

Key inspection report

Care homes for older people

Name:	Weir Hotel The
Address:	24 The Weir Hessle East Yorkshire HU13 0RU

The quality rating for this care home is:	two star good service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
Diane Wilkinson	0 7 0 7 2 0 0 9

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

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

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk 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.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Weir Hotel The
Address:	24 The Weir Hessle East Yorkshire HU13 0RU
Telephone number:	01482643120
Fax number:	01482649282
Email address:	
Provider web address:	

Name of registered provider(s):	Hessle Properties Limited
Type of registration:	care home
Number of places registered:	31

Conditions of registration:								
Category(ies) :	Number of places (if applicable):							
	Under 65	Over 65						
dementia	31	0						
old age, not falling within any other category	0	31						
Additional conditions:								
The maximum number of service users who can be accommodated is: 31								
The registered person may provide the following category of service only: Care Home only Code PC To service users of the following gender: Either Whose primary care needs on admission to the Home are within the following categories: Old Age, not falling within any other category, Code OP - maximum number of places 31 Dementia - Code DE, maximum number of places 31								
Date of last inspection	2	0	0	2	2	0	0	9

Brief description of the care home

The Weir Hotel is a care home that is situated close to the town centre of Hessle, in the East Riding of Yorkshire. It is registered to care for and accommodate 31 older people, including those with dementia related conditions. The home comprises a large semi-detached building that has four floors, with a new single storey extension to the rear. There is a lounge, a dining room and a conservatory that is built over two floors that creates a quiet area where residents can spend their time.

To the rear of the premises is a pleasant garden that is accessible to wheelchair users

Brief description of the care home

with assistance; this is currently being redeveloped. There is easy access to shops, churches, public houses, coffee shops and bus/train services, and there is a small forecourt for parking at the front of the property.

Information about the home is available from the registered manager in the statement of purpose and service user's guide.

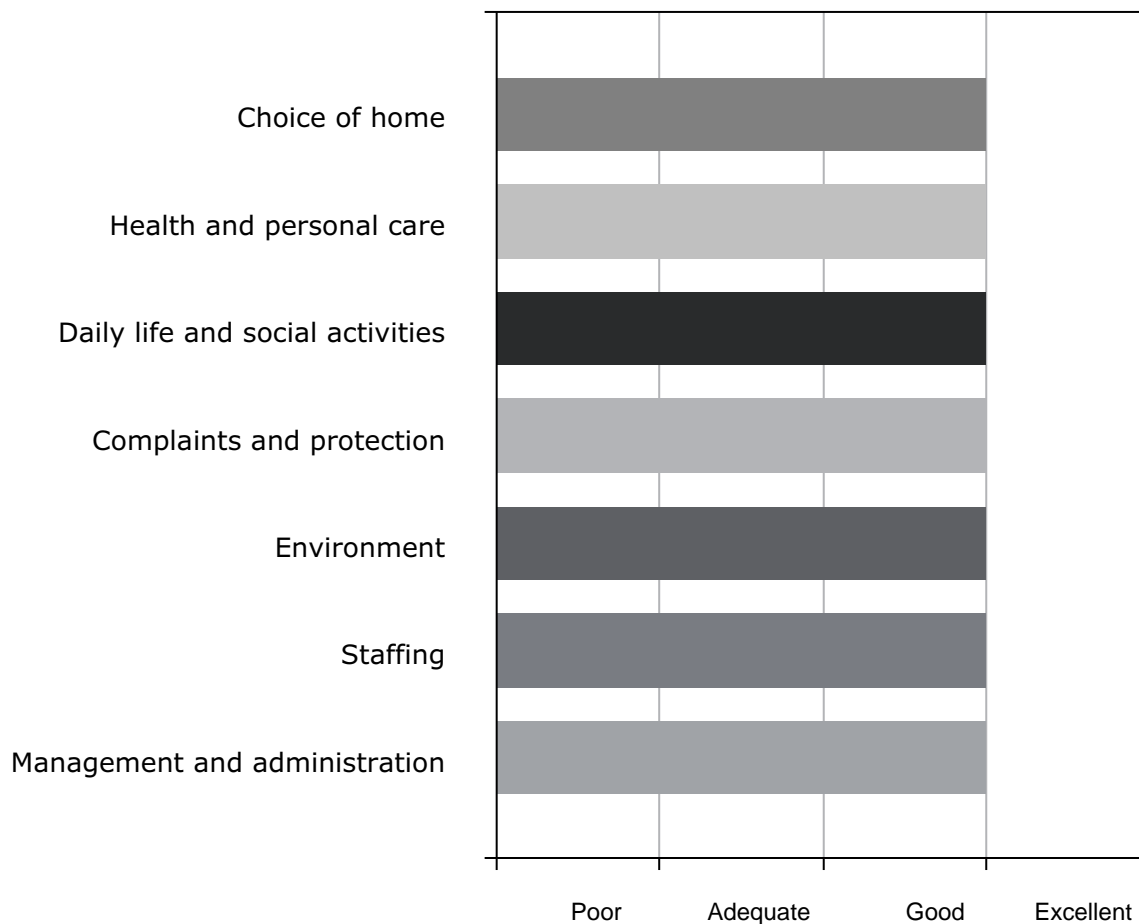
Summary

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:

This inspection report is based on information received by the Care Quality Commission (CQC) since the last Key Inspection of the home on the 30th July 2007, including information gathered during a site visit to the home. The unannounced site visit was undertaken by one inspector over one day. It began at 10.00 am and ended at 4.05 pm. On the day of the site visit the inspector spoke on a one to one basis with three people living at the home, the registered manager and the deputy manager. Inspection of the premises and close examination of a range of documentation, including three care plans, were also undertaken. The registered manager submitted information about the service prior to the site visit by completing and returning an Annual Quality Assurance Assessment (AQAA) form. The AQAA is a self-assessment that focuses on how well outcomes are being met for people using the service.

As part of the inspection process we sent survey forms to some of the people living at the home, staff and health and social care professionals; four were returned by people

living at the home, seven were returned by staff and two were returned by health and social care professionals. Responses in surveys and comments from discussions with people on the day of the site visit were mainly positive, for example, 'the caring is absolutely first class - no complaints at all'. A random inspection took place at the home on the 20th February 2009. This was one of a number of routine random inspections undertaken by the CQC to check that current quality ratings were being maintained by services and to check on compliance of requirements and recommendations made at the last key inspection.

The deputy manager told us that the current fee for residential care is from £362.04 to £410.20 per week.

At the end of this site visit, feedback was given to the registered manager and deputy manager on our findings, including requirements and recommendations that would be made in the key inspection report.

We have reviewed our practice when making requirements to improve national consistency. Some requirements from previous inspection reports may have been deleted or carried forward into this report as recommendations - but only when it is considered that people who use services are not being put at significant risk of harm. In future, if a requirement is repeated, it is likely that enforcement action will be taken.

What the care home does well:

People have a thorough care needs assessment prior to their admission to the home.

There is an activities coordinator employed at the home and both group and one to one activities are provided. People told us that there is always something for them to do.

The health care needs of people living at the home are met and their privacy and dignity is respected by staff.

Meal provision at the home is good although it would be further improved if a true choice of meal was offered at lunch times.

Staff receive regular training opportunities and this results in a staff group that have the knowledge and skills to support the people living at the home.

The home is well managed and the manager ensures that her practice is kept up to date.

Any monies held on behalf of people living at the home are held securely and records are accurate.

People are protected from the risk of harm by the health and safety arrangements that are in place.

What has improved since the last inspection?

Some care plans now include information about a person's life history and previous lifestyle, including their hobbies and interests. Work should continue so that all care plans include this information.

Some improvements have been made to the premises. There is now a walk-in shower room and this provides people with the choice of having a bath or a shower. The medication room is being refurbished and is almost complete.

All staff have had training on safeguarding adults from abuse and we are confident that managers know when safeguarding referrals should be made to the local authority.

The Care Quality Commission are being notified of accidents and incidents involving people living at the home.

What they could do better:

All information about the care and support provided for people living at the home should be recorded in their care plan, including information about annual reviews, leisure activities and time spent with their key worker.

Two people should sign any hand written entries made on medication administration records to ensure accuracy, and there should be a risk assessment in place for anyone who wishes to manage their own medication.

Risk assessments included in care plans should be updated to reflect any accidents or incidents that may have affected a person's care needs.

There must always be two satisfactory written references in place before people commence work at the home.

Staff records should include information about their start date and when they started and completed their induction training.

The staff rota should record the hours worked by the registered manager and the role of each member of staff on duty.

The complaints log should be displayed in the entrance hall so that visitors to the home have access to this information.

There should be no unpleasant odours in any areas of the home.

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.

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.

People have a full care needs assessment prior to their admission to the home and this information is used to develop an individual plan of care.

Evidence:

We examined the care plans for three people living at the home. These evidenced that a full care needs assessment is undertaken prior to a person's admission to the home; the manager told us that they usually visit a person in their current place of residence to commence the assessment process. Moving and handling risk assessments are undertaken at the same time as the initial care needs assessment, and information is obtained from the local authority when they commission the placement at the home. All of this information is used to develop an individual plan of care for the person newly admitted to the home. We reminded the registered manager that the initial care needs assessment should be dated so that it is possible to identify information gathered at the time of the initial assessment and any subsequent amendments. There is no intermediate care provision at the home.

Health and personal care

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

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

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

This is what people staying in this care home experience:

Judgement:

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

The social and health care needs of people are met, including the administration of medication. Some slight improvements to recording need to be made to evidence this fully.

Evidence:

Information gathered at the time of a person's initial assessment is used to develop an individual plan of care. We noted that family and friends and the individual concerned are involved in the development of the plan of care whenever this is possible. The care plans that we saw on the day of the site visit included relevant risk assessments, including those that identified the risk of falls and those for areas more specific to the individual concerned. In one instance we did note that the risk assessment had not been updated to reflect that the person has recently had a fall. In other instances the care plan and risk assessment had been updated as a result of recent events. Care plans are reviewed by staff each month although we noted that the recording of these reviews are confusing, as the same form is used to record monthly reviews and visits from health and social care professionals. The manager provided evidence to show that people have an annual formal review of their care plan but we advised that this

Evidence:

information should be recorded in care plans. People told us in returned surveys that they 'always' or 'usually' receive the care and support that they need. One person added, 'the caring is absolutely first class - no complaints at all'. All of the staff that returned a survey told us that they are 'always' given up to date information about the need of the people they care for.

Care plans evidence that people living at the home have access to health care professionals, including opticians, chiropodists and community nurses, and that people are able to register with a GP of their choice whenever this is possible. Equipment is obtained to promote tissue viability and professional advice is sought about tissue viability, the prevention of pressure sores and the promotion of continence. People are weighed on a regular basis as part of nutritional screening and these records are held in care plans. The two health and social care professionals who returned a survey told us that the service 'always' seeks advice and acts on it to meet the needs of the people living at the home.

The medication room is in the process of being refurbished - washable flooring has been fitted and a hand washbasin has been provided and will shortly be fitted by a plumber. Medication is now supplied by the pharmacist in blister packs and these are stored in two medication cabinets in the medication room. We observed the member of staff on duty administering medication and noted that the medication trolley was taken around the home. Medication was taken to the person concerned with a glass of water, and medication administration records were only signed when the person had been seen to take their medication. Only senior staff administer medication and we saw that they had undertaken appropriate training and that a sample of their signature is held with medication records. There is a medication fridge in use and temperatures are taken once daily and recorded. We saw the records for medication returned to the pharmacist and noted that these records were accurate and had been signed by the person collecting the medication on behalf of the pharmacy. Entries on medication administration records were seen to be accurate but we recommend that any handwritten entries made are signed by two members of staff to ensure accuracy. We noted that one person was responsible for self administration of medication. They had signed a form to confirm that they wished to self medicate but there was no risk assessment in place; a risk assessment would evidence that the safety aspects of this decision had been considered.

Temazepam had been prescribed for one person and the pharmacist had supplied this in a separate blister pack. This was being treated as a controlled drug by the home; it was stored separately and administration was recorded in a controlled drugs book. On the day of the site visit we observed that staff respect the privacy and dignity of the people living at the home. Two health and social care professionals returned a survey and both said that staff 'usually' respect a person's privacy and dignity. People that we spoke to on the day of the site visit told us that staff are very patient, are

Evidence:

amiable and friendly and that they listen to them. We observed that some people have their own telephone so that they are able to keep in touch with relatives and friends independently. We also saw that there are screens available in any shared rooms to promote privacy.

Daily life and social activities

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

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

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

People are encouraged and supported to live their chosen lifestyle and to remain in contact with family and friends. Communal and one to one activities are provided on a regular basis and these are based on the hobbies and interests of the people living at the home.

Evidence:

In most instances care plans record information about a person's previous lifestyle and their previous and current hobbies and interests. There is an activities coordinator employed at the home working from 9.30 am until 2.30 pm from Monday to Friday. The activities organised by the coordinator are recorded in a separate book and evidence that group activities take place as well as time being spent one to one with some people. We noted that some of the activities provided are based on the hobbies and interests of people as recorded in their care plans. Care plans record some activities, such as visits from family and friends and trips out of the home, but do not always record the activities taken part in with the activities coordinator or one to one time spent with keyworkers (a key worker book is used to record this information). This results in care plans that do not record a full picture of how someone spends their day or the support provided by staff. When we spoke to people living at the home they told us that there are always activities available and that staff will also take them

Evidence:

out for a walk.

Care plans evidence that family and friends are encouraged to visit the home and that they are involved appropriately in the care of their relative. People are also supported and encouraged to go out with family and friends. Most people have single rooms so are able to see visitors in private and there are also private areas of the home where people can meet visitors.

Care plans record people's choices, such as their preferred time to get up and go to bed and where they would like to spend their day. We noted that some people live very independent lives and that staff are supportive of this. We observed that people are able to bring personal possessions into the home with them. We noted that people are asked if they would like to have a postal vote and that information on advocacy is displayed in the home; this enables people to access this information independently and promotes privacy.

There was a menu on display in the dining room and this recorded the meal for the day at lunch time and tea time. The manager told us that the cook speaks to everyone each day to tell them what the lunch is that day, and an alternative is provided if they don't like the main meal on offer. People told us that the food is good and that there is always a choice at tea time, but they did not seem sure about available choices at lunch time. We recommend that an alternative to the main meal on offer is provided each day, and that staff should ensure that people are aware of this. The manager told us that desserts are made with sweeteners instead of sugar so that everyone, including people with diabetes, can have the same dessert. A member of staff told us, 'The home does very well in catering for residents dietary preferences and offers a good variety and choice of menus'. Some people take their meals in their room but most people use the dining room - we observed that people are offered appropriate assistance with eating and drinking and that meal time was promoted as a social occasion.

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 tell us that they have someone to speak to if they have any concerns and that they know how to make a formal complaint; any complaints made to the home are handled appropriately. Efforts are made to safeguard people from the risk of harm by regular staff training.

Evidence:

People living at the home tell us that there is someone they can speak to if they have any concerns and that they know how to make a formal complaint. Staff tell us that they know what action to take if someone expresses a concern and health and social care professionals tell us that the home has responded appropriately to any concerns they have raised. There is a copy of the complaints procedure in every bedroom but we suggested to the manager that a copy should be displayed in the entrance hall; this would enable any visitors to the home to access the complaints procedure. We examined the complaints log and noted that any complaints made had been investigated appropriately and that there was a record of the outcome, including any action taken.

The training and development plan evidences that all staff have undertaken training on safeguarding adults from abuse, including information on whistle blowing. The manager said that this training course is undertaken by staff on an annual basis. At the random inspection of the home in February 2009 we were concerned that an issue that should have been referred to the local authority under safeguarding protocols had not been referred but we are now confident that managers at the home understand

Evidence:

when safeguarding alerts should be sent to the local authority.

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.

The home is generally well maintained but more effort should be made to ensure that all areas of the premises are free from unpleasant odours.

Evidence:

The location and layout of the home is suitable for its stated purpose. There is a maintenance programme in place and the home is generally well maintained; on both occasions that we have visited the home this year there has been someone present undertaking routine maintenance work. On this occasion we were shown a newly built walk-in shower room; this gives people the choice of taking a bath or a shower. The outside space is being redeveloped and when old outbuildings have been removed there will be a larger area for people to be able to sit outside to enjoy the garden. The conservatory is built over two floors and provides access to sunlight for people, and some of the bedrooms in the new extension have french windows that open out on to the garden.

People living at the home told us in surveys that the home is always or usually fresh and clean. There is no unpleasant odour on entering the building but when we toured the premises we noted that two bedrooms had unpleasant odours. This was discussed with the manager, who agreed to take appropriate action. Bedrooms must be pleasant areas for people to spend their time in. The Care Quality Commission has previously received a complaint about the lack of ventilation and access to sunlight in one bedroom. We saw the bedroom concerned and advised the manager that this room

Evidence:

should only be used by someone who sleeps in their room but does not wish to spend time in their room during the day.

Laundry facilities at the home are satisfactory; washing machines and tumble dryers are appropriate to meet the needs of the people living at the home and the walls and floor can be easily cleaned. There are hand washing facilities for staff. On the day of the site visit we noted that staff follow good hygiene practices and the training plan evidences that all staff have completed training on infection control.

Staffing

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

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

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

The home is staffed by sufficient numbers of qualified people in order to meet the needs of the people living at the home, and staff receive ongoing training to ensure that their practice is kept up to date. Recruitment practices must be more robust to ensure that only people considered safe to work with vulnerable people are employed.

Evidence:

There are three staff rotas in operation; one for day staff, one for night staff and one for ancillary staff. These indicate that there enough staff on duty to meet the needs of the people living at the home. Catering staff and domestic staff are employed in addition to care staff and this enables care staff to concentrate on caring for the people living at the home, and reduces the risk of cross infection. The rota for day staff should record the days/times that the manager is on duty and which member of staff is managing the shift when the manager is not on duty. In addition to this, the staff rota should record the role of each member of staff on duty.

There are nineteen care staff employed at the home and eleven of them have achieved National Vocational Qualification (NVQ) Level 2 in Care. A further five staff are working towards this award and three staff are working towards NVQ Level 3 in Care.

We examined the recruitment records for two new employees. People complete an application form that records their employment history, their experience and qualifications and a criminal record declaration. Two written referees are requested

Evidence:

but on one occasion someone had commenced work at the home before the second written reference had been received. The manager told us that this person was employed as an activities coordinator and had been working alongside the existing activities coordinator for three weeks, so had not spent any time one to one with people living at the home. The manager was told that they must obtain a second reference before this person works unaccompanied. In another instance a reference had not been sought from the most recent employer, although two other references had been obtained. In both instances Protection of Vulnerable Adults (POVA) first checks had been obtained followed by Criminal Record Bureau (CRB) checks. Staff told us in returned surveys that they receive good induction training but staff records did not evidence this. The manager told us that people complete Skills for Care induction training. In future, staff records should include a person's start date and details about the induction training they have undertaken. There is a training and development plan in place for 2009 and this evidences that staff undertake training programmes on core topics on an annual basis. So far this year staff have undertaken training on safeguarding adults from abuse, palliative care, first aid, fire safety, moving and handling, dementia awareness, challenging behaviour and infection control. In addition to this, the company hold an NVQ and 'distance learning' workshop every Tuesday morning at their sister home. This encourages staff to take part in training programmes and to gain qualifications, and is good practice.

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 home is well managed, including quality assurance systems, the systems in place to hold monies on behalf of people living at the home and health and safety arrangements; this helps to protect people from the risk of harm.

Evidence:

The manager has the skills and experience to run the home and is appropriately qualified; she has achieved NVQ Level 4 in Care and Management. There is a deputy manager in post who assists with carrying out management duties. Training records evidence that the manager keeps her practice up to date and she told us that she meets with the manager of their 'sister' home and the directors of the company on a regular basis to ensure that the homes are managed consistently and that they keep up to date with developments within the care sector.

There is a quality assurance system in place at the home. This consists of questionnaires that are distributed to people living at the home and to visitors. Information is collated and action is taken to deal with any issues raised. For example, on one occasion comments were received from people living at the home about

Evidence:

changes that could be made to the menu and this was discussed at the next resident's meeting. Although this information is collated, we advised that more effort could be made to inform people of the outcome of surveys, such as inclusion in a newsletter or displaying the collated information on a notice board. We also advised that information received in surveys should be used to formulate an annual development plan for the following year. The registered provider visits the home on a regular basis and records these visits under Regulation 26 of the Care Homes Regulations 2001.

Some monies are held in safe keeping on behalf of people living at the home; these are held securely. We examined a sample of the records and the actual monies held and found these to be accurate. We saw that receipts are obtained from the hairdresser and chiropodist and for any individual purchases made by people or on their behalf. We recommend that a receipt is given to relatives when they hand money over for safe keeping to protect all parties concerned.

We examined documentation regarding health and safety arrangements at the home. All equipment and services had been serviced; there is a gas safety certificate in place and an annual test of the fire alarm system (including fire fighting equipment and emergency lighting) had taken place. There is a fire risk assessment in place and this was reviewed in May 2009. In house fire tests and fire drills take place consistently. There are health and safety risk assessments in place and these were reviewed on the 8th April 2009. The training and development plan evidences that staff undertake training on health and safety topics on an annual basis; this includes training on the Control of Substances Hazardous to Health (COSHH).

At previous inspections we were concerned that accidents and incidents were not being notified to the Care Quality Commission as required. There has been some improvement in this area but we reminded the manager that we should be informed of any accidents or incidents where it has been necessary to contact health care professionals for advice or treatment.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

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

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
1	29	19	Two written references must be in place prior to someone commencing work at the home. This is to ensure that only people who are safe to work with vulnerable people are employed.	30/08/2009

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	7	Information about formal reviews of the care plan that take place annually should be saved with care planning documentation to ensure that up to date information is being used by staff.
2	7	Risk assessments should always be updated following any incidents, accidents or changes in a person's condition to ensure that staff are working with up to date information.
3	8	In some instances the record of visits from health care professionals and the recording of monthly reviews of the care plan are recorded on the same form; this could lead to confusion. Any visits from health care professionals should include the reason for the visit and the outcome.

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
4	9	Any handwritten entries on medication administration records should be signed by two members of staff to ensure accuracy.
5	9	There should be a risk assessment in place for any person that wishes to self administer medication to evidence that consideration has been given to the safety aspects of this decision.
6	12	Information recorded in the key worker book and the activities book should ideally be cross referenced to care plans so that care plans are a full record of the support provided by staff and how someone spends their days.
7	15	People should be made aware that there is always an alternative to the main meal on offer available at lunch time - this would promote choice.
8	16	It would be good practice to display the complaints procedure in a communal area of the home so that it can be seen and accessed by visitors.
9	19	One bedroom does not have an exterior window and should only be used by someone who uses their room to sleep in and does not wish to spend time in their room during the day.
10	26	People should be provided with private accommodation that is pleasant to spend time in; there should be no unpleasant odours.
11	27	The staff rota should record the hours worked by the manager and the role of each member of staff on duty.
12	29	One reference should be from an applicant's most recent employer to ensure that the home has up to date information about the applicant concerned.
13	30	Staff records should include the date that they commenced work at the home and details of the induction training that they have undertaken.
14	33	Information received in quality assurance questionnaires is collated but people should be informed about the outcome of any surveys and any action taken by the home as a result. The collated information should be used to formulate an annual development plan for the coming year.
15	35	Receipts should be given to relatives when they hand

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
		money over for safe keeping to protect all parties concerned.
16	38	The manager was reminded that the Care Quality Commission should be notified of any accidents or incidents that involve contact with health care professionals.

Helpline:

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Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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