Care Quality Commission

Key inspection report

Care homes for older people

Name:	Woodleigh Manor
Address:	Woodfield Lane Hessle East Yorkshire HU13 0EW

The quality rating for this care home is:	two star good service

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

Lead inspector:	**Date:**							
Diane Wilkinson	1	9	0	8	2	0	0	9

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

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

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

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

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

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

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

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

Name of care home:	Woodleigh Manor
Address:	Woodfield Lane Hessle East Yorkshire HU13 0EW
Telephone number:	01482359919
Fax number:	01482359929
Email address:	phil@hessle-care.co.uk
Provider web address:	

Name of registered provider(s):	Hessle Properties Limited
Type of registration:	care home
Number of places registered:	34

Conditions of registration:		
Category(ies) :	Number of places (if applicable): Under 65	Over 65
dementia	34	0
old age, not falling within any other category	0	34

Additional conditions:

The maximum number of service users who can be accommodated is: 34

the registered person may provide the following category 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: Old Age, not falling within any other category, Code OP-maximum number of places 34 Dementia-Code DE, maximum number of places 34

Date of last inspection								

Brief description of the care home

Woodleigh Manor is a privately owned care home that is set in pleasant grounds - it is situated in a residential area of Hessle approximately three quarters of a mile from the town centre, where there are churches, shops, restaurants, coffee bars and pubs. The home provides care and accommodation for thirty four older people, including those with dementia related conditions.

Much of the building's traditional character has been retained. The communal rooms

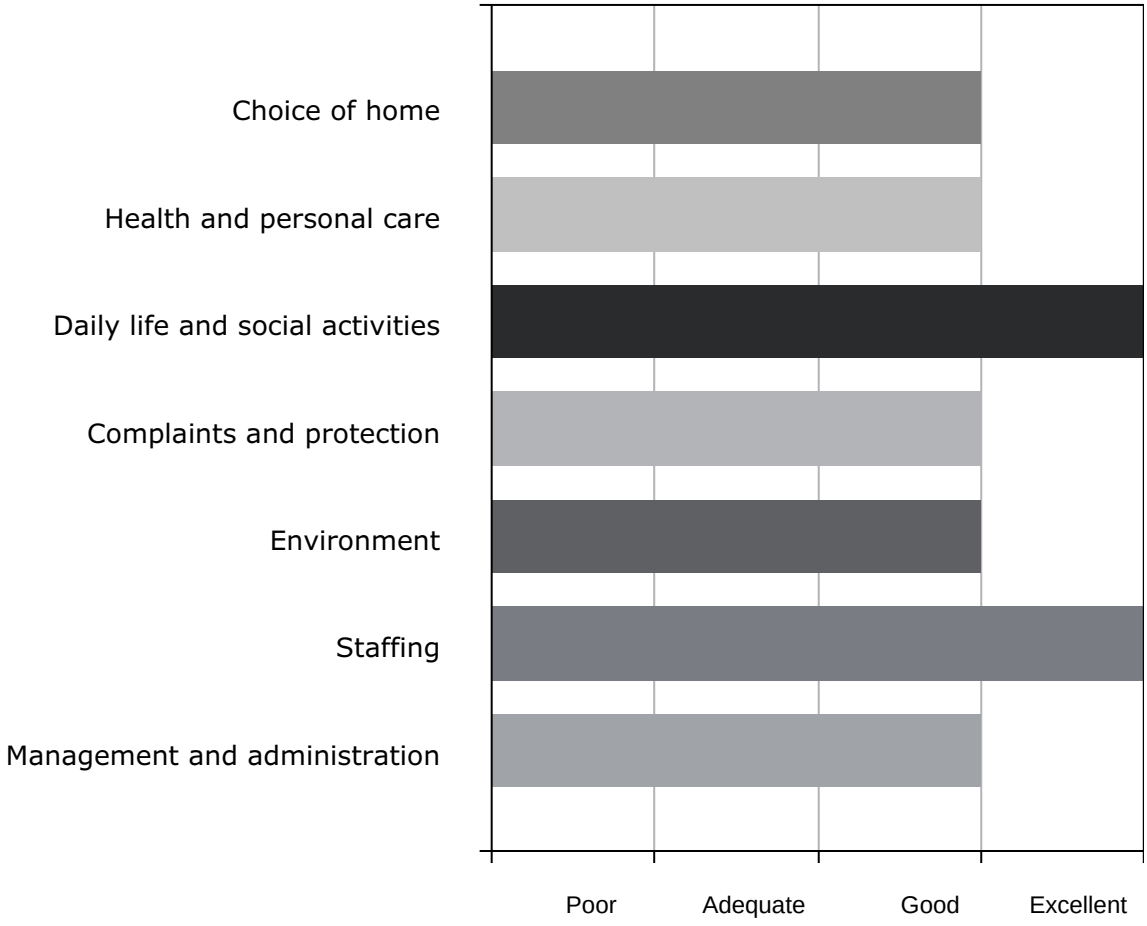
Brief description of the care home
are situated on the ground floor; these include a dining room, two lounges and a large very pleasant conservatory. Private accommodation is located on the ground and first floors and there is a passenger lift to enable people to access all areas of the home. There is a small car park within the grounds and the home is close to a bus route.

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 Commission Quality Commission (CQC) since the last Key Inspection of the home on the 13th August 2007, including information gathered during a site visit to the agency office. The unannounced site visit was undertaken by one inspector over one day. It began at 9.45 am and ended at 4.30 pm. On the day of the site visit we spoke on a one to one basis with three people living at the home, two members of staff, the registered manager and the registered provider. 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; seven were returned by people living at the home, seven were returned by staff and one was returned by a health care professional. Responses in surveys and comments from discussions with residents and staff were mainly positive, for example, 'the staff are very helpful and always ready to have a laugh and joke. If I need someone there is always someone there'. Other anonymised comments are included throughout the report.

The 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 on our findings, including 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:

Assessments and care plans are updated on a regular basis and this ensures that staff are working with up to date information about the person's capabilities and need for assistance.

A person's health care needs are met in a way that respects their privacy and dignity.

Meal provision at the home is good and there is ample choice available to ensure that a person's nutritional needs are met.

There are robust recruitment policies and practices in place and this ensure that only people who are considered suitable to work with vulnerable people are employed at the home. People do not commence work unsupervised until all safety checks are in place.

Staff have thorough induction training and then training opportunities are provided on a regular basis to ensure that they have the knowledge and skills to meet the needs of the people living at the home.

The home is well managed, including the use of quality assurance systems that give people the opportunity to express an opinion about the way the home is operated. There is evidence that peoples' opinions are listened to and acted upon.

What has improved since the last inspection?

Medication practices have improved and there are now robust polices and practices in place; this protects people from the risk of harm.

There is now a menu board displayed so that people are informed of the choices available at each mealtime.

What they could do better:

When hand written entries are made on medication administration records it is good practice for two staff to check and sign them to ensure accuracy.

The Care Quality Commission should be informed of accidents and incidents that require medical intervention.

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

Contents

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 are only admitted to the home following a care needs assessment that evidences that their individual needs can be met.

Evidence:

Seven people living at the home returned a survey to the Care Quality Commission (CQC). They all recorded that they received enough information to help them decide if this was the right home for them before they moved in. However, a health care professional was asked in a survey, 'Do the care services assessment arrangements ensure that accurate information is gathered and that the right service is planned for people?' and they responded, 'sometimes'.

We checked the care records for three people living at the home. These all included a care needs assessment and risk assessment that had been undertaken by the registered manager prior to the person's admission. In addition to this, a copy of the community care assessment and care plan compiled by care management when Social

Evidence:

Services were commissioning the placement at the home had been obtained. All of this information is used to develop an individual plan of care for the person concerned.

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.

People have a care plan in place that is updated regularly to ensure that staff are working with up to date information, including information about a person's health care needs, and there is evidence that a person's privacy and dignity is respected by staff. Medication policies, procedures and practices are robust.

Evidence:

Each service user has an individual plan of care that is generated from information gathered at the time of the initial assessment. Care plans include a photograph of the person, and their date of birth and the date the photograph was taken is recorded on the photograph. The care plan records what a person is able to do independently along with information about privacy and dignity and risk taking. In addition to this, they set out in detail the action to be taken by staff to ensure that all aspects of the health, personal and social care needs of the person concerned are met. Risk assessments are undertaken when a person is first admitted to the home and both care plans and risk assessments are reviewed on a monthly basis. We saw that some care plans and risk assessments had been updated to reflect recent events, such as a fall or admission to hospital. Each person has a moving and handling risk assessment

Evidence:

in place plus individual risk assessments to cover such areas as falls, walking around the home and walking with the dog. Service user plans have been signed by the individual concerned to evidence their involvement and agreement to the care plan.

Care records evidence that a person's health care needs are met and comments received in surveys and during discussions with people on the day of the site visit confirmed this. Each person has a nutritional risk assessment in place and one seen by us recorded, 'to monitor closely due to illness'. The manager told us that people are weighed every four weeks as part of nutritional screening; we saw these records in some care plans but not in all. Pressure care equipment is provided either via the home or via district nursing services. The manager told us that they are currently using pressure care mattresses for some people and that none of the people currently living at the home has a pressure sore. Continence products are provided via an assessment by the district nursing services.

Contact with health care professionals is recorded and we saw information in care records about visits from opticians and about hospital appointments; information received by the person following these visits is retained and shared with staff as required. Any information about accidents or incidents is recorded in a person's care plan and bed rails are only used following the completion of a risk assessment and consultation with the GP, district nurse and family members. The manager displayed an understanding of the needs of people with mental health and emotional problems and this was evidenced in care records. On one occasion the manager gave information about the Alzheimer's society to a family member who had concerns about some mental health issues concerning their relative.

We observed the administration of medication at lunchtime and noted that people were given a drink to assist them in taking their medication and that medication administration records were signed when the person had taken their medication. There were no gaps in recording on medication administration records but we recommend that two people sign any handwritten entries made on these records. There was a photograph of the person concerned that recorded their date of birth and the date that the photograph was taken attached to each set of medication administration records as well as a 'resident's medication information and health profile' form. This records the reason medication is prescribed, the time of day medication should be taken, any possible side effects and any allergies that the person is known to have; this is good practice.

We examined the storage arrangements for medication, including controlled drugs, and both were satisfactory; none of the people currently living at the home has been

Evidence:

prescribed controlled drugs. There is a book in use to record 'damaged' medication and medication not taken that has been returned to the pharmacy. Some medication is stored in a fridge that is only used for medication and we noted that the temperature of the fridge is taken daily.

The manager told us that she has downloaded the CQC Pharmacy tips for future reference and that she has recently been in touch with the GP's surgery and they have agreed to amend the time recorded on the medication administration record for evening medication. This is because, in some instances, the time recorded on the medication administration record form is later then the time the person usually goes to bed.

On the day of the site visit we observed that people are treated with respect by staff and people told us that staff assist them with personal care in a sensitive manner. One member of staff recorded in a survey, 'the home treats residents with a high level of respect and dignity. Information about residents is updated regularly to ensure that residents always receive a high level of care'. We noted in care plans that a person's preferred name is recorded and arrangements in place for laundering clothes should ensure that people's own clothes are always returned to them. Most people have a single room so that they are able to see health care professionals and visitors in private, and there are private areas of the home where meetings can be held.

Daily life and social activities

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

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.
There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

People are encouraged and supported to live their chosen lifestyle, to make independent choices and to take part in chosen activities. Visitors are made welcome at the home and meal provision is good.

Evidence:

Care plans record a person's preferred lifestyle and information about their family history, hobbies and interests. They can choose where to spend their day and there are various activities on offer that people are encouraged (but not coerced) to take part in. One person told us, 'the home has regular outings and activities'.

On the day of the site visit we saw that people went out with family and friends and that various visitors called into the home. In the afternoon we saw that there was an activity taking place in the garden - people sat in the sun under umbrellas and took part in a quiz. The activity book evidences that activities take place every day - some one to one (such as nail care) and some as part of a group; we recommend that this information is cross referenced into care plans so that individual care plans are a full record of the care provided. The previous day there had been an 'Italian' afternoon - people had sampled Italian food and listened to music by Pavaroti. Topics for discussion were opera, football, men and leather.

Evidence:

The home has its own mini-bus (shared with their sister home) and this enables staff to take people on visits outside of the home. The manager recorded in the Annual Quality Assurance Assessment (AQAA) that relatives evenings are now held when relatives are invited to take part in activities and meet with the people living at the home and staff. People are able to form appropriate friendships and relationships both inside and outside of the home.

As a result of audits undertaken by senior staff, a decision was made to have one lounge where there is soft music and low lighting on during the night for those people who are awake during the night and like to spend time in one of the lounges as well as their bedroom.

The activities coordinator works from 9.00 am to 5.00 pm Monday to Friday and is also available at lunchtimes to assist people who may need help with eating and drinkng. We saw information about how the activities coordinator spent time with people with dementia and their relatives, to make these visits more fulfilling; this is good practice. The activities coordinator is also working with people to produce 'memory lane' packs - these include information about a person's family history, previous employment and lifestyle, photographs, newspaper cuttings, cards etc. to be held by the person concerned and to be used for reminiscence and to promote conversation.

There is information displayed in the home about available advocacy services; this enables people living at the home and visitors to access this information without having to ask for assistance and promotes privacy and independence. We noted that people are encouraged to bring small items of furniture, pictures, ornaments and photographs into the home with them so that they can personalise their rooms. Everyone has a small cash box in their bedroom so that they can store money and valuables safely if they wish to handle their own financial affairs and some people have small amounts of cash on them.

There is a menu displayed in the dining room and this recorded two choices of main meal at lunchtime. The manager told us that cook speaks to everyone each morning to ask what they would like for lunch, and that there are four or five choices offered at tea time. Most people eat in the dining room but we were told that three people choose to eat in their own room; one person requires assistance from staff but the other two people eat independently. People who were eating their meals in the dining room were offered appropriate assistance; the AQAA records that all staff have done training on malnutrition and assistance with eating. One person told us in a survey,

Evidence:

'they always try to ensure my mother is not left isolated during meals and activities even though she can be very disruptive. They give her plenty of one to one time and make her feel at home'. The manager told us that special diets are catered for and that, at a recent resident's meeting, it was suggested that meals such as sausage and chips and corned beef hash would make a welcome change from a roast; the menu is due to be changed to incorporate these requests.

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 are protected from the risk of harm by staff receiving appropriate training and the policies and procedures in place on complaints and safeguarding adults from abuse.

Evidence:

There are appropriate policies and procedures in place on how to make a complaint and how they will be dealt with by the home; these are displayed in the foyer and the porch. All of the staff that returned a survey told us that they knew what to do if anyone expressed concerns about the home and all of the people living at the home told us that they knew who to speak to if they had a concern. All but one of the people living at the home also told us that they knew how to make a formal complaint. We examined the complaints log and noted that complaints received by the home are investigated appropriately and within agreed timescales.

On one occasion a complaint about an alleged theft resulted in a safeguarding alert being sent to the local authority. However, this was not progressed as the items were found by a relative of the person concerned.

The manager told us that safeguarding adults from abuse is one of the mandatory training courses that all staff attend; this training includes information on whistle blowing. In addition to this, most care staff have achieved National Vocational Qualification (NVQ) Level 2 in Care and have undertaken work on protection from

Evidence:

abuse as part of this training programme. The manager and assistant manager have recently attended the manager's awareness refresher course and the manager is in the process of training to be a trainer on the topic of vulnerable adults; this necessitates having to submit records every three months about the staff members who have received training, and trainers have to attend an update four times a year.

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 maintained in a safe and hygienic condition and provides homely and comfortable surroundings for the people who live there.

Evidence:

The home is comfortable and homely and is maintained in a clean and hygienic condition. A health care professional recorded in a survey, 'There is enough space for people to move around. Ambulant people are not restricted and people can sit where they wish'. There were no unpleasant odours on the day of the site visit apart from minor concerns in one or two bedrooms that are being addressed by the home. The grounds are tidy, safe and attractive and accessible to people living at the home; we saw an activity taking place in the garden on the day of the site visit.

The provider told us that a full maintenance and refurbishment programme is drawn up at the beginning of each financial year and a copy of this is given to the registered manager. The home is well maintained and we noted that there is now a walk in shower available for people living at the home - this gives people a choice of having a bath or a shower.

The manager told us that they have an arrangement with a local decorator who undertakes routine decoration at the home every three months. The home use the services of an independent health and safety company who did an inspection in

Evidence:

January 2009 and found things to be satisfactory.

As a result of audits undertaken by senior staff, a decision was made to have one lounge where there is soft music and low ligting on during the night for those people who are awake during the night.

Since the last key inspection of the home the Care Quality Commission has agreed to the home increasing the number of places available from 31 to 34; three new bedrooms with en-suite shower rooms have been created.

The laundry facilities at the home were found to be satisfactory. We noted that disinfecting gel and paper towels are available for staff to promote good hygiene practices. The manager recorded in the AQAA form that all staff have completed training on the control of infection. We noted that a polite notice had been placed at the front door advising people of the risk of spreading swine flu and that disinfectant gel had been provided for anyone entering the home. People living at the home were asked in a survey if the home is fresh and clean; four people said always and three people said usually.

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

Policies and practices on the recruitment and selection of staff are robust and staff receive induction and on-going training, including NVQ qualifications, that equip them to carry out their role effectively.

Evidence:

The staff rotas are clear; there are separate rotas for care staff and ancillary staff. These evidence that there are sufficient staff on duty to meet the needs of the people living at the home. Seven people living at the home returned a survey. When asked, 'are staff available when you need them?', five people responsed 'always' and two responded 'usually'. One person added, 'the staff are very helpful and always ready to have a laugh and joke. If I need someone there is always someone there'. As a result of an audit undertaken by senior staff, it was decided that there should be a manager on duty during the night and this has been actioned.

A cook, kitchen assistants, laundry assistants and housekeepers are employed and this enables care staff to concentrate on care duties and reduces the risk of cross infection within the home.

Most care staff have completed NVQ Level 2 in Care; the manager told us that only newly appointed staff have not yet achieved this award. In addition to care staff, catering staff and housekeeping staff have achieved or are working towards an NVQ

Evidence:

award, one member of staff is undertaking NVQ Level 4 in Care and the team leaders are undertaking the Team Leader award.

We examined the recruitment records for two new members of staff. Both included an application form that recorded the names of two referees, their employment history, information about education and qualifications and a criminal record declaration. We noted that, in addition to obtaining written references, the manager then telephones the referees to confirm the information in the written reference. This is good practice.

Protection of Vulnerable Adults (POVA) first checks are obtained prior to people commencing work at the home and people start induction training on their first day at work. Records evidence that people have three or four days induction training initially and then shadow other staff until their Criminal Records Bureau (CRB) clearance is received; the manager told us that this is the case regardless of how long the CRB clearance takes to arrive and records supported this. Seven staff returned a survey and all told us that their induction trianing covered everything they needed to know when they first started work at the home and that they receive on-going training that equips them to carry out their role effectively. In most instances staff complete other training during their 'shadowing' period such as moving and handling training.

There is a training and development plan in place and this records topics that the organisation consider to be mandatory training (such as moving and handling, safeguarding adults from abuse, infection control, food hygiene and fire safety) as well as more specialised topics (such as the deprivation of liberty and palliative care). The training plan is held on a database and this is designed to highlight when refresher training is needed.

There are currently plans in place for staff training/workshops to be held on care planning, dementia care and the use of continence products. There is now a training room at the home; this is also used by staff at their 'sister' home.

Each Thursday morning the training room is available for staff from both homes to work on their NVQ award. A member of staff told us in a survey, 'the home talks to us to decide what we need regards training. In the last few months I have done several training courses all of which helps me to do my job better'.

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; quality systems enable people to affect the way in which the home is operated and health and safety systems protect people as far as is possible from the risk of harm.

Evidence:

The manager is qualified, competent and experienced to run the home; she has achieved NVQ Level 4 in Care and Management, an NVQ award in risk assessment and the NVQ Assessor's award. She keeps her practice up to date by attending in-house training sessions alongside staff and has recently attended training on the Deprivation of Liberty. In addition to this, the manager has undertaken 'train the trainer' courses on infection control and safeguarding adults from abuse so that she is able to facilitate in-house training for the organisation. She also attends in-house management meetings and the local Care Home's Association meetings. The management team also includes a deputy manager, team leaders and a night shift manager and there are clear lines of accountability within the home.

Evidence:

The manager and senior staff operate quality assurance systems within the home. These include regular staff meetings (for various groups of staff); we noted that a special staff meeting was held to discuss the implications of a Swine flu outbreak.

Resident meetings are held regularly: we noted that they are well attended and that feedback from the previous meeting is included in the agenda. One meeting recorded that a quiz night would be arranged and that families would be invited; we saw evidence that this had taken place. Another meeting recorded that larger laundry baskets were purchased following suggestions made at the previous meeting.

Regular audits are undertaken by the manager and senior staff - recent audits include care plans, pets, nutrition/weight charts, training, management time and night time care. As a result of the latter two audits a night shift manager was appointed and the hours worked by the assistant manager were increased. We noted that audits are revisited to check if the action taken has been successful.

The manager told us that no monies are held on behalf of people living at the home. Some people have small amounts of money in their wallet, purse or handbag and everyone has a lockable cash box in their bedroom so that they can hold money and valuables safely. The home pays the hairdresser and the chiropodist and then add the amount owed to individual accounts prepared for accommodation fees at the end of the month. Petty cash is available to give to people if they wish to make special purchases - again, this is added to accounts at the end of the month.

We examined a selection of health and safety documentation at the home. Records evidence that weekly in-house fire tests/drills take place consistently and an annual test of the fire alarm system and emergency lighting has taken place. There is a fire risk assessment in place and this includes additional risk assessments on smoking, fire doors and the boiler room. The passenger lift and hoists (including slings) have been serviced appropriately and there is a current gas safety certificate in place. The manager has provided a written statement of the policy, organisation and arrangements for maintaining safe working practices, including appropriate risk assessments.

Records evidence that staff have training on health and safety topics at the time of their induction and then on an on-going basis. The manager told us in the AQAA form that all policies and procedures have recently been reviewed; this includes policies on health and safety topics.

We examined the accident forms completed by staff. The manager monitors the

Evidence:

accident forms to check if people are having regular falls or if any patterns emerge; any concerns are acted upon and this is recorded on the accident form. We noted that some accidents are reported to the Care Quality Commission via Regulation 37 notifications but not all; we advised the manager that any accidents or incidents that require medical intervention should be reported to the CQC.

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

Recommendations

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

No	Refer to Standard	Good Practice Recommendations
1	9	Any handwritten entries made on medication administration record forms should be signed by two staff to ensure accuracy.
2	12	It would be good practice to cross reference information recorded in the activity book into care plans so that there is a full record of the care provided for each person in their individual plan of care.
3	38	The Care Quality Commission should be notified of any accidents or incidents where there has been medical intervention via reporting under Regulation 37 of the Care Homes Regulations 2001.

Helpline:

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