

# Key inspection report

CARE HOMES FOR OLDER PEOPLE

**Alma Lodge Residential Care Home**

**5 Staveley Road  
Eastbourne  
East Sussex  
BN20 7LH**

*Lead Inspector*  
Judy Gossedge

*Key Unannounced Inspection*  
13th October 2009 10:30

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

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

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).

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

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

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Document Purpose	Inspection Report
Author	Care Quality Commission
Audience	General Public
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# SERVICE INFORMATION

<b>Name of service</b>	Alma Lodge Residential Care Home
<b>Address</b>	5 Staveley Road Eastbourne East Sussex BN20 7LH
<b>Telephone number</b>	01323 734208
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<b>Name of registered manager (if applicable)</b>	Mrs Dawn Owasil Mr Ahmed Owasil
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	14
<b>Category(ies) of registration, with number of places</b>	Old age, not falling within any other category (14)

# SERVICE INFORMATION

## Conditions of registration:

1. The maximum number of service users to be accommodated is fourteen (14).
2. Service users to be aged sixty-five (65) years or over on admission.
3. The home is permitted to accommodate one named service user who is under the age of sixty-five (65) years on admission.

**Date of last inspection**      30th October 2007

## Brief Description of the Service:

Alma Lodge is a family-run service, which is registered to provide residential care to fourteen older people.

The home is a two-storey detached property situated in a quiet residential area of The Meads in Eastbourne. The home is located in close proximity to the seafront and the town centre is approximately one mile away.

Service user accommodation consists of ten single bedrooms and two shared bedrooms. Communal areas comprise of a lounge/dining room and a conservatory, which is the homes designated smoking area. The home has a passenger lift, which enables service users to access both floors of the home, although there are three steps on the first floor to reach the bathroom and toilet. There is an assisted bathroom with a built in hoist and the home also has a mobile hoist.

The cost of rooms is between £352.00 and £420.00 per week, with additional charges made for hairdressing, newspapers/magazines and chiropody. The home does not advertise, people who are living there found out about the home via word of mouth or by their placing authority.

A copy of the homes Statement of Purpose and Service Users Guide is available to reference in the home.

# SUMMARY

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

The quality rating for this service is **1 star**. This means the people who use this service experience **adequate** quality outcomes.

The reader should be aware that the Care Standards Act 2000 and Care Homes Regulations` 2001 uses the term `service users' to describe those living in care home settings. For the purpose of this report, those living at Alma Lodge will be referred to as `residents.'

The last unannounced key inspection of Alma Lodge was on 30 October 2007. Since the last key inspection an annual service review has been completed. It does not involve a visit to the service but is a summary of new information given to us, or collected by us. No concerns were raised.

This unannounced key inspection took place over five hours between 10:30 and 15:30 on 13 October 2009.

The Manager had been asked to complete an Annual Quality Assurance Assessment (AQAA), and information from which is quoted in this report. The information provided in the AQAA was not very detailed. This was discussed with the Manager who has agreed to seek further advice and guidance to assist in the completion of any future submissions

A sample of the homes communal areas and resident's bedrooms were viewed during the inspection. A sample of care records were viewed and are detailed in the report but included information about the home, care records, medication records, staff records, complaints and health and safety records. Eleven people were resident and three residents were spoken with individually in their bedroom. Eight residents surveys were sent out and four came back completed. The care that three of the residents received was reviewed. The opportunity was also taken to observe the interaction between staff and residents in the communal areas. Information was sought on the day from three care workers, the Manager and the deputy manager. Five care workers surveys were sent out and one completed survey was returned. Information was sought from one visitor during the inspection.

## **What the service does well:**

The home provides residents with a homely, relaxed and caring environment. Residents are enabled where possible to exercise choice and control over their lives whilst resident in the home. Residents spoke positively about their experiences at the home and commented, `it's like being at home,' `its tip top'

and the staff is very kind, helpful and encouraging.' Responses from the resident's surveys when asked what the home does well, comments received were, 'I like it because it is spotlessly clean, and lots of things really. It's quite comfortable,' 'I have not studied it much, they care for us all very well,' 'I am very pleased with my relatives care and support she gets. The whole family know that she is happy here. Couldn't ask for better care' and 'most things.'

The staff were observed to deliver care with dignity and respect. The three residents spoken with felt the care provided respected their privacy and dignity.

Residents live in a clean and homely environment, with their private accommodation personalised to suit their taste.

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

There has been more redecoration of the resident's bedrooms and the larder room has been updated.

Wheelchair ramps have been provided to improve access out of the home and in to the garden and further mobility aids are available for residents use.

The Manager stated that the one Requirement made following the last inspection in relation to information held about staff working in the home has been addressed.

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

The Statement of Purpose and Service Users Guide would benefit from further development to ensure residents and their representatives have all the information to make a choice as to becoming a resident in the home.

A Requirement has been made to implement changes to the storage of any control drugs has been made to protect residents and staff administering medication.

The recruitment process should ensure staff does not commence work in the home before a satisfactory Criminal Records Bureau (CRB)/POVA First check and two written references have been received to protect residents.

The information gathered for quality monitoring should be collated and made available to interested parties with recorded evidence of action taken in response to demonstrate ongoing review and improvement to the quality of care and services in the home.

All staff should have received the required training and updates in moving and handling, basic food hygiene, infection control, fire training, protection of vulnerable adults and first aid and this can be evidenced to protect residents and care workers.

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 INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

## Choice of Home

### The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

### The Commission considers Standards 3 and 6 the key standards to be inspected.

This is what people staying in this care home experience:

### JUDGEMENT – we looked at outcomes for the following standard(s):

1, 3 and 6.

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

There is information about the home available for residents and their representatives to view, but would benefit from further development to ensure all the required information is detailed. Potential new residents are individually assessed prior to an admission to ensure that their care needs can be met in the home. Intermediate care is not provided in the home.

### EVIDENCE:

The Statement of Purpose and Service User's Guide were read following the inspection. Currently these documents do not detail all the information to be included and as detailed within Schedule 1 of the Care Standards Regulations and are in need of a review. The AQAA details a copy of the last inspection report is available to read in the home. Three resident's surveys stated they had received enough information prior to moving in and one did not answer

the question. Two new residents spoken with had not been able to visit the home prior to their admission but one stated the Manager had visited them and provided them with detailed information about the home and for the other their friend had visited on their behalf. The visitor spoken with also confirmed that they had visited the home on behalf of their friend and had received all the information that they required.

The home's Manager and or deputy manager carry out pre- admission assessments. This is to ensure individual resident's care needs can be met in the home and to provide staff with information on the care to be provided. A detailed pre-admissions format is in place, and for three new residents admitted to the home since the last inspection there was detailed pre-admission information viewed, which had been completed. One of the new residents spoken with was able to confirm the Manager had visited them prior to their admission to discuss their care needs.

Intermediate care is not provided in the home.

## Health and Personal Care

### The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

### The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

This is what people staying in this care home experience:

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

7, 8, 9 and 10.

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

Residents are protected by a detailed individual plan of care being in place, where all their personal, social and health care needs are identified at the start of their stay and which informs staff of the care, which needs to be provided. Supporting risk assessments are also in place. Medication policies and procedures are in place to protect residents, but some changes to the storage of medication need to be made to meet current requirements.

### **EVIDENCE:**

Four of the residents individual care plans were viewed and are kept in well-structured folders. These were detailed and gave clear guidance to staff of the care to be provided, resident's health care requirements, dietary needs, and social and leisure interests. The information included assessments for incontinence, pressure sores, nutrition, fluid balance, and weights. Supporting

risk assessments were also viewed and where there are any identified risks the recording detailed how these will be managed. The one care workers survey and the three care workers spoken with on the day stated that they always received up-to date information about the resident's care needs.

The AQAA details that the home maintains and promotes residents health and help them access health care services to meet their needs. Records viewed evidenced residents are registered with a local General Practitioner (GP) and have access to other health care professionals, including district nurses, via the surgeries. It was noted, in care plans that were examined, those appointments with or visits by health care professionals are recorded. Residents spoken with confirmed good access to their GP. The home has access to pressure relieving equipment.

The AQAA details the home has a policy for the handling of medication which includes receiving, recording, storage, handling, administration and disposal of medicine. That residents are supported to self medicate under the management risk assessment framework. None of the residents self medicated at the time of the inspection. Medication is stored in lockable facilities in the home and a sample of the recording of medication administered was viewed. A Requirement has been made for the necessary changes to be implemented to the meet the current requirements for the storage of control drugs. Information and advice is sought from a pharmacist who visits the home. The records were not available to view on this occasion. The deputy manager and two of the care workers spoken with confirmed they had received medication training in 2009 and for the third they had received training prior to working in the home. The three residents spoken with all had medication administered and stated that their medication needs were met in the home.

The atmosphere of the home was comfortable, open and relaxed and residents are encouraged to remain independent and to exercise choice over their daily lives. The staff was observed to deliver care with dignity and respect. The residents spoken with felt the care provided respected their privacy and dignity and that they were pleased with the overall care provided in the home. The resident's surveys stated they always or usually received the care and support they needed.

## Daily Life and Social Activities

### The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

### The Commission considers all of the above key standards to be inspected.

This is what people staying in this care home experience:

### JUDGEMENT – we looked at outcomes for the following standard(s):

12, 13, 14 and 15.

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

Where possible residents are enabled to exercise choice in their lives whilst resident in the home, there are opportunities to participate in social and recreational activities provided and would benefit from continued development, residents are encouraged to maintain contact with family and friends as they wish and a varied diet is provided.

### EVIDENCE:

Resident's social interests are recorded on their individual care plans. Some residents go out with their relatives and friends. Records viewed detailed that there is an activities programme and activities which have been facilitated include videos, bingo, and darts and exercise sessions and the AQAA detailed that the range of activities provided is an area that it is intended to be developed in the home over the next twelve months. On the day indoor bowls was run with a group of residents and a number of visitors to the home. The resident's surveys were varied and stated that activities were always, usually or sometimes arranged. Three of the resident's surveys stated activities were

usually arranged and one did not know. One of the residents spoken with joined in the activities the other two stated they preferred to stay in their own bedroom and did not wish to join in the activities.

The Manager confirmed that there is a monthly religious service in the home provided by a local church. Assessment documentation viewed recorded that residents are asked about their religious requirements and the Manager stated that staff will discuss and help facilitate any other requirements to meet individual resident's spiritual needs.

The AQAA details that residents are free to have visitors at any reasonable time. Residents and the visitor spoken with confirmed there was flexible visiting that staff are very welcoming and they could see their relatives and friends in private if they wished.

The care and support provided was observed to enable residents where possible to exercise choice whilst at Alma Lodge. A good rapport was observed between staff of the home and residents. The three residents spoken with stated that the staff assist them to maintain their independence with their daily living and daily routines and confirmed there is flexibility in their daily routine for example the time they get up in the morning and when they go to bed at night.

There are no catering staff in the home and lunch on the day was cooked by the Manager. A rotating menu is place. It does not identify that choices available at all meals, but staff and residents all confirmed if they do not like what is on the menu there are always a range of alternatives. Lunch on the day was chicken casserole with carrots and mashed potatoes and apple pie and custard. Special diets are catered for. Fresh fruit was available in the lounge and drinks and snacks provided during the day. Some residents were observed eating their lunch in the dining room and others had their lunch in their bedroom. It was a relaxed environment taking into account the different length of time that individual residents would need to finish their meal. Records are kept of food consumed individually by each resident to ensure they are receiving an adequate diet. Three resident's surveys stated they always liked the meals and one usually. The three residents spoken with were happy with the meals provided and two stated that they were made aware of choices available and one stated that a specific request for breakfast not on the menu had been purchased to meet their individual needs.

# Complaints and Protection

## The intended outcomes for Standards 16 - 18 are:

- 16. Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17. Service users' legal rights are protected.
- 18. Service users are protected from abuse.

## The Commission considers Standards 16 and 18 the key standards to be.

This is what people staying in this care home experience:

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

16 and 18.

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

Policies and procedures are in place to enable residents or their representatives to raise any concerns about the care being provided and to ensure that residents are protected from abuse.

### **EVIDENCE:**

The AQAA details that there is a complaints policy and procedure in place, and that a copy of the procedure is available to view in the main hall of the home. A number of copies of the complaints procedure were viewed for residents to access. Some were in need of updating to detail the CQC contact point, which the Manager stated would be addressed. There was a record of a number of minor complaints which had been received and how these had been resolved. All of the resident's surveys stated they were aware who to talk to if they were not happy and knew how to make a complaint. The three residents spoken with confirmed that they would feel comfortable in raising any concerns with staff in the home. The one care worker survey stated they knew what to do with any concerns raised.



The AQAA detailed that there are policies and procedures in place in relation to the safeguarding of vulnerable adults. The three care workers spoken with all confirmed they had attended this training and demonstrated an awareness of the policies and procedures.

Shortfalls in the recruitment process are detailed under Standard 29.

## Environment

### The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

### The Commission considers Standards 19 and 26 the key standards to be inspected.

This is what people staying in this care home experience:

### JUDGEMENT – we looked at outcomes for the following standard(s):

19, 25 and 26.

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

The home provides residents with a homely, clean and tidy environment.

### EVIDENCE:

The AQAA detailed there is an ongoing maintenance programme for routine maintenance. That a number of the residents bedrooms had been redecorated in the last twelve months. A sample of communal areas and residents bedrooms were viewed during the inspection. The home is decorated and furnished in a homely style.

There are eleven bedrooms on both of the floors in the home, ten single bedrooms and two double bedrooms; all were being used as single bedrooms at the time of the inspection. A sample of bedrooms was viewed and displayed

resident's individual styles and interests. All bedrooms have an emergency call bell system. Some of the bedrooms have en-suite facilities of a toilet and wash-hand-basin. Communal bathroom facilities are provided in the home. The three residents spoken with confirmed they were happy with their bedroom and there is adequate heating and hot water in the home.

A passenger lift is available from the ground floor to the first floor providing level access to most parts of the first floor. Access to the bathroom facilities on the first is via small flights of stairs and residents on the first floor will need to be fully mobile.

There is a lounge with a dining area on the ground floor and a conservatory. Residents have access to a private and garden and patio area at the side of the home. One resident spoken with who had been resident during the summer confirmed this was accessible to residents and care workers also confirmed residents are encouraged to access the garden in the better weather.

The AQAA details that there is a policy in place for managing infection control and an action plan is in place to deliver best practice in the prevention and control of infection and that most of the staff have received infection control training. The home was clean and free from offensive odours at the time of the inspection. Feedback from the resident's surveys and the residents spoken with was that the home was always fresh and clean. The care workers spoken with stated they had received infection control training and that there was good access to protective clothing, liquid soap and paper towels.

The deputy manager confirmed routine fire checks had been carried out in the home. The records were not viewed on this occasion.

# Staffing

## The intended outcomes for Standards 27 – 30 are:

- 27. Service users' needs are met by the numbers and skill mix of staff.
- 28. Service users are in safe hands at all times.
- 29. Service users are supported and protected by the home's recruitment policy and practices.
- 30. Staff are trained and competent to do their jobs.

## The Commission consider all the above are key standards to be inspected.

This is what people staying in this care home experience:

## JUDGEMENT – we looked at outcomes for the following standard(s):

27, 28, 29 and 30.

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

Robust recruitment procedures in place should be followed to protect residents, care workers receive an induction and are provided with opportunities for training and supervision to develop their skills and ensure the individual care needs of residents can be met. But it should be ensured staff receive training updates as required.

## EVIDENCE:

Staff were spoken with and rotas viewed. On the day three care workers were deployed to work in the home during the morning and two during the afternoon. The Manager was on duty during the day and the deputy manager also came to work in the home at the time of the inspection. The home does not have domestic or catering staff, but the Managers and care workers work together to cover these tasks. At night the home deploys one 'sleeping in' and one 'waking night' member of staff. Four resident's surveys stated they always receive the care and support needed and one usually. All the residents spoken with stated staff are available when you need them.

The AQAA omitted to detail the NVQ qualifications of the care workers, but the Manager stated that only one of the thirteen care workers did not have NVQ

Level 2 in care and two hold an NVQ Level 3. One care worker spoken with stated she had just completed NVQ Level 2.

The AQAA detailed that there is little turnover of staff working in the home and recruitment checks for new staff includes the receipt of two references written and verbal and a Criminal Records Bureau check (CRB) and POVA check. The documentation was viewed for one new care worker, who had been recruited since the last inspection. This demonstrated the completion of an application form, one written reference in place, a record of two verbal references which had been sought, there was not a record of completed a CRB and or a Pova First check having been received. This member of staff had commenced work in the home. This was discussed with the Manager who stated that a CRB/POVA First check would be sought with immediate effect, so an Immediate Requirement was not left on this occasion. The deputy manager has subsequently confirmed that this check has been applied for. There was a record of an induction having been completed and the Manager stated that the induction met the requirements of the General Skills for Care induction standards.

## Management and Administration

**The intended outcomes for Standards 31 – 38 are:**

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

**The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.**

This is what people staying in this care home experience:

**JUDGEMENT – we looked at outcomes for the following standard(s):**

31, 33, 35, 36 and 38.

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

The management team have strived to create an atmosphere within the home, which is open, relaxed, homely and caring, however shortfalls in some key management responsibilities means some practices do not promote and safeguard the health, safety and welfare of residents. Quality assurance systems are in place to enable ongoing feedback about the care provided in the home and the outcome from this should be collated and be available to view by interested parties. Systems are in place to ensure a safe environment for staff and residents.

**EVIDENCE:**

The Registered Manager's of the home have many years relevant experience in caring for older people. Both Registered Manager's are Registered Nurses and have achieved the Registered Managers Award. Residents and staff spoken with said that the Managers are friendly, approachable and always take resident's concerns or comments about the home seriously. There was a shortfall in the recruitment checks which did not promote and safeguard the health, safety and welfare of residents.

The Manager stated she has some awareness of the Mental Capacity Act and the Deprivation of Liberty, and that no applications have been made under the Deprivation of Liberty. That she will seek further guidance/training to ensure compliance with any requirements.

The AQAA details a quality assurance system is in place and that this is an area which has been developed in the home. It was evidenced that feedback about the service provided is currently been sought through the use of surveys. A suggestion box is now also available in the homes hallway. The AQAA details that there are residents meetings and that these are informal. Consideration should be given to formalising these meetings and minutes produced to enable another venue for the residents and their representatives to give feedback on the care provided in the home. The need to ensure the outcome from the quality assurance undertaken is collated was discussed at the last inspection and a Requirement has been made on this occasion to ensure this information is collated and available to be viewed by interested parties. The AQAA detailed that policies and procedures are in place and that these had been reviewed.

The deputy manager stated that residents are encouraged to retain control of their own finances for as long as they are able to do so and if unable then this responsibility is taken on by a relative or another responsible person external to the home.

All the care workers spoken with confirmed they had regular supervision with their manager. The care worker's surveys stated they meet with their manager regularly and always has enough support.

A selection of care workers training certificates viewed. Not all detailed that refresher training had been provided as required. This was discussed with the Manager who stated that some staff training was over due, but that she was in the process of facilitating moving and handling and first aid training for staff and that this would be completed by December 2009. That staff had completed basic food hygiene training but that documentary evidence had not been received from the training organisation. The care workers spoken with stated have received the required training in moving and handling, basic food hygiene and infection control.

A check of the environment had been completed and the AQAA detailed that the maintenance of equipment and services has been carried out. The deputy manager stated that there were records of regular testing of the hot water temperatures at outlets accessed by residents to ensure these are being maintained at close to the recommended safe temperature of 43 ° C. These were not viewed on this occasion.

A fire risk assessment is in place undertaken and recorded that it had been updated in 2009. Records evidenced that fire drills had been maintained in the home. The Manager stated that fire training was also provided with the fire drill and that records would be developed and detail training provided. The three care workers spoken with stated that they had received fire training and attended a fire drill in the last year. Individual risk assessments relating to the building were viewed as part of the residents care plans.

A sample of recording was viewed of incidents and accidents, which had occurred in the home.



# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	2
2	X
3	3
4	X
5	X
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	3
9	2
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	2

ENVIRONMENT	
Standard No	Score
19	3
20	X
21	X
22	X
23	X
24	X
25	3
26	3

STAFFING	
Standard No	Score
27	3
28	3
29	2
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	2
34	X
35	3
36	3
37	X
38	2

Are there any outstanding requirements from the last inspection? No

**STATUTORY REQUIREMENTS**

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1.	OP1	6 (a)	That the Statement of Purpose and Service Users Guide is updated  To ensure prospective residents and their representatives have accurate information to refer to.	30/11/09
3.	OP9	13 (2)	That suitable storage and recording is in place for control drugs to meet the new requirements.  To protect residents and staff.	31/01/10
4.	OP29	19 (1) (a) (b)	That a thorough recruitment and selection process is in place and staff does not commence work in the home before a satisfactory POVA First /CRB check and two written references has been received.  To protect residents.	13/10/09
5.	OP33	24	That the information gathered for quality monitoring is reported on and made available to interested parties with recorded evidence of action taken in response to demonstrate ongoing review and	31/01/10

			<p>improvement to the quality of care and services in the home.</p> <p>To ensure residents and their representatives have all the information required to make an informed choice.</p>	
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<p><b>RECOMMENDATIONS</b></p> <p>These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.</p>		
No.	Refer to Standard	Good Practice Recommendations



## **Care Quality Commission**

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