff also thought they received a good induction. This was completed over a number of weeks. Staff were able to shadow more experienced staff before working with them. They also completed mandatory training such as food hygiene, infection control and manual handling. They were required to complete an induction over a period of 12 weeks. This is used to evidence their understanding of their role. Each section is signed by the registered manager to show the member of staff is competent in this area.

The AQAA recorded that over 50% of staff have achieved a National Vocational Qualification (NVQ) 2. Staff spoken with confirmed they were encouraged to obtain this qualification and some have gone on to complete their NVQ3.

Staff also felt they were supported to attend a range of training, including mandatory training, such as manual handling and service specific training such as dementia care. Feedback from surveys and from staff spoken to during the visit, showed they thought their training enabled them to meet the needs of the people who use the service.

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 service is managed in the best interests of the people who use it, who have ample opportunities to give feedback about the care they receive. Systems are in place to monitor the home and to make sure regular maintenance minimises the risk of injury to people who use the service.

Evidence:

The registered manager is very experienced and has completed numerous training courses to develop her skills. People who use the service, staff, visitors and health care professionals thought she managed the home well and was very approachable. She felt she was well supported by the organisation and her own management team.

The home had good systems in place to monitor the service and to enable people who use the service to say what they thought about the care they received. Regular residents' meetings were held and copies of the minutes put where everyone could see them. Issues raised were discussed and acted on. For example, at the last meeting

Evidence:

people were told about the provider's plans to extend the home and given the opportunity to ask questions. People who use the service requested more outings and the activities co-ordinator was in the process of arranging some.

Annual surveys were sent out to people who use the service and other interested parties. The registered manager said the results were analysed by the providers and the outcome of the survey published.

The providers send a representative to visit the home on a monthly basis. This visit monitors compliance with the regulations and identifies any areas for improvement. A written report is given to the registered manager and outcomes of any recommendations monitored at subsequent visits. This enables the providers to continually review the performance of the service.

The registered manager said there was a system in place for looking after small sums of money for people who use the service. A record was kept of any money received or spent, together with any receipts of expenditure, and a running total kept. These records were regularly checked to ensure they were correct.

Written records are also kept of any valuables brought into the home. Relatives are asked to sign the record if they remove any items so everyone knows where they are.

As stated in the previous section, staff receive training and regular refresher training about all aspects of health and safety, such as manual handling, food hygiene and first aid. All staff receive regular fire safety training and new staff have a brief induction in respect of fire safety on their first day. Regular fire drills are carried out to ensure everyone knows what action they need to take in the event of a fire.

The registered manager gave information in the AQAA about when equipment had last been serviced. A random selection of these records were viewed which confirmed the home is well maintained and the condition of equipment regularly monitored.

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
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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
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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
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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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Web: www.cqc.org.uk

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