

# Key inspection report

## Care homes for older people

<b>Name:</b>	Knightswood Residential Home for the Elderly Ltd
<b>Address:</b>	Manchester Road Blackrod Bolton Lancs BL6 5LS

**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.

<b>Lead inspector:</b>	<b>Date:</b>
Elaine Stoddart	0 9 1 2 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](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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

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

## Reader Information

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## Information about the care home

Name of care home:	Knightswood Residential Home for the Elderly Ltd
Address:	Manchester Road Blackrod Bolton Lancs BL6 5LS
Telephone number:	
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	Knightswood Residential Home for the Elderly Limited
Name of registered manager (if applicable)	
Type of registration:	care home
Number of places registered:	22

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	22

### Additional conditions:

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 The maximum number of service users who can be accommodated is: 22

Date of last inspection

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### Brief description of the care home

Knightswood Residential Home for the Elderly was re registered on 11th March 2009 under the new ownership of Knightswood Residential Care Home for the Elderly LTD. The home is registered to accommodate no more than 22 elderly people. The staff provide personal care and support to the residents. Nursing care is provided by district

### Brief description of the care home

nurses when required. The manager is Susan Shone, who is experienced in the care of older people and is yet to be registered with the Commission. The responsible individual is Jim Muldoon. The home is located in a residential area close to the local transport networks. The home is on two floors with the communal areas located at ground level. A stair lift provides access to the five rooms upstairs. There are 20 single rooms and two double rooms used for single occupancy. There are two lounges, one with a TV and one used as a quiet area for the residents. A large dining room is available for the residents to have their meals. There is a small smoking area provided for the residents who wish to smoke. A large well kept garden is available at the rear of the home. Parking for visitors is available at the front entrance. The cost for the service ranges from 350.00 pounds to 550.00 pounds per week.

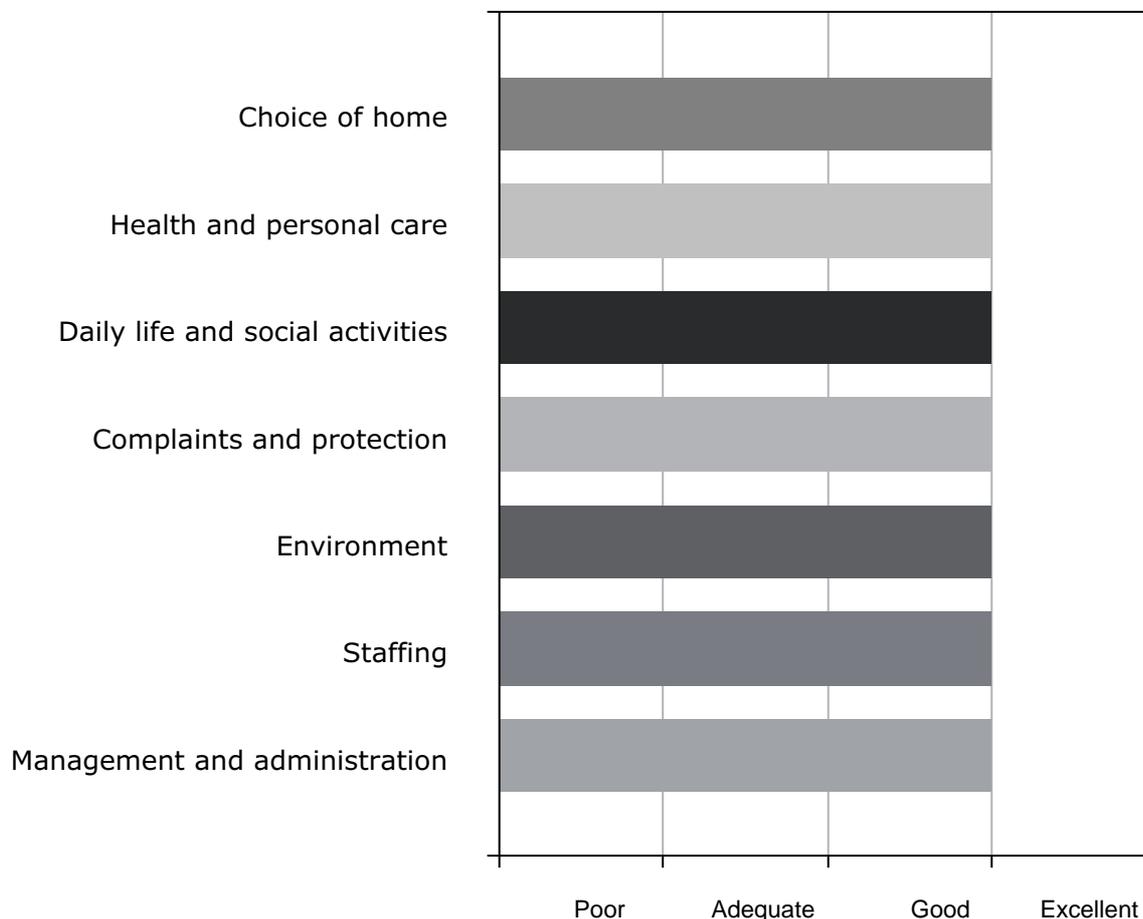
## Summary

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

The quality rating for this care home is:

two star good service

### Our judgement for each outcome:



### How we did our inspection:

This was the first key inspection for this service.

A site visit took place as part of the inspection and this was conducted by one inspector over one day for approximately eight hours. Information for this inspection was gathered in a number of different ways. This included the unannounced site visit where time was spent reading service records, looking at areas of the building and speaking with residents, visitors, staff and management.

All of the key standards and other standards were looked at. The acting manager, responsible individual and a number of staff were present for the inspection. Feedback was provided to the acting manager at the end of the visit.

'Case tracking' was used as part of the site visit. This involves looking at the support the residents' receive from the manager and staff. This also includes looking at the

residents care plans to obtain information on how their care needs, medication and finances are managed. Three residents were case tracked, however this was not carried out to the detriment of other residents who also took part in the inspection process. Time was spent meeting with residents, visitors, relatives and staff to gain their views on the overall service. Surveys were sent out to staff and residents to ask them for their comments. Comments from surveys received and people spoken with are contained within this report.

An AQAA (annual quality assurance assessment) was completed by the manager in good prior to the visit. The AQAA comprises of two self-questionnaires that focus on the outcomes for people. The self-assessment provides information as to how the staff and manager are meeting the needs of the people who live there. The data set gives basic facts and figures about the service, including staffing numbers and training. Some information provided by the AQAA is included in this report.

The people accommodated at the home wished to be called residents and this term is used in the report.

### **What the care home does well:**

Assessments of need are obtained prior to admission to ensure the home can meet their needs. Care plans are detailed to ensure the residents obtain the care and support they need.

The home provides a comfortable, clean and homely place for the residents to live.

Visitors were seen to be made welcome at all times and encouraged to take part in the home's daily routines if they wished.

Staff are trained to carry out their roles in a safe manner.

Staff are recruited correctly to safeguard the people they care for.

Stimulating activities are provided for the residents.

Wholesome, nutritious meals with alternatives are available,

The home is organised and well managed.

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

New service.

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

The statement of purpose and service user guide is in need of updating to reflect the change in ownership and management. This will provide prospective residents with the information they need to make a choice if they wish to live there.

Short term care plans should be available to show the identified care needs of new admissions pending a long term plan being put into place. Thus providing the information the staff need to provide the care and support. This was provided at the time of the visit for one new admission.

It is strongly recommended that the records to show residents who require turning at regular intervals to minimise the risk of pressure sores are recorded daily stating the times, date and signed by the staff completing the tasks. As set out clearly in their plan of care.

All written entries recorded on medication administration records (MAR) should be countersigned to ensure correct medication and dosage for the residents.

The manager should complete monthly competency assessments for all senior staff to monitor medication practices for the residents' safety. The manager is recommended to provide staff with training on the Mental Capacity Act 2005 and Deprivation of Liberty. This will ensure staff are aware of how to help people who may lack the capacity to make certain decisions.

The fitting of the new wash basin in the laundry to be completed as confirmed by the provider at the time of the visit. To help minimise cross infection.

The employment of a laundry assistant would enable more staff time to be spent with the residents.

The provision of a staff room would enable staff to take a private break during their working day.

The manager should continue to keep the training programme up to date to show training given and when refresher courses are needed. Thus enabling the staff to have the skills to carry out their roles to meet the needs of the residents.

Manager should complete her application to become registered with the Commission and obtain her qualification for the Registered Manager's Award.

Surveys should be provided to obtain feedback from residents, relatives and other interested parties to enable them to have their say on how the home is run since the new ownership.

The manager should develop a formal supervision process for staff to demonstrate they are supported in their roles.

All documents required for inspection purposes should be accessible on the day of the visit to provide information on the service.

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

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line 0870 240 7535.

## Details of our findings

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Outstanding statutory requirements

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.

Assessments of need are in place to enable the home to meet the care needs of the residents. Information available to residents is in need of updating to reflect the new ownership.

Evidence:

The AQAA reported that all new residents are assessed prior to admission to ensure the home can meet their needs. A trial month period is provided to allow residents settle in and make a decision if they wish to stay.

Information is provided to prospective residents and visitors in the form of a Statement of Purpose and Service User Guide. This information is in need of updating since the change in ownership and management. This was agreed to be completed by the responsible individual, Mr Jim Muldoon, who was present on the day of the visit. A copy of the updated version was recommended to be forwarded to the Commission when completed and a recommendation is made in this report. A copy of the Service

## Evidence:

User Guide was found to be available in all residents' rooms. A copy of the inspection reports are also available in the entrance for visitors to access.

Twenty residents were accommodated at time of visit. Assessments of need were viewed for three residents. These were found to be completed in detail and contained information on all their care needs. Thus ensuring the staff at the home are able to meet those needs. The information included details of each resident's personal care needs, social interests, sleep patterns, nutritional needs, medication, mobility problems and any risks identified. Records were completed to show how the care should be provided in the way in which the residents prefer. Assessment details and care plans were also seen to be completed by the placing authority, which provided information to the home prior to admission.

Each resident's 'life history' is completed and this enables the staff to be aware of their social interests, family backgrounds and past employment. Equality and diversity is promoted as residents of all race, gender and sexual orientation are admitted to the home.

Positive comments were received from surveys obtained from relatives. Their comments included:

"We are very pleased with the care Mum receives at Knightswood. Each and every one of the staff are brilliant with Mum and do their very best to make her very comfortable."

"They do everything well for me. Nothing needs improving."

On the day of the visit we spent some time talking with relatives, residents and visitors. People spoken with commented:

"Can't fault anything." (Visitor).

"The staff are lovely." (Visitor).

"I have no comments to make. I am very happy with her care." (Relative).

"I have been in other homes and nothing compares to this one. I like it here it is lovely. My daughter chose it for me. She looked at others and this one was the best." (Resident).

Evidence:

Standard 6 was not assessed as the home does not provide intermediate care.

## 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.

Residents have access to health care services to help keep them well. Care plans outline residents individual care needs and the actions to be taken by the staff to meet those needs. Medication is delivered safely by trained staff.

Evidence:

The AQAA reported - 'We provide clear care plans based on pre - assessments made prior to admission. Care plans are easy for staff to follow to ensure they can meet individual needs.'

The assessments are used to develop each resident's plan of care. Three plans of care were viewed. The care plans for two residents who had been admitted some time ago were found to be clearly identify all areas of the residents individual care needs. These included all areas of personal hygiene, safety, dressing, continence, and medication. Individual care needs were clearly identified in the care plans and actions to be taken by the staff to meet those needs and provide positive outcome for the people they care for. The care plans recorded the preferences of each resident, how they wish their care to be delivered and likes and dislikes.

## Evidence:

A resident who had recently been admitted had an assessment of her care needs in place and this was available to staff. The care plan was in the process of being developed in view of the recent admission. This was discussed with the acting manager and responsible individual during the visit. A short term care plan was immediately put into place based on the information contained in the assessment. Thus ensuring the staff have the information available to meet the residents' needs. A recommendation is made in this report for short term care plans to be provided to enable them to meet residents' needs.

All areas of the care plans are fully reviewed every month by the manager to reflect changing needs. Records seen confirmed this. Residents, relatives and advocates sign to acknowledge agreement of the care plan.

All residents events, such as activities and visitors are written up in care plans daily.

Discussion with residents and records viewed showed that health care professionals are always contacted if the residents' health changes. Thus ensuring residents' health care is monitored closely.

A number of residents were found to require regular visits by the district nursing service to provide additional health care. Records viewed showed that all visits are documented. Residents who are bedfast have a care plan to identify the need for staff to turn them regularly to help prevent pressure sores. One resident who requires this input by staff was seen and found to be comfortable, clean and free from pressure sores. Specialist equipment is in place if required, such as air mattresses, to ensure the residents are comfortable. The resident was observed to be checked by staff regularly to attend to her care needs. The records of turns viewed were found not to be recorded correctly by the staff. This was brought to the attention of the staff on duty, the acting manager and the responsible individual and immediate action taken to improve the recording system. Records of nutrition and fluid intake was seen to be recorded daily thus enabling staff to monitor intake. A recommendation is made that daily turning records should show time, date and by who should be recorded.

All areas of risk, such as mobility, moving and handling, falls, environmental and dependency levels are assessed, recorded and updated monthly by the manager to reflect changing needs. Thus enabling the residents to be kept safe.

Staff spoken with confirmed that they have the information available to them to enable them to provide the care and commented that they find the care records easy

Evidence:

to read

Residents medication is clearly outlined in their needs assessment and plan of care. Records clearly outlined the medication details of each resident. Medication policies and procedures were in place to assist staff to administer medication safely. Only trained senior staff administer medication and this was confirmed by viewing training records and through discussion with the staff on duty. Senior staff spoken with said they had recently had a more 'in depth' training course on medication. Medication is securely stored. All medication given was observed to be recorded at time of administration. 'As and when' medication is all recorded on the medication administration record (MAR) to show a record of all medication given. Written entries on the MAR were not countersigned by staff to ensure the correct medication is recorded. This was recommended at the visit and within this report.

It is also recommended that the manager completes monthly competency assessments on all senior staff to monitor medication practices for the residents' safety.

Care staff were seen to treat the residents with dignity and respect throughout the day. Residents were spoken with using their preferred name and staff always knocked prior to entering private rooms. Staff were seen to interact well with the residents and responded well to them when needed. The residents were seen to be clean and tidy in their appearance. Visitors and relatives provided positive comments on the care and support the staff give. "I call every day whatever times and the residents are always clean and well cared for."

## 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.

A wholesome, well balanced diet is provided. Residents have an activity programme, which provides stimulation and enjoyment.

Evidence:

The AQAA reported that 'residents are encouraged to keep in contact with families. Care plans identify all past history so staff are aware of their likes, dislikes and social background.'

Care records showed that residents' social interests, likes and dislikes and past history had been recorded. This helps the staff to provide the activities and daily discussions to keep the residents stimulated and happy. The activities include chair exercises, reminiscence and games. The activity programme was posted for residents and relatives to view. There is no activity organiser employed as the staff provide these as part of their working day. Daily records are kept of the residents' participation.

Visitors were seen to call at all times of the day and were made very welcome. offered cups of tea and encouraged to join in activities. The comments made by the visitors, relatives, residents and staff spoken with as well as the surveys received included:

Evidence:

"Some kind of massage, aromatherapy sessions would be good on a regular basis. The music sessions are greatly enjoyed." (Relative).

"There are activities daily, which the residents enjoy." (Staff).

"I call in every day. Always made welcome. Offered a cup of tea. I can't fault anything. They allow me to bring my dog and the residents love her." (Visitor).

"I often join in the activities as I call daily. We have been invited to attend the Christmas party. Staff are seen to encourage the residents to join in the activities and it is good to see those who don't usually take part enjoying it." (Visitor).

Residents were seen to meet with their visitors in the communal areas or in the privacy of their own rooms. There are a number of private areas the residents can use to sit and chat quietly.

Staff were putting up Christmas decorations in the afternoon and residents were enjoying seeing the home decorated.

Care records contain information on the residents' nutritional needs and special diets, such as diabetes. Discussion with the cook confirmed that he is aware of any special diets and the residents likes and dislikes. Residents who require their food to be liquidised was seen to be prepared in an attractive way. Staff assist those residents who are unable to feed themselves. Records are maintained of all their food and fluid intake. Thus ensuring they are closely monitored.

A large attractive, comfortable dining area is available to seat all residents. Residents mainly have for their meals in this area with the exception of those who are unable or wish to remain in their own rooms. One resident said "I like to have all my meals in the privacy of my room," and her wish is respected.

Some time was spent with the cook discussing menus and looking at food supplies. Food stores were found to be well stocked. The cook works on four weekly menus. Changes are made if residents wish to have something different. Alternatives are offered daily and residents spoken with confirmed this. The menu is displayed outside kitchen area for the residents to view. All food is home made and fresh vegetables are provided. Lunch was roast chicken and fresh vegetables with bread and butter pudding and cream. Snacks and drinks are provided throughout the day and smoothies every morning for the residents.

Evidence:

The new owners provided a new kitchen in March 2009. The cook confirmed he is able to order food with no restrictions from the owners. A Christmas buffet is planned for residents and any visitors who wish to attend.

Comments received from people spoken with and surveys received provided the following:

Good well balanced diet given. All meals are freshly made." (Staff).

"The food is good. Alternatives always offered. They have smoothies every morning. The food is good. Alternatives always offered. They have smoothies every morning. Visitor).

"The food is good." (Resident).

Residents and their families are encouraged to deal with any finances. Invoices are sent for any monies owing and records are maintained to protect the residents.

## Complaints and protection

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

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

**This is what people staying in this care home experience:**

Judgement:

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

People who use the service know how to make a complaint and know they will be listened to. Trained staff help to protect the people who live at the home.

Evidence:

The AQAA reported 'We always deal with complaints when they arise and relatives and residents are aware of the policy and procedures in place.'

The complaints policy and procedures are contained in the Statement of Purpose and Service User Guide. Copies of these were found in resident's rooms. No complaints have been made to the Commission and no complaints have been made to the home.

An adult protection policy is in place to safeguard the residents. The AQAA reported that no protection of vulnerable adults (POVA) referrals have been made. Staff are trained in POVA to safeguard the people they care for.

Staff spoken with confirmed their understanding of the procedures clearly. Training records showed staff had received training in POVA so they are aware of how to protect the residents. Staff spoken with said they wouldn't hesitate to alert the correct authorities regarding any abuse.

Residents and visitors spoken with confirmed they knew how to make a complaint and would not hesitate to talk to the staff or manager. Comments include:

Evidence:

"The manager and owner are very approachable. I wouldn't hesitate to tell them if I wasn't happy with something. Can't fault anything". (Visitor).

"I have no complaints this home is much better than the last one I was in."  
(Resident).

Discussion with the responsible individual confirmed that no Deprivation of Liberty applications had been made. Manager recommended to provide staff with training on the Mental Capacity Act 2005 and Deprivation of Liberty. This will ensure staff are aware of how to help people who may lack the capacity to make certain decisions. Information on the contacts for advocates are available should these be required by the residents or their visitors.

Staff files viewed showed that all staff are recruited correctly following an up to date Criminal Record Bureau check (CRB) and two references. To help safeguard the residents.

## 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 provides a clean, well decorated and homely place for the people who live there.

Evidence:

The AQAA reported 'We provide the correct equipment to maximise residents Independence. We provide a safe, clean environment for residents to live.'

Surveys received and people spoken with provided the following comments:

"The home is very clean and well looked after." (Relative).

"Major improvements have been made in the last six months." (Relative).

A full tour of all communal areas and some residents' rooms was made with the responsible individual. Work which has been completed since the new ownership was viewed. The home was found to be fresh, clean and free from offensive odours. The entrance hall is bright and cheerful and contains information for visitors to view.

Since the new ownership new carpets and furniture had been purchased and re decoration has taken place in a number of areas. There is a large dining room and two lounges for use as communal areas. There is a small smoking area for the residents to

## Evidence:

use.

All bedrooms rooms are down stairs with exception of five rooms upstairs, accessible by a stair lift. The kitchen has had a complete refurbishment in the last six months. The laundry has new equipment in place. The laundry was planned to have a new hand basin fitted for the staff to use when dealing with residents' laundry. This was discussed with the responsible individual (Jim Muldoon) at the visit as this is needed to minimise cross infection. Staff were presently using the bathroom opposite pending its completion. Jim Muldoon immediately arranged for this to be organised at the time of the visit.

A domestic is employed for four days a week and the staff see to the domestic work on her days off. Staff attend to the laundry and discussion with staff confirmed that this can often impact on the time they have to spend with the residents. A laundry assistant would be beneficial to the home to allow the care staff more time with the residents. This is recommended in outcome 6 of this report.

There is a large rear garden, which is well kept by the gardener. A small patio is available for residents to sit in summer. The maintenance person covers two homes and responds to repairs when needed. Staff confirmed that outside contractors can be called if needed.

Residents' bedrooms are decorated as they become vacant. A number have been turned into single occupancy and these were viewed on day and found to be very clean, well decorated and contained residents personal items. Keys are supplied if residents wish to have one to their own rooms.

There are no en suite facilities. Bathrooms were seen to be fitted with equipment to aid mobility and are accessible to the residents. Paper towels and soap dispensers were in place to minimise cross infection.

All certificates for services are in date as quoted in AQAA. These include services such as electricity. A number of these were checked during the visit to ensure a safe place for the resident to live.

## 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.

Staff are recruited correctly and trained to protect the residents from harm.

Evidence:

The AQAA reported 'Sufficient staff are on duty to meet residents needs.'

Sufficient staff to meet the residents' needs were found to be on duty at the time of the visit. These included the acting manager, two senior carers, two care staff, one domestic and one cook. Two staff provide night care cover.

Staff were seen to be polite, friendly and courteous at all times with the residents and visitors. Residents and visitors provided very positive comments regarding the staff. Staff were seen to interact well with the residents at all times by spending time with them individually and collectively. A pleasant, relaxed happy atmosphere was present. Positive comments were received from surveys and people spoken with. These include:

"Everyone -staff, residents and relatives all get along very well." (Staff).

"I think this care home is the best. I have worked here for 10 years." (Staff).

"Staff are very friendly and approachable." (Relative).

Evidence:

"The staff are warm and friendly." (Visitor).

Staff training records viewed showed that an ongoing training plan is in place to ensure the staff have the skills to carry out their roles safely. All areas of mandatory training were found to be up to date with the exception of fire training, which is due in December 2009 and has been arranged for early 2010. Food hygiene for a small number of staff needs to be updated. This was discussed with the acting manager at the time of the visit and a recommendation made for the training plan to be reviewed regularly to keep training up to date. In addition to the mandatory training other training to meet the needs of the client group they care for is provided. This includes training in dementia care.

National Vocational Qualifications (NVQ) for staff is over 50%. This was confirmed in the AQAA and staff records viewed. Discussion took place with staff and the NVQ assessor who was visiting the home and commented:

"The home is very supportive to their staff. I have never seen so much support and encouragement given. There is always a pleasant atmosphere when I call."

Staff spoken with confirmed the training is very good and commented:

"We are given helpful training courses such as dementia awareness. This helps me understand the residents we care for and enables me to meet their needs."

"I love it here. The best home I have ever worked in. I am doing NVQ Level 2."

"Marvellous little home. Not enough time to spend with residents due to seeing to laundry work. Supervision is developing."

The employment of a laundry assistant is recommended to enable the care staff to have the time to care for the residents.

Staff files viewed confirmed that they are recruited following the correct procedures to ensure the residents are safe from harm. New staff undertake an induction to introduce them into the home and their roles and responsibilities. Equality and diversity is promoted by employing staff of different age, nationality and backgrounds.

Evidence:

## 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 run in the interest of the people who live there.

Evidence:

The AQAA reported that the 'manager has worked for 22 years previously as a deputy manager and knows the residents well.'

The manager is experienced in the care of older people. She is yet to apply to become registered with the Commission. Jim Muldoon confirmed the application is almost ready to be forwarded to the Commission and a recommendation is made within this report. The manager aims to complete her registered manager's award by January 2010.

Comments from people spoken with confirmed that the manager provides an open and inclusive atmosphere. Comments include:

"It is nice to have a manager and director who take an interest in the staff. Who

Evidence:

pushes us to do more courses and gain qualifications. I feel my job role is more organised." (Staff).

"Since the change in ownership there have been significant improvements. Susan Shone, the manager exercises her managerial role in a friendly and caring manner." (Relative).

The manager was not available at the time of the visit due to annual leave. The acting manager was able to access the documents required for inspection purposes with the exception of emergency lighting and fire test records. These were requested to be forwarded to the Commission on the managers return for information. A recommendation is made that these records be available to view during inspections.

Policies and procedures are in place and were found up to date. Certificates for services, such as electricity were all in date as recorded in AQAA. Thus ensuring a safe place for the residents to live.

Views of the residents and their relatives taken into account during residents reviews, meetings and daily discussions. The responsible individual calls every two weeks to assess the home's progress. The manager is yet to conduct a survey of the residents and relatives to obtain their feedback on the service they provide since the new ownership. This is recommended in this report.

Formal supervision is yet to be developed for staff as the service has been concentrating on improving residents care files and updating staff training since the new ownership. Staff reported that day to day supervision is always available as the manager is on site daily. The manager has recently attended a training course on how to conduct formal supervisions. Recommendation is made for formal supervision in this report.

No residents finances are dealt with by the home. All residents are invoiced for any monies owing.

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	1	The statement of purpose and service user guide is in need of updating to reflect the change in ownership and management. This was agreed to be completed by the responsible individual at the time of the visit and a copy to be forwarded to the Commission.
2	7	Short term care plans should be available to show the identified care needs of new admissions pending a long term plan being put in place. Thus providing the information the staff need to provide the care and support. This was provided at the time of the visit for one new admission.
3	8	It is strongly recommended that the records to show residents who require turning at regular intervals to minimise the risk of pressure sores are recorded daily stating the times, date and signed by the staff completing the tasks. As set out clearly in their plan of care.
4	9	All written entries recorded on medication administration records (MAR) are countersigned to ensure correct medication and dosage for the residents.
5	9	It is recommended that the manager completes monthly

## 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
		competency assessments for all senior staff to monitor medication practices for the residents' safety.
6	18	The manager is recommended to provide staff with training on the Mental Capacity Act 2005 and Deprivation of Liberty. This will ensure staff are aware of how to help people who may lack the capacity to make certain decisions.
7	19	The provision of a staff room would enable staff to take a private break during their working day.
8	26	The fitting of the new wash basin in the laundry to be completed as confirmed by the provider at the time of the visit.
9	27	The employment of a laundry assistant would enable more staff time to be spent with the residents.
10	30	The manager should continue to keep the training programme up to date to show training given and when refresher courses are needed. Thus enabling the staff to have the skills to carry out their roles to meet the needs of the residents. Training in fire safety and food hygiene was confirmed at the visit to be arranged for those staff who needed updating.
11	31	The manager should complete her application to become registered with the Commission and obtain her qualification for the Registered Manager's Award.
12	33	Surveys should be provided to obtain feedback from residents, relatives and other interested parties to enable them to have their say on how the home is run since the new ownership.
13	36	The manager should develop a formal supervision process for staff to demonstrate they are supported in their roles.
14	38	All documents required for inspection purposes should be accessible for evidence.

**Helpline:**

**Telephone:** 03000 616161

**Email:** [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

**Web:** [www.cqc.org.uk](http://www.cqc.org.uk)

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