

Key inspection report

CARE HOMES FOR OLDER PEOPLE

Stanbridge House

**56-58 Kings Road
Lancing
West Sussex
BN15 8DY**

Lead Inspector
Val Sevier

Key Unannounced Inspection
21st July 2009 10:30a

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 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 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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SERVICE INFORMATION

Name of service	Stanbridge House
Address	56-58 Kings Road Lancing West Sussex BN15 8DY
Telephone number	01903 753059
Fax number	
Email address	stanbridgehouse@aol.com
Provider Web address	
Name of registered provider(s)/company (if applicable)	Ms Kim Sanders
Name of registered manager (if applicable)	Ms Kim Sanders
Type of registration	Care Home
No. of places registered (if applicable)	27
Category(ies) of registration, with number of places	Old age, not falling within any other category (0)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category/ies of service only:

Care home only - (PC) to service users of the following gender:

Either

Whose primary care needs on admission to the home are within the following categories:

2. Old age, not falling within any other category (OP).
The maximum number of service users to be accommodated is 27.

Date of last inspection 9th March 2009

Brief Description of the Service:

Stanbridge House is a care home registered to provide accommodation and personal care for twenty- seven elderly (over the age of 65) persons. The establishment is privately owned by Ms Kim Sanders who is also the Registered Manager of the home. Stanbridge House is a large detached property, which has been extensively extended to provide accommodation on two floors. The home has twenty- five single and one double room, which is at present being used for single occupancy. Nine rooms have en-suite facilities. There are two sitting rooms and a dining room available for communal use and three garden areas provide a choice of private and attractive outdoor space for residents to enjoy. Situated in a quiet residential area of Lancing, the establishment is approximately one mile from the town centre and a similar distance from the sea.

SUMMARY

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

The quality rating for this service **2 star**. This means the people that use this service experience **good** quality outcomes.

The purpose of the inspection was to assess how well the home is doing in meeting the key National Minimum Standards and Regulations. The visit was carried out on the 22nd July 2009 between the hours of 10:30am and 2:30pm

Prior to the visit to the home we reviewed, previous inspection reports and information received from the home since it was last visited in January and March 2009.

The Annual Quality Assurance Assessment (AQAA) was returned to the Commission by the due date before we visited the home. The AQAA is a document that we send to a service once a year, in it they are able to comment on improvements they have made, any barriers to improvement to meeting the standards and how they feel the service is meeting the needs of people who live at the home.

We met with the manager, assistant manager, two staff, a visitor and there were three people who use the service involved in the inspection visit.

We looked at three pre admission assessments, three care plans, medication records, staff files and training records and fire prevention testing and training records.

What the service does well:

The home has an assessment process which enables the manager to decide whether Stanbridge can meet the needs of the individual. The ones we saw on this occasion were completed and were used to inform the care plan.

The home has care plans which describe the needs of the individual and what they are able to do independently. The plans describe the support staff have to give.

When we spoke with people using the service they told us they were happy with the activities that are available for them. They enjoy the newsletter about the home.

Daily routines in the home were flexible and people who use the service being encouraged to make choices for themselves and exercise personal autonomy as far as was reasonably possible.

A variety of social and leisure activities have been planned and residents have a choice of whether to participate in these or not.

People who live at the home were generally positive about the food that the home provided and the condition of the accommodation that they occupied.

The home is regularly maintained and is comfortable with pleasant furnishing.

Staff have undertaken training in mandatory areas and in communication and meeting care needs.

We saw that new staff had been recruited and that the home had carried out checks to protect people who use the service. New staff have begun induction training in working at the home. Staff have received updated training in many areas such as moving and handling.

People who use the service are consulted about the home and what they would like whilst they live there.

Whilst it was seen that the home is doing well in the areas where action was required for improvement, the areas that have improved are listed in the following section of this report.

What has improved since the last inspection?

The AQAA said that: "The pre-assessment document has been up dated along with nearly all documents relating to service users including a totally re-vamped care plan".

"All care plans have been totally renewed. This has taken a great deal of thought and time and we feel that they are working very well. New day and night care sheets have been devised and are completed each day as care is given. Training has been given to all staff on the importance of filling in these forms and documenting any changes".

"A much larger selection of visiting entertainers and service user meetings are better attended".

"Records are more thorough and reviewed more often".

"Concentrating on staff training; introduction of staff training plans to ensure that no one misses out on training; more in house training on a day to day basis".

"We have reviewed and rewritten policies and procedure and introduced a totally new care plan and systems".

"Redecoration of a further 3 bedrooms, 2 bathrooms and WC, and rear corridors".

The following are areas where action was required and these requirements have been met. We saw evidence that the information in the AQAA was substantiated.

The home carries out assessment visits to prospective residents to ensure that they can meet the needs of the individual.

The home has care plans which describe the needs of the individual and what they are able to do independently. The plans describe the support staff have to give.

The storage and administration of medication has improved with all staff have undertaken training in medication administration.

The home's current recruitment process now protects people who use the service.

Staff have undertaken training in mandatory areas and training that helps support individual needs.

The home now safeguards people's monies with their recording and storage.

What they could do better:

Whilst the manager has told us that she plans to imbed the improvements they have made to the service offered at the home, this improvement must be sustained and further planning to improve the service and its future undertaken.

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

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

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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):

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.

People that use the service can be assured that their needs will be assessed to ensure that the home has an understanding of their care needs.

EVIDENCE:

The AQAA for the home said: "All prospective service users are visited at least once before being admitted to the home. A full and thorough Pre- Assessment is carried out by the manager or assistant manager with in put from all relevant parties to ensure that Stanbridge House will be able to meet the needs of the service user. Families are encouraged to be as involved as possible and all prospective clients are given a Statement of Purpose and a newsletter. They are also encouraged to visit the home when suitable for them. This gives them an opportunity to see how we work for themselves and questions can also be answered as they arise. Service Users are admitted on a trail basis to ensure that we are the right home for them". How we have

improved in the last 12 months: "The pre-assessment document has been updated along with nearly all documents relating to service users including a totally re-vamped care plan".

There have been three new admissions to the home since we last visited. We saw that there was information on individual needs based on their present and past medical history for example history of falls. The assessment offered choices and space for individual issues. For example "needs assistance to get out of the chair with one person, needs encouragement as confidence lost due to falls".

There were risk assessments, information on mood, sleep patterns, pain and physical health, current care providers and equipment that may be needed. For example we saw that one individual had had an assessment from an occupational therapist and they had provided a walking frame, a pressure relieving mattress and cushion.

On the day of the visit relatives were visiting the home and they were happy with the information that the home had given them. We spoke with one individual who had left the home and then contacted them to return. They were happy with the way this happened and with their new room.

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):

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 care plans detail the needs of the individual and support staff are to give. The medication records and administration within the home are carried out in a safe manner and protect the people who use the service. Staff working practice helped to ensure that the privacy and dignity of people who use the service is promoted.

EVIDENCE:

The AQAA for the home said "The care plan for service users has been totally overhauled over a period of months and is an on-going work in progress. The family, representative, G.P, social worker and all relevant parties are encouraged to in put ideas. All service users are encouraged to retain their own GP's if at all possible and a G.P. visit is requested for service users after they are admitted to check on general health and medication. Risk Assessment are carried out and noted in care plans. Weight is noted on admission and

monthly thereafter unless we feel it necessary to weigh service users more often. All service users have access to visiting clergy, optician, chiropodist, hairdresser and nail technician if they require. All staff are trained on the importance of giving good personal care to ensure service users are comfortable and this in turn will result in better health for service users".

Our evidence to show that we do it well: "Pre-admission assessments completed with input from the service users and other relevant parties. The development of the care plan which is an on-going document, developed over a period of time. The completion of all daily care sheets for each service user to ensure that they have received the proper care required".

How we have improved in the last 12 months: "All care plans have been totally renewed. This has taken a great deal of thought and time and we feel that they are working very well. New day and night care sheets have been devised and are completed each day as care is given. Training has been given to all staff on the importance of filling in these forms and documenting any changes".

The manager told us that three people had moved to the home since our last visit. We looked at their care plans and all documents associated with their care and support. There was an 'About me' in each care plan seen. This gave information about their life, occupation, family and interests. We saw that care plans had been reviewed and that a progress review is completed monthly, this updates the staff at a glance on the current situation and if needed the care plans are altered.

The care plans documented the strengths and abilities of the individual and what staff needed to do to support them. The person has expressed to be self caring wherever possible and for as long as possible health permitting and has given preferences for bath times and days, when they want to get up and go to bed and foods. We saw that they were able to care for themselves easily for the top half of their body for example getting washed, dressed and shaved, however they needed help with their lower half and assistance in fitting a walking aid. We saw risk assessments had been put in place with information on how staff could lessen those risks for example manual handling and falls; making sure equipment was secure safe and usable and that the environment was clutter free. We saw that there were also records of weight and wound assessments. We saw that the district nursing team was supporting the home with care of pressure areas and since the individual had moved to the home the pressure area had healed.

We saw on the second individuals care plan that they also expressed to be self caring wherever possible and for as long as possible health permitting and has given preferences for bath times and days, when they want to get up and go to bed and foods. For example "good appetite, weak not milky tea, small meals and no dislikes, ensure that a fresh jug of squash is put into their room daily". We saw that risk assessments had been put in place regarding the

individual's mobility and equipment used. We saw that he individual had fallen unobserved on 9th July sustaining a small tear to their arm. We noted that the district nurse had been calling at the home to care for this.

The third person had returned to the home having wanted to move away we were able to ask them about this and it was related to ensuite facilities. They now have one of the ensuite rooms at the home. Due to poor eyesight they are reluctant to join in group activities however they have been enabled to have talking books and their own phone helps them to keep in touch with their friends, GP and family. We saw that their care plans were quite specific in the support the individual needed, for example their eating and drinking care plan stated that; " the tray must have two spoons and two forks, cut up food and explain where food is on the plate using clock numbers as a guide, provide hand wipes after each meal. Ensure water bottles are kept full and close at hand". We saw that there were risk assessments and action to lessen falls for example included "tell them if anything in the room changes".

We looked at the medication storage and administration records. There had been concerns about medication and its administration following our last visit we saw that the home had actioned our requirements. The medication trolley is kept in the office downstairs and is attached to the wall. The home only has Temazepam stored as a controlled medication, and this was kept locked in a box inside the locked trolley. We saw that the home had two folders for recording when they had given prescribed medication; one for tablets and liquid medication the other for creams and lotions. The folders directed the reader to each other so items could be audited. We saw that staff could read guidelines and policies on medication administration, errors, household remedies, risk assessments for people who wanted to self medicate, prescription terms, and generic abbreviations. We saw that the medication records had been kept by staff there were no gaps. Medication had been booked into the home and there was a record of the amount the home had received.

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):

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.

People who use the service participate in activities appropriate to their age, peer group and cultural beliefs as part of the local community. Dietary needs are well catered for with a balance and varied selection of food available that meets individual dietary requirements and choices.

EVIDENCE:

The AQAA for the home said: "All service users are consulted on their arrival and constantly thereafter on how they wish to lead their daily lives. They are encourage to join in for meals and activities but we are very aware of those service users who wish to lead very private lives as this is how they have lived previously. All meals provided are home cooked using fresh ingredients and special diets are catered for. Service users have a say in the development of menus. All clients have pre lunch drinks of sherry etc if required. All activities and outings are provided free of charge. Families and friends are encouraged to visit and to join the service users for activities. Service users are involved in the programme of activities after feedback from meetings".

We saw examples of newsletters for the home and they included minutes from the residents meetings. We saw that food had been a topic of discussion with suggestions by those that attended the meeting for alternative meals. The newsletter also gave 'dates for diaries' of events and activities. We saw that there cards and dominoes, quizzes lots of musical occasions and that there is a bus ride every second Friday throughout the year. This consists of a bus being hired and they go for a ride around, the assistant manager said that people do not get off, however the ride has become popular and she has had to request a bigger bus.

People using the service told us that the food was lovely that they could choose from the menu or have something different. There was ample food for their 'age'. On the day of the visit we saw that there was fish pie, omelette and pizza chosen by people followed by gooseberry crumble. For supper there was ploughman's with ham and pickle or cheese and pickle, with lemon mouse and cake. It was somebody birthday on the day of the visit and the cook had made and decorated a cake especially.

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):

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 complaints procedure enables those people using the service to know that any complaints will be taken seriously and responded to. People living at the home are safe guarded by the homes safe guarding adult's procedures.

EVIDENCE:

The AQAA for the home said: "A copy of the complaints policy and procedure is attached to every Service User Guide and all service users and family representative has one. All staff have training in Safe Guarding Vulnerable Adults and this training is on-going within the home. All staff employed have POVA First checks and a current CRB check. Detailed recording and reviewing of policies and procedures". Our evidence to show that we do it well: "All service users are visited by management on a regular basis to chat about any concerns or grumbles that they may have. This topic is also covered during service user meetings. All staff have on going training on abuse and safeguarding as well as the importance of correct communication and listening properly to service users. Our policies and procedures are regularly reviewed".

The home has complaints procedure, which are outlined in the Statement of Purpose and Service User Guide and on display in a number of places around

the home including on a notice board above the visitors signing in book. It includes the timescale of response and the address of CQC.

The home's safe guarding adult's policy was observed to have been regularly updated and included the West Sussex Multi Agency Adult Protection flow chart on how to report suspected abuse. The manager Ms Sanders and her assistant manager have attended safeguarding update and attended a session on the Mental Capacity Act in April 2009. We saw that the manager had purchased information relating to this Act and guidance on Deprivation of Liberty.

We saw that some staff at the home have had training in safeguarding and that training is planned for later in July to ensure all staff are up to date.

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):

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.

People who use the service have a pleasant and homely environment to live in which also has had adaptations to meet individual needs.

EVIDENCE:

The AQAA for the home said: "All service users' rooms are well furnished and nicely decorated using fixtures and fittings that are fit for purpose. If they are able service users have been involved in the decoration of their private rooms. We ensure that all service users are encourage to personalise their room with their own belongings and endeavour to meet their requirements. All inside and outside areas including gardens are kept in good order at all times. An on-going refurbishment programme is adhered to. We employ 3 domestic staff

each day to ensure that Stanbridge House retains the cleanliness and hygiene standards that we expect. Adequate and sufficient equipment is provided to assist with mobility and independence. A handy person is employed for 4 hours, 5 days a week to keep up with the general maintenance required. A gardener is employed for 2 days each week ensuring that the gardens and outside areas are always pleasing to the eye and attractive for service users to sit in".

We looked around some of the home and we were able to see communal areas such as the dining room, lounge, bedrooms and bathrooms. The garden is accessible with wheelchairs. People who live at the home are encouraged to furnish the room with personal belongings such as furniture and pictures.

The home was seen to be very clean throughout, with no malodour. When we walked about the home we saw that rooms are centrally heated, all radiators and pipe work are covered. Windows are fitted with restrictors where necessary and emergency lighting is provided throughout the home.

Individuals commented to us that they were happy with their accommodation those that had them liked having ensuite facilities. They described small pieces of furniture that they had been able to bring. They liked the lounges where they could sit with others and chat, watch television, read or listen to music or just be quiet.

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):

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.

Current recruitment practices at the home help to protect the people who use the service. Staff have received all the mandatory training that is expected each year, and training to help them meet specific individual needs.

EVIDENCE:

The AQAA for the home said: "We are able to retain staff which leads to a good continuity of care and service users know who will be caring for them. As our staffing team is strong we are fortunate that we have not had to employ agency staff. Of the 3 members of staff that have left Stanbridge House one has moved abroad. One relocated to a new part of the country and the third has gone on to do nursing training. We also ensure that we have the correct ratio of staff on duty at all times to ensure that the service users are properly cared for. Staff training has been a priority this year and a further 2 members of staff are working towards their NVQ Level 2. Staff Rota shows appropriate numbers of experienced and trained staff on duty at any one time. An excellent retention of staff. A well motivated and happy team".

We looked at the rotas for the home for the week commencing 20th July 2009 we saw that there were three care staff in the morning three in the afternoon and two at night. We saw that the day staff are support by domestic staff and

cooks to prepare the daytime meals and supper. The manager and or assistant manager are additional to these staff and there is a handyman on site who carries out repairs and runs errands as needed.

Three people have been employed to work at the home recently and we saw that there were two references, there was evidence that a CRB had been requested and that a POVA First check had been carried out and they were dated before the employee commenced work at the home. We saw that the individuals had commenced an induction process. Supervised placements take place before the employee has begun work, and after recruitment checks have been returned. All staff information is kept at the home in locked cabinet in the manager's office.

There were concerns following the last visit to the home about training that had not been undertaken by staff. We saw a training plan for staff for the years 2009 to 2010, we could see what staff had done and what was planned. All staff including the manager and assistant manager have undertaken medication administration training, food hygiene, fire safety, first aid with the assistant manager having completed the four day course, communication, infection control and moving and handling. The manager told us that they had 'started from scratch' assumed all staff had no training so that they all started from the same place. The home now has a training plan and they are able to see who needs what training and when.

The new staff undertake induction training which includes an introduction to the home for example fire procedures. The individual works through a pack with questionnaires on areas such as the home, safeguarding and their own personal development. We saw that the individual meets with the manager as needed before being signed off as completing the induction.

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):

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 systems and procedures monitor and maintain the quality of the service provided and which, promote the safety and welfare of those living and working in the home.

EVIDENCE:

The AQAA for the home said: "The manager has City & Guilds Advanced Management in Care Award and both the manager and assistant manager have the Registered Managers Award. The assistant manager actively works as an A1 assessor for NVQ. Both the manager and the assistant manager regularly attend training sessions on all aspects of care. We adhere strongly to

budgets enabling the business to run smoothly. We retain a strong team of care staff who stay with us at Stanbridge House. We work well together as a team particularly when introducing new paperwork i.e.: care plans which have been done this year". Our evidence to show that we do it well: "All care plans and documents have been thoroughly renewed and reviewed along with a great deal of other documents. A well motivated, happy and dedicated team of staff that are very willing to attend all training courses".

We saw that the certificate related to the home's registration was displayed in the hallway and displays the details of the core registration for the home.

The registered manager Ms Sanders has recently been to safeguarding and Mental Capacity Act training. The manager told us at the visit and in their AQAA that she plans to spend time imbedding the improvements into the care they provide and the systems they have put in place to support that care. She has been pro active in planning for managing the service should staff and residents be affected by swine flu, Ms Sanders explained about her policy, staffing, infection control and food storage plans.

We saw that the manager has undertaken staff and resident meetings. The residents commented on food, staff, activities and the homes environment.

The home manages weekly personal allowances for 14 individuals we looked at three. Records of services received by residents such as chiropody or hairdressing were seen.

The manager informed the commission in the AQAA that the servicing of all utilities and equipment used in the home has taken place.

We saw the policies available to staff and that new ones have been introduced as necessary for example training and medication.

We looked at the records for fire safety training and monitoring of equipment we saw records that indicated that fire safety equipment has been tested regularly and that staff have received training every six months.

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	X
2	X
3	3
4	X
5	X
6	N/A

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

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	3

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

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

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

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

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations



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