

Key inspection report

Care homes for older people

Name:	Holmer Court
Address:	Attwood Lane Holmer Hereford Herefordshire HR1 1LJ

The quality rating for this care home is:

one star adequate 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:
Sarah Blake	0 8 0 1 2 0 1 0

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

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- 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:	Holmer Court
Address:	Attwood Lane Holmer Hereford Herefordshire HR1 1LJ
Telephone number:	01432351335
Fax number:	
Email address:	showard@ashberry.net
Provider web address:	

Name of registered provider(s):	Ashberry Healthcare Ltd.
Type of registration:	care home
Number of places registered:	33

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	33	0
old age, not falling within any other category	0	33
Additional conditions:		
The maximum number of service users to be accommodated is 33..		
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: Dementia (DE) 33 Old age not falling within any other category (OP) 33		

Date of last inspection								
Brief description of the care home								
Holmer Court is a large Georgian house with modern extensions, situated on the outskirts of the city of Hereford. It is registered to accommodate up to 33 older people whose care needs may arise from frailty due to the ageing process or a dementia illness. All rooms are single, apart from one, which is shared by two people. Twenty rooms have en-suite facilities. There are a range of communal rooms, a new conservatory and good-sized gardens that are accessible for service users. Ashberry								

Brief description of the care home

Healthcare Ltd bought the home in July 2006. Please contact the home for information about the current range of fees. A copy of this report can be viewed at the home.

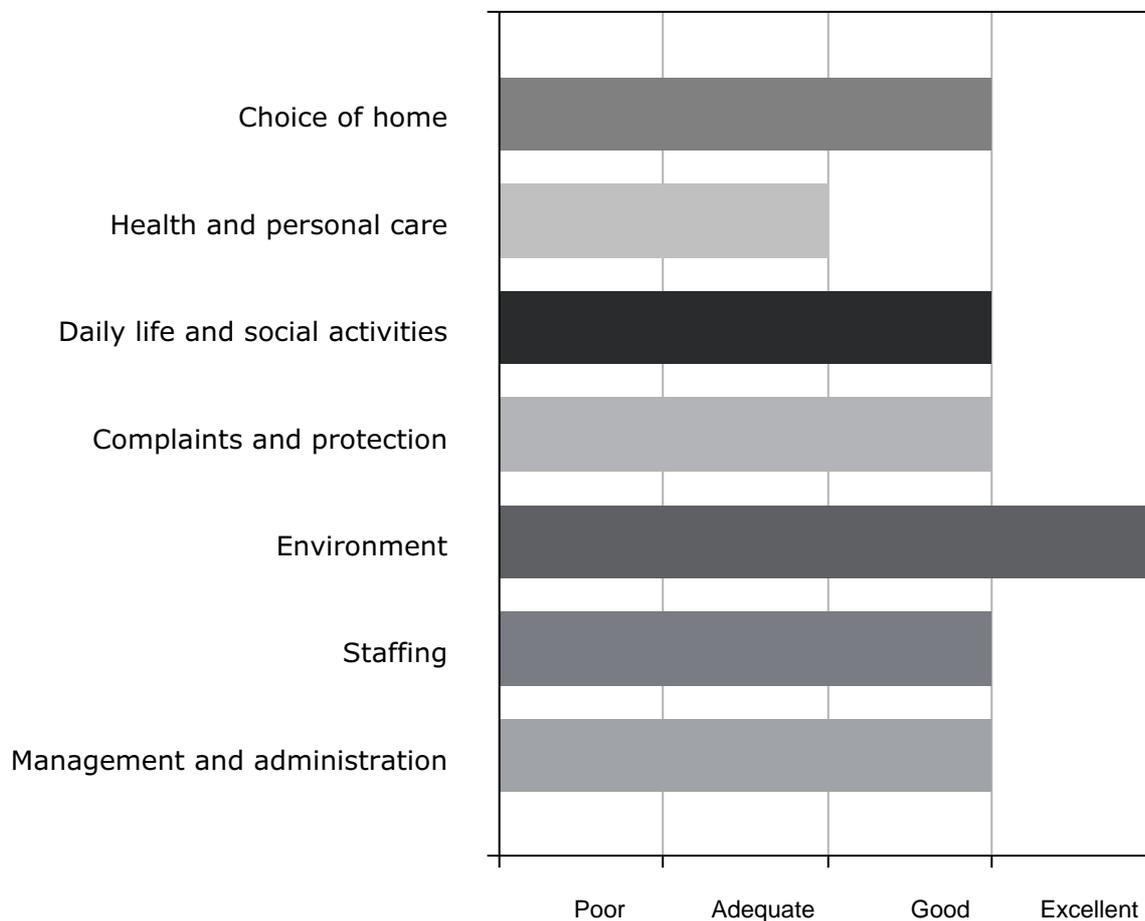
Summary

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

The quality rating for this care home is:

one star adequate service

Our judgement for each outcome:



How we did our inspection:

This was an unannounced inspection. One inspector spent a day at the home, talking to the people who use the service and the staff, and looking at the records, which must be kept by the home to show that it is being run properly. These include records relating to the care of people who use the service. We looked in detail at the records for two people living at the home.

The service had previously completed an Annual Quality Assurance Assessment (AQAA). The AQAA is a self-assessment that focuses on how well outcomes are being met for people using the service. It also gives us some numerical information about the service. Some of the comments from the AQAA have been included within this inspection report.

We also received completed survey forms from people who use the service, their relatives and health professionals who work with the home. The information from these

sources helps us understand how well the home is meeting the needs of the people using the service.

What the care home does well:

Holmer Court provides written information to help people decide if they wish to move in. The home makes sure that people's individual needs are fully assessed before they move in, so that staff know the care that needs to be provided.

The home makes sure that care plans are reviewed regularly, and that records of the care provided are detailed and accurate.

The home provides activities and social opportunities which are tailored to each person's individual needs. The food at the home provides a nutritious and balanced diet.

People can be confident that any concerns will be listened to and resolved. Staff understand their responsibilities in protecting vulnerable people from neglect or abuse.

Holmer Court provides a safe and comfortable home for people to live in. Infection control is well managed.

Staff at the home are kind and caring. They are provided with the training they need to ensure that they have the skills and knowledge necessary to care for vulnerable people.

The home is managed in the best interests of the people who live there. The manager and her team work hard to ensure that the needs and wishes of the people who live at the home are at the heart of everything they do.

What has improved since the last inspection?

Staff make sure that records of the care provided for people are completed every day and are kept so that people's confidentiality is maintained. Care plans are reviewed regularly and as people's needs change.

There is an effective system in place to ensure that staff receive the training they need. The home makes sure that there is always at least one member of staff on duty who is trained in First Aid.

What they could do better:

People's care needs are not always identified and met fully. People cannot be confident that the home manages medication safely.

There are some minor shortfalls in recruitment practices.

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.

Holmer Court provides written information to help people decide if they wish to move in. The home makes sure that people's individual needs are fully assessed before they move in, so that staff know the care that needs to be provided.

Evidence:

The home provides people with written information, in the form of a Service User Guide, to help them decide if they wish to move into Holmer Court. We saw that the Service User Guide contained useful information about life at the home.

The manager told us that all written information can be made available in large print if required.

Records showed that senior staff from the home visit people before they move in, so that a full assessment of their needs can be carried out. We looked at the care records for one person who had recently moved into the home. We saw that there was a brief,

Evidence:

but informative, assessment which took into account the person's individual needs and wishes. Family members had been involved in this assessment, particularly in assisting the home to find out about the person's likes and dislikes and their family history. All this information helps the home to ensure that it can meet people's individual needs, and gives staff the information they need to provide care for people.

The manager told us that two people who live at the home enjoy helping new people to settle in. In the AQAA, the manager showed that she has a good understanding of the fact that moving into a care home can be an unsettling experience for people, and that she and the staff do all that they can to make sure that people are supported as they settle in.

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

The home makes sure that care plans are reviewed regularly. People's care needs are not always fully met. People cannot be confident that the home manages medication safely.

Evidence:

People living at the home and their relatives told us in our surveys that staff provide the care that they need, and that staff are available when needed.

We looked in detail at the care provided for two people who live at the home. This included checking their care plans and medication records, and talking to staff about how their care is provided.

We saw that care plans are regularly reviewed and are usually amended as people's needs change. The care plans address people's individual needs by giving staff clear information about their needs and how to meet them. For example, one person has difficulty in communicating their needs due to their dementia. The care plan stated "listen very carefully to B (name of person). Communication is very poor so observe

Evidence:

facial expressions, gestures, body language. Put yes or no questions to B". Another person has mobility needs, and staff use specialist equipment to assist them. The use of this equipment was clearly explained to staff in the care plan. Staff told us that they read the care plans to find out what care each person needs.

In each person's bedroom there is an individual folder, with details of the person's daily care needs, and spaces for staff to sign to show that they have carried out the care. These folders also contain notes made by staff of any significant information or incidents. The manager told us that she audits these folders every month, so that she can be sure that the care plans are kept up to date. This is good practice, as it means that people are easily able to access some of the information that the home has about them.

We saw that people's preferences, such as preferred time of going to bed, were noted in the care plans, and people told us that staff respect their choices. During the day of the inspection, we saw staff encouraging people to make choices about the day to day aspects of their lives, such as what they would like to do after lunch or which snacks they would like.

Records showed that the home usually accesses medical support as necessary. A local GP visits the home once a week, and the clinical room has been set out like a typical GP's surgery, so that people can see the GP there, rather than in their bedrooms, if they wish.

The home ensures that everyone who moves into the home has their nutritional needs assessed, and that they are weighed regularly to ensure that they are not at risk of malnutrition. We saw that one person had recently lost a significant amount of weight. Although their weight had been recorded, no action had been taken to monitor their food intake more closely or to involve health care professionals. The manager told us that the person should have been having their food intake monitored by the use of a food record chart, and that she would make sure this was done. It concerns us that staff had not reported the person's weight loss and that therefore no action had been taken.

We saw that one person sometimes behaves in a way which could put them or others at risk. Although the care plan contained detailed information about the person's behaviour and how staff had managed it, there was no behaviour plan in place to tell staff what to do if their strategies failed to calm the person down. We saw that the person had been prescribed a medication to be taken for agitation, but that this had not been included in the care plan, or written on their Medication Administration

Evidence:

Record (MAR) chart. The manager told us that the person had not required the medication. The lack of written information about strategies for calming the person down, and the lack of information about the circumstances under which the medication could be given, could put the person and others at risk of harm or injury.

When we arrived at the home, we were concerned to see that the medication trolley was in a corridor and was not secured to the wall. This means that medication was not stored safely. The MAR charts for all the people who live at the home were on top of the medication trolley. This does not protect people's confidentiality. Attached to the side of the medication trolley was a plastic container with no lid, in which was a tablet. The manager identified the tablet as a calcium supplement, and took it away to be disposed of. There is a risk that people living at the home could pick up any tablet left out, and swallow it, especially as this is a specialist dementia care home, where people may not recognise the potential risk to themselves from taking other people's medication.

We asked the manager how unwanted medication is disposed of within the home. She told us that supplements and 'over the counter' medication is disposed of in the home's waste bins, and that prescribed medication is placed in sealed envelopes to be returned to the pharmacy for safe disposal. It would be much safer if all unwanted medication was returned to the pharmacy.

In a bathroom, we found two partially used tubes of prescribed steroid cream in a plastic jug, which also contained a top set of dentures and some nail cutting equipment. This is not suitable storage for creams, and again places people at risk of using medication which has not been prescribed for them. We saw that the records for administration of this cream had not been fully completed, so it was not possible to see if the person had received their medication as prescribed.

We observed a senior member of staff administering medication, and we saw that the staff member carried out all the required safety checks before administering the medication.

We looked at the MAR charts for three people and we found discrepancies and areas of concern in each. One person had recently moved into the home, and their medications had been handwritten onto the MAR charts. The handwritten MAR charts had not been signed to show who had transcribed the prescription onto the chart, and for one medication, no dosage had been recorded. It is important that handwritten MAR charts are countersigned by two members of staff to ensure that the information is accurate, as otherwise people could be at risk of not receiving their medication as prescribed.

Evidence:

We wanted to check how the home manages medication which is prescribed on an 'as required' basis, such as pain killers. We saw that one person had been prescribed ibuprofen to be given three times a day as required. There was no carry forward written on the MAR chart to show how many tablets were in the trolley at the beginning of the month, and the date of opening was not recorded on the box currently in use. Because of this, it was not possible to audit the medication to ensure that the home had accurate stock control measures in place.

One person had been prescribed an antipsychotic medication to be given once a day. The MAR chart had been completed for the past eight days with the code 'O', which was defined as meaning 'out of stock'. This means that the person had not been given their medication as prescribed for over a week. The manager confirmed that the person's GP had not been informed about this. Because this issue placed someone at high risk of not having their needs met, we wrote to the home, requiring them to seek medical advice about any potential harm which could arise from the person not having received their medication, and to ensure that the medication was made available within 48 hours. The home wrote to us within the timescale, to tell us what action they had taken.

All of the above information raises a high level of concern that people may be at risk of harm because of the home's poor management of medication. The manager and Operations Manager have kept us fully informed about the steps they have taken to make sure that medication is managed safely. They have shown that they take this very seriously and have acknowledged that they are accountable for the shortfalls found at the inspection. We will return to the home within a short period of time to ensure that the requirements we have made as a result of this inspection have been met, and the relevant Regulations complied with.

During the inspection, we saw that staff were careful to ensure that people's privacy and dignity were respected.

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.

The home provides activities and social opportunities which are tailored to each person's individual needs. The food at the home provides a nutritious and balanced diet.

Evidence:

The way in which Holmer Court supports people to maintain their social and leisure interests shows that the home has an excellent understanding of the needs of people with dementia. Staff work hard to involve people in the life of the home, if they wish, by supporting them to take part in some of the daily tasks, such as preparing vegetables and laying the tables.

We saw plenty of evidence of purposeful activity, such as tapestry cushions made by someone living at the home, and photos of the vegetable garden. We saw jars of pickled onions prepared by people at the home from their home-grown produce. The manager told us that, during the summer, meals often include vegetables grown in the home's vegetable plot, which have been tended and harvested by people living at the home.

People showed us their memory boxes, containing mementos and photos to help them

Evidence:

remember important parts of their lives. There were also boxes of differently textured fabrics for people to feel, and some soft toys and dolls, for those who find these comforting.

The newsletter for December showed that it had been a busy month, with activities including a visit from the Wye singers, an outing to see the Christmas lights with a fish and chip supper, some musical entertainment, an outing to a garden centre, decorating the home, a cheese and wine party, a musical evening, and a Christmas party.

We saw that people who live at the home had made a snowman in the recent cold weather, and had taken part in a snowball fight with the staff, and photos showed how much people had enjoyed doing this.

A beautician visits the home once a month, and the conservatory is turned into a beauty parlour, where staff have treatments together with people who live at the home. One person told us that she loves having her nails done. The hairdresser visits weekly, and there is a dedicated hairdressing room, decorated to look like a hair salon.

The local vicar visits the home every month for communion, and staff are encouraged to join the service if they wish.

One of the new rooms at the home is a large conservatory room, which contains comfortable seating and a large dining table. The manager told us that this is where people can have meals with their families if they wish. On the day of the inspection, we heard the manager on the phone to someone's relative, helping them plan a birthday celebration to be held in the conservatory room.

People living at the home told us that they like the food and that there are plenty of opportunities for snacks and drinks throughout the day. We saw people enjoying their morning coffee, which was served with a choice of biscuits and some fresh fruit which had been prepared in bite sized pieces so that it was easy to eat.

Lunch on the day of the inspection was fish and mashed potato or omelette, with cauliflower cheese, peas and parsley sauce. The pudding was tapioca or fruit and ice-cream. We saw that some people had their own plates or bowls, and that the cook was serving different amounts onto some plates as she knew people's likes and dislikes.

Evidence:

The food was being plated up at 11.25 and then placed in a heated trolley until lunch service at 12.00. We were surprised to see such an institutional way of serving food, given the way in which other aspects of the home were tailored to people's individual needs and wishes. There is some evidence to show that food which is kept hot can suffer from a reduction in its vitamin C content.

The manager told us that sometimes they have a takeaway fish and chip supper with ice-cream in cones, and in our surveys, one person commented on how much they enjoy this.

Some people who live at the home need assistance to eat their meals, and we saw that staff provided this discreetly and sensitively, chatting to the person they were helping, and giving them plenty of time to eat their meal.

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 can be confident that any concerns will be listened to and resolved. Staff understand their responsibilities in protecting vulnerable people from neglect or abuse.

Evidence:

The home keeps records of any complaints and concerns. We saw that the home had not received any complaints since the last inspection. We, the Commission, have received one anonymous complaint about the service during the past year. We referred this to the provider to investigate, and the investigation showed that the complaint was not justified. The provider kept us fully informed throughout.

We saw that the home's complaints procedure is clearly set out and tells people how the home will respond to any concerns or complaints. There is a copy of the complaints procedure in every bedroom. People told us in our surveys that they know how to complain, and know who to talk to if they have any concerns.

We spoke to two members of staff, both of whom had received training in the protection of vulnerable adults. They both showed a good understanding of how to protect people from the risk of neglect or abuse. Training records showed that almost all staff have attended this training.

One of the ways in which homes can help to ensure that people are not at risk is to make sure that only suitable staff are employed at the home. We saw that the home

Evidence:

had received a Criminal Records Bureau (CRB) check for every new member of staff before they started work at the home. However, we identified some issues about references, and we say more about this in the Staffing section of the report.

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

Holmer Court provides a safe and comfortable home for people to live in. Infection control is well managed.

Evidence:

Holmer Court is a large Georgian house which has been adapted and extended to meet the needs of the people who live there. There is a small car park, and the entrance at the side of the building leads into the administration section of the home, from where a locked door leads into the living accommodation.

Once inside the main area of the home, people can access all parts of the home without restriction, the only safety barrier being a gate at the top of the staircase.

The entrance lobby has been furnished with sofas, occasional tables and a piano, and we saw that people tend to enjoy sitting in the lobby during the day. A CD player was playing classical music during the day. Throughout the home there are vases of fresh flowers, which add to the homely atmosphere.

The dining room is a large room with some of the original features of the house, such as the very decorative painted ceiling. Tables and chairs were placed so that there was plenty of space for people.

Evidence:

There are several rooms in the home where people can sit comfortably. The main lounge has a large television set and a newly purchased fish tank. The manager told us that some of the people at the home were working with the activities coordinator to make a backdrop for the fish tank.

The newly built conservatory room is spacious, with a flat screen television. The manager told us that the home has arranged for a satellite sports channel to be available, as one person loves watching the cricket.

Throughout the home, the furniture was seen to be of good quality and in good condition. The home is painted in calm colours, and care has been taken to ensure that, as far as possible, floor coverings are suitable for people with dementia, for instance by eliminating glare.

We saw that people are encouraged to personalise their bedrooms with their own furniture and personal possessions. Bedroom doors have large print laminated labels on them, with the person's name and a picture of something which is important to them. For example, one person has a map of India on their bedroom door because they lived in India as a child. This helps people with dementia to know which is their bedroom, if they are no longer able to understand the written word.

The home has a very large and beautifully kept garden, with paths which are wide enough for wheelchairs. The patio has a ramp down to the main garden, and plenty of handrails to support people. One person told us that in the summer, they spend most of the day in the garden. The manager told us that some people who live at the home enjoy helping the gardener.

All bathrooms and toilets contained supplies of liquid hand wash and paper towels. People told us that the home is kept very clean, and during the day we saw that staff were using gloves and aprons appropriately. These measures help to limit the risk of infection spreading through the home.

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 at the home are kind and caring. They are provided with the training they need to ensure that they have the skills and knowledge necessary to care for vulnerable people. There are some minor shortfalls in recruitment practices.

Evidence:

In our surveys people told us that there are always or usually staff available when needed. We looked at the staffing rotas, and these showed that the staffing levels appeared to be sufficient for the number and needs of the people living at the home. The home makes sure that there is always at least one member of staff on duty who is trained in First Aid.

We spoke to staff, who showed a good understanding of the needs of people with dementia, and records showed that almost all staff have received training in this area. Other training has been provided to ensure that staff have the skills and knowledge they need to provide care for people who live at the home.

We saw that new staff complete an induction programme which meets the Skills for Care Common Induction Standards. Over half of the staff have a National Vocational Qualification (NVQ) in Care, and a new member of staff told us that they would be starting their NVQ soon. This is good practice, as it helps to ensure that people receive a consistently high standard of care.

Evidence:

We looked at the records for two members of staff. We saw that the home had only received one reference for a new staff member, although the Care Home Regulations 2001 state that two references must be obtained prior to a new member of staff starting work.

There was evidence of good practice in other areas of staff recruitment. For example, one person who lives at the home had been involved in interviewing a prospective member of staff. This was a new initiative for the home, and the manager told us that they hoped to continue doing this.

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 managed in the best interests of the people who live there. The manager and her team work hard to ensure that the needs and wishes of the people who live at the home are at the heart of everything they do.

Evidence:

The manager of the home is registered with the Commission. This means that she has been judged to have the skills and experience necessary to manage the home. She is supported by the Operational Manager, who regularly visits the home and carries out monthly checks on how the home is being run.

The manager sent us the AQAA when we asked for it. It was detailed and informative, and showed that the manager knows what improvements the home needs to make.

The home regularly holds meetings for the people who live there to give them the opportunity to raise any issues or suggest improvements. We saw that notes are kept of these meetings so that it is easy to see what action has been taken to address

Evidence:

people's comments.

The home prefers not to take responsibility for people's personal money, and usually invoices families monthly for any incidental expenses such as hairdressing or newspapers.

The home sends out satisfaction surveys regularly to people living at the home, their families and health care professionals who visit the home. We saw that the latest survey showed a high level of satisfaction. One relative had commented "the manager is always available, friendly and approachable". In our surveys, one relative told us "they look after my mum really well and seem to understand her - I'm very pleased with the home".

Staff told us that they felt well supported by the manager, and we saw that she related very well to people living at the home, stopping to chat with them, and encouraging and supporting them as necessary.

The manager takes her responsibilities in relation to health and safety very seriously. The home makes sure that all accidents are recorded, and an analysis is carried out to try to determine any measures that can be taken to reduce the risks of future accidents.

As mentioned in the section on Health and Personal care, we found areas of serious concern in the management of medication. The manager had delegated the responsibility for medication to a senior member of staff, but the manager acknowledged that she herself was accountable for the shortfalls, and that she should have been more thorough in overseeing the management of medication. She and the Operational Manager have worked hard since the inspection to put things right, and have kept us informed throughout.

One person who lives at the home summed up their experience of living at the home by saying "I came here feeling unhappy, now I feel happy".

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	8	12	<p>(1) You must ensure that effective action is taken when any significant weight loss or gain is recorded.</p> <p>This is to ensure that people's nutritional needs are met.</p>	28/02/2010
2	9	13	<p>(2) You must ensure that, for medication prescribed on an 'as required' basis, there are clear written instructions for staff to tell them under what circumstances this medication should be given.</p> <p>This is to ensure that people receive their medication as prescribed.</p>	28/02/2010
3	9	13	<p>(2) You must ensure that accurate recordings are kept of the administration of medication.</p>	28/02/2010

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
			This is so that there is a clear record to show that people have received their medication as prescribed.	
4	9	13	(2) You must ensure that medication is disposed of safely. This is so that people are not at risk of harm.	28/02/2010
5	9	13	(2) You must ensure that an effective system is in place to ensure that medication is kept safely and securely at all times. This is so that people are not at risk of harm.	28/02/2010
6	9	13	(2) You must put an effective system in place to ensure that there are adequate stocks of prescribed medication. This is to ensure that people receive their medication as prescribed.	15/02/2010
7	9	13	(1) You must seek medical advice in respect of the person who has not received an item of medication for eight consecutive days.	17/01/2010

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
			This is to ensure that they are not at risk of harm through being deprived of their prescribed medication.	
8	9	12	(1) You must ensure that prescribed medication is in stock for all persons living at the home. This is to ensure that people receive their medication as prescribed.	17/01/2010
9	28	19	(1)(b) You must obtain in respect of all persons employed at the home all of the relevant information and documents as required by Regulation 19(1)(b) and paragraphs 1 - 9 inclusive of Schedule 2 of the Care Homes Regulations 2001. This is so that people can be confident that only suitable staff are employed at the home.	28/02/2010

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	You should ensure that, where people behave in a way which could place themselves or others at risk, there are clear written instructions for staff to tell them how to manage the behaviour. This is so that people are not placed at risk of harm or injury.

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
2	9	You should ensure that any handwritten instructions on the MAR charts are countersigned by two members of staff. This is to ensure that people receive their medication as prescribed.
3	15	You should review the way in which food is served, to ensure that it promotes person-centred care.

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