

Key inspection report

Care homes for older people

Name:	The Hockeredge & Jasmine Centre
Address:	2-4 Canterbury Road Westgate-on-sea Kent CT8 8JJ

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

Lead inspector:	Date:
Sandra Crosby	1 5 0 5 2 0 0 9

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

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

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

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

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

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

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

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

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

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

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	The Hockeredge & Jasmine Centre
Address:	2-4 Canterbury Road Westgate-on-sea Kent CT8 8JJ
Telephone number:	01843831585
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	Bedstone Limited
Type of registration:	care home
Number of places registered:	50

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	50	0
mental disorder, excluding learning disability or dementia	50	0
Additional conditions:		
The maximum number of service users who can be accommodated is 50.		
The registered person may provide the following category of service only: Care home only - (PC) Care home with nursing - N (maximum number of places 41) to service users of the following gender: Either Whsoe primary care needs on admission to the home are within the following categories: Dementia - (DE) Mental disorder, excluding learning disability or dementia - MD		

Date of last inspection									
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Brief description of the care home
The Hockeredge and Jasmine Centre, provides two distinct services. The two Jasmine units provide residential/nursing care for adults with dementia and the main Hockeredge house provides residential care/nursing for adults who may be over the age of 65 and have past or present mental health care needs.
The home is situated on the main road in a residential area between the seaside towns of Westgate and Margate. Local facilities are within walking distance of the home.

Brief description of the care home

There is a secure well-maintained garden area to the rear, and on road parking is available to the front of the premises. A private company owns the home, and the day-to-day running of the home is the responsibility currently of the deputy manager. Service User's health care needs, are met by the local primary health care team and includes the services of the community psychiatric nurse.

The deputy manager stated that currently the fees range was between £375.00 and £850.00 per week.

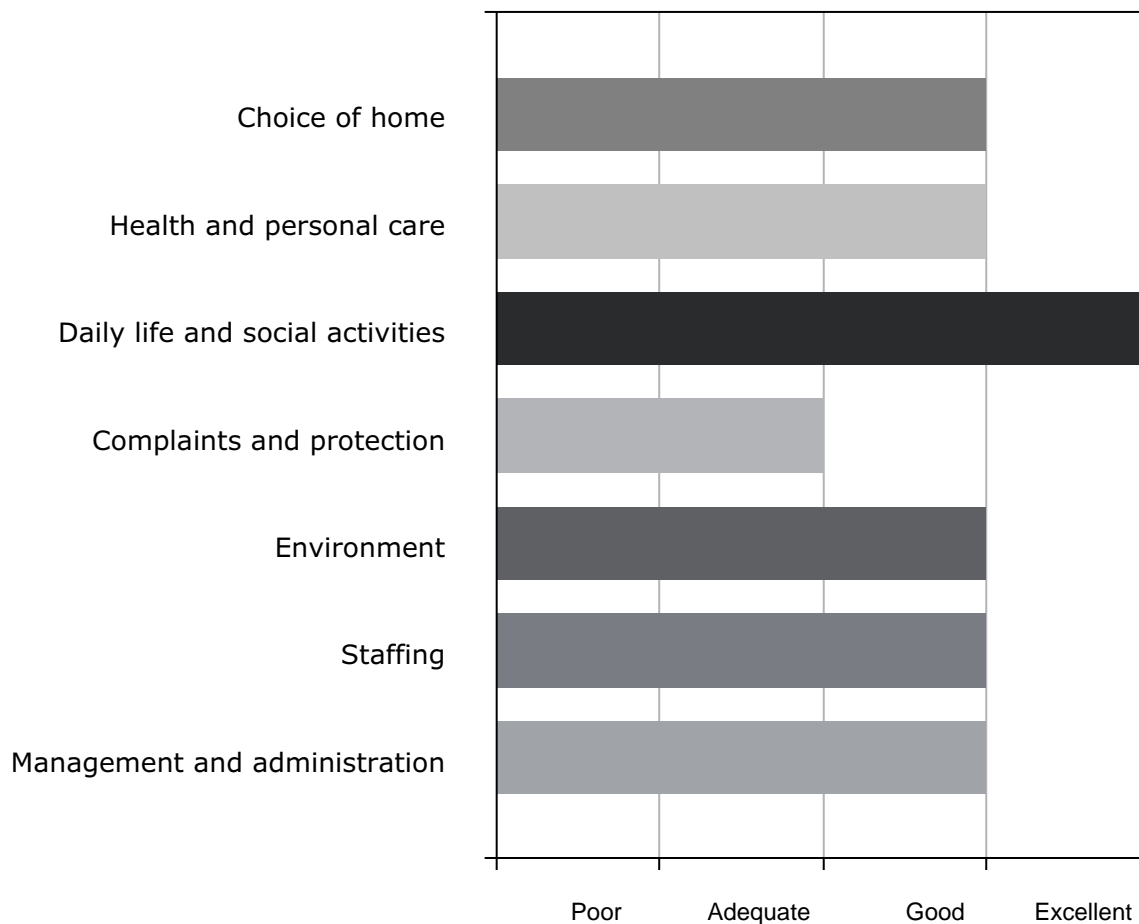
Summary

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:

The quality rating for this service is 1 star. This means that people who use this service experience adequate, quality outcomes.

This report contains the findings of the home's key inspection and takes account of information obtained from various sources since the last Key Inspection of 10 June 2008, and a visit to the home.

The key inspection visit was unannounced and carried out on Friday 15 May 2009 between 09.30 and 17.00 hours. During the inspection the inspector spoke with the deputy manager (who is currently in control of the day to day running of the home), administration person, the nurse on duty, the head of care, care staff, and clients. Various records were seen during the visit, together with an accompanied tour of some areas of the premises. Some judgements have been made through observation only.

Information contained in the completed Annual Quality Assurance Assessment (AQAA), was clear and informative and has been used together with information gained and observations made at the time of the inspection visit all of which has been used when completing this report.

The aim of the visit was to carry out an inspection against the key standards of the National Minimum Standards for Older Persons in accordance with the Inspecting for Better Lives (IBL) process.

Judgements have been made for each outcome area in this report and these have been made using the Key Lines of Regulatory Assessment (KLORA), which is guidance used to ensure that a fair and proportionate judgement is made in each outcome area. More information about KLORA's can be found on the Care Quality Commissions (CQC) website.

A serious incident has taken place in the last twelve months at the home resulting in the death of a client. The adult protection team have investigated this incident, and have been working closely with the home. The safeguarding team found that serious communication failures and risk management failures around putting people in a shared room and smoking without adequate risk assessments. The management of the home have co-operated with the safeguarding team and say that they have now made changes, but they need to evidence that these changes are maintained. The adult protection alert has been closed. However, to date the inquest has not taken place and the outcome is unknown. For these reasons the quality judgement rating for the complaints and protection standards has been judged as adequate and reflects on the overall judgement rating for the home at this time.

The findings of this inspection were discussed with the deputy manager at the end of the visit, and indicate that the home currently provides overall good outcomes for the clients and the quality judgement ratings throughout the report reflect this. However, due to the information above in relation to the incident of the fire and outcomes, the service is judged to be a 1 star adequate service.

The deputy manager said that service users preferred choice of title was to be called clients, therefore the term service user has been referred to as client throughout this report.

What the care home does well:

The attitude of staff was positive, friendly and helpful and practices seen at the key inspection visit indicated a supportive and caring service was provided to meet the needs of the clients.

There is a wide range of activities available for groups of people to participate in; and one to one input from the activities co-ordinator where appropriate.

Client's confirmed that they liked the staff and that staff were always willing to assist them.

Staff training is ongoing at the home, including mandatory and specialist training.

Re-decoration and maintenance work is ongoing at the home.

What has improved since the last inspection?

A comprehensive Statement of Purpose and Service User Guide has been collated that includes the additional registration category for the provision of nursing care, together with the introduction of a Welcome Pack for prospective and/or new clients.

Pre-admission assessments are comprehensively completed, gaining information about all aspects of the person's needs prior to agreeing the placement.

Person centred plans of care are comprehensive and contain a selection of tools and risk assessments to meet the individual needs of clients.

A thorough quality assurance system is being implemented.

Purchase of new equipment for example a new hoist, new dishwasher, and sets of new bedroom furniture.

The re-decoration of the sluice room has been completed to provide a safe working environment for staff.

What they could do better:

Appoint a registered manager for the home.

Ensure all appropriate risk assessments are completed and reviewed as necessary.

Upgrade the exterior of the building.

Upgrade Bathroom 2

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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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.

The home's Statement of Purpose and Service User Guide provide residents and prospective residents with the information they need to make a decision about moving into the home. The assessment process is thorough and makes sure that the needs of the person can be met at the home.

Standard 6 was judged as not applicable at this inspection visit.

Evidence:

The Statement of Purpose and Service User Guide documents for the home were seen. The documentation has been reviewed and provides comprehensive information including pictures and covers all components as required by regulation. Examples of information included in these documents are terms and conditions for clients and room sizes, together with additional information in relation to the Dementia Bill of Rights, policy regarding visitors and contractors and smokefree policy.

Evidence:

In addition to this the home has produced a Welcome Pack that summaries the information in the Statement of Purpose and Service User Guide. The deputy manager said that this is usually provided in the first instance to prospective residents/relatives etc., together with a copy of the newsletter that the home produces.

Pre-assessment documentation was seen for a newly admitted client. This completed document was informative and had been completed by the deputy manager the day before admission to the home. The pre-assessment documentation considered areas for example physical health, mental state and cognition, known behaviours, self help skills, communication and mobility. This document is used to inform the care plan.

It is not the general policy of the home to admit clients on a short-term basis.

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.

Clients benefit from care plans that show that person centred care is promoted, and that health needs are being met. Personal care is offered in a way to protect resident's privacy and dignity.

Evidence:

The AQAA states that the service is using multi-professional information prior to admission to formulate a comprehensive plan of care, and clients are not admitted prior to a discharge meeting taking place with a member of staff present. This was confirmed when reading information in the care plans seen.

Four person centred care plans were seen, and included all components as required by regulation for example daily records, risk assessments and reviews. Additional forms used include for example Malnutrition Universal Screening Tool and Must Action Tool, Assessment of Falls risk and recording form, Medication Assessment, Mental Health Care Plan, Mental Capacity Act Decision Form and Infection Control Record. The AQAA states that care plans now include a bedroom risk assessment that documents whether a potential client is able to share a room, and these were seen as part of the

Evidence:

care planning system.

The AQAA states that assessment tools have changed to provide up to date research based care, and it was seen that the care plans were person centred comprehensive and included a range of tools to assess needs and document the way in which a persons needs were to be met. The care plans were suitable for both residential and nursing clients. A range of risk assessments were also seen and these included a risk assessment for violence and aggression and risk from falls.

The deputy manager agreed to immediately address two issues raised, one in relation to a risk assessment for catheter care, and the other for a pain assessment form to be completed. In another of the care plans seen a pain assessment form had been completed.

In addition to the above comprehensive care plan, a Care Plan Profile is completed, in a format that the client is able to understand and is signed by them.

The medication records were seen and these were appropriately signed and up to date. Photos were in place on the file, together with a list of signatures of persons who administer medications. The records of the controlled drugs medication was seen and indicated that recording was accurate and up to date all entries having the required two signatures. The deputy manager said that she carries out a medication audit on a weekly basis.

No written record of the returned medications could be found at this time. This was discussed with the deputy manager who said to her knowledge a record had been maintained to the end of October 2008. She agreed to immediately implement a safe system for the recording of returned medication. Currently the majority of clients are residential and any returned medications for these clients are returned to the local pharmacy. A format was provided for the Disposal or Returns of Medication before the end of the visit.

Clients who were able confirmed at the visit that they are treated with respect and their dignity is upheld. It was observed that staff speak respectfully to clients, and that staff knock on bedroom doors before entering.

In addition to the social care plan a spirituality questionnaire is completed at an appropriate time and this provides information about the wishes of the client in the event of their passing. A completed form was seen, and covered areas for example what music the person would like to have played.

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.

Clients can be confident they will have satisfactory opportunities regarding lifestyle choices. They are supported to maintain contacts with families and friends and enjoy a balanced and healthy diet.

Evidence:

All residents that the inspector spoke with spoke well of the staff and the home, and about their different lifestyles within the home. Flexibility in routines was seen to suit individual needs.

The completed AQAA states the service has employed a dynamic and enthusiastic activities co-ordinator who works every weekday. The inspector was given copies of the monthly activity schedule for May and June, and activities included for example music for health. One client said that they enjoyed these sessions. Indoor activity sessions also included armchair exercises, gardening club every Wednesday and an entertainer visiting the home for a singalong. At the time of the visit the activities person was taking four clients out to the local bowling alley, and other outside activities included trips to Ramsgate, to Farming World, to Quex Park, and to the rare breed centre. The monthly activity schedules are attractively printed in a pictorial leaflet form. The service also provides a regular newsletter.

Evidence:

The activities co-ordinator said that she has completed training is is able to carry out hand and feet massage on a one to one basis for clients.

The management and staff of the home has worked hard to raise funds for and have now designed and completed a 'snozelen' room where clients can go for relaxing time out. The room also has a TV and DVD player for clients use.

Following a request at a clients meeting and subsequent risk assessment the home now has two pet guinea pigs and clients said that they liked these.

Visitors are always welcome to the home, and clients are encouraged to go out in the community and use the resources available to them. Clients spoken with confirmed they were happy with the lifestyle they had living at the home, were able to maintain contact with family and friends, and are able to exercise choice and control as far as is possible over their lives.

All clients spoken with commented that they enjoyed the food at the home. Menus were seen together with the daily record of the food provided. It was evidenced that choices are available at all meals. There is a good emphasis on fresh produce and staff commented that the food was good at the home, offering both choice and variety and catering for special diets.

The Inspector evidenced a good rapport between staff and clients. It is indicated that people feel their rights as citizens are recognised and promoted, including fairness, equality, dignity, respect, and autonomy over their chosen way of life.

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

Clients and visitors know their complaints will be listened to and acted upon. The home has a suitable complaints procedure, together with suitable procedures, and training in place to ensure that clients are protected from abuse.

Evidence:

The home has a policy and procedures in place for the handling of complaints. The completed AQAA stated that no complaints had been made in the last twelve months, and the deputy manager confirmed that no formal complaints had been made during this period.

The completed AQAA states that challenging behaviour training is made available for all staff as is adult protection as part of the mandatory training programme. It was evidenced from talking with staff that they were aware of the policies and procedures in place in relation to the Safeguarding of Vulnerable Adults. The staff training matrix indicates that thirty-eight of the forty-two members of staff have undertaken training in safeguarding adults.

A serious incident has taken place in the last twelve months at the home resulting in the death of a client. The adult protection team have investigated this incident, and have been working closely with the home. The safeguarding team found that serious communication failures and risk management failures around putting people in a shared room and smoking without adequate risk assessments. The management of

Evidence:

the home have co-operated with the safeguarding team and say that they have now made the changes, but they need to evidence that these changes are maintained. The adult protection alert has been closed. However, to date the inquest has not taken place and the outcome is unknown. For these reasons the quality judgement rating for the complaints and protection standards has been judged as adequate and reflects on the overall judgement rating for the home at this time.

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.

Clients live in a clean and comfortable home that has been much improved by a continuing programme of refurbishment and redecoration.

Evidence:

The completed AQAA indicates there is a continual working budget in place to provide new equipment throughout the year. Complete re-decoration of most of the corridors and three of the lounges including new carpets, together with complete sets of bedroom furniture have been purchased when bedrooms have been re-decorated. A new hoist and a new dishwasher have been purchased.

It was seen during the accompanied tour of the home that clients live in a safe, well-maintained environment including access to indoor and outdoor communal facilities. Many of the bedrooms seen are individual and personalised, containing a wide range of personal possessions.

A recommendation made in the last report to complete the work in the sluice room has been addressed (an additional facility provided when the service became registered as a nursing home). The tiling has been completed and new impermeable flooring has been laid. The deputy manager said that a knee operated sink had been purchased and was waiting to be fitted. The changes made provide a safer environment for staff and enhance good infection control practice. Consideration is to

Evidence:

be given to a second sluice area being provided on another floor of the home as and when the nursing client numbers increase.

Bathroom 2 was seen during the accompanied tour of some areas of the home. This bathroom is in need of refurbishment. The bath has chipped enamel on the rim, there is a gap between the tiles and the bath and the taps are badly worn. In addition to this the fixed hoist seat is badly worn and all these issues could pose infection control risks thereby putting the health and safety of clients and staff at risk. Consideration should be given by the registered provider when upgrading this bathroom to provide a bathing facility that will accommodate people with nursing needs and enable staff to undertake personal care in a comfortable and safe way.

The garden area has up until recently been well maintained, however the gardener for the home has recently retired, and it was seen that although the lawn at the front of the building had been cut, the edges had not been trimmed and the plant tubs outside the front door and the hanging basket all had dead plants in them. The deputy manager said the maintenance man was helping out until a new gardener was appointed.

It was seen that the front of the building is in need of refurbishment, the paint on the front door is peeling, and some of the woodwork around the windows is in poor condition. The deputy manager said that work was to be undertaken during the coming summer months.

It was observed that although the home has three independent units, clients are able to walk freely around the home and to mix and mingle where they wish.

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.

Clients who live in the home benefit from the support of carefully selected and well trained staff who understand their needs. The homes practice regarding the recruitment of staff ensures residents are protected.

Evidence:

The staff rota for the home was seen, and indicated that sufficient staff were on duty at all times to meet the needs of the current group of clients. Historically many of the staff work twelve hours shifts. Staff spoken with said that when working a long day they are able to have a lunch break and that a meal is provided if they wished.

Staff files were not viewed at this visit. Three staff files were seen at the last inspection dated 18/06/08 and the documentation seen at that time supports that the home carries out a thorough recruitment system including for example CRB checks, application form, two written references and contract of employment. The deputy manager confirmed that all checks were undertaken, and staff spoken with confirmed that CRB and POVA checks had been undertaken together with the taking up of references. They all confirmed that they had a contract of employment.

The completed AQAA documentation stated that all new employees now attended mandatory training for the week prior to commencement of their induction in the home. The staffing matrix indicated that staff undertake a one week basic induction

Evidence:

course, followed by a 12 week common induction course. One member of staff spoken with said that she found the induction training very informative.

The staff training matrix indicates that twelve members of staff have completed NVQ Level 2/3 and that six members of staff are undertaking NVQ Level 2/3.

All staff undertake mandatory training with regular updates provided. Additional specialist training is also available and includes for example Dementia Awareness and Deprivation of Liberty. One member of staff spoken with said that Mental Capacity Act training is being arranged.

Printed leaflets containing concise information in relation to Fire Safety, Health and Safety, Adult Abuse and POVA, Food Safety and Nutrition, Moving and Handling and Infection Control have been devised by the deputy manager to keep staff informed about policies and procedures.

A keyworker system is in operation with staff working in teams. People are well supported by a staff team that recognises and responds appropriately to their diverse needs and human rights.

Staff spoken with confirmed that they receive regular supervision with written records maintained.

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.

Client's benefit from good leadership from the deputy manager who is qualified, competent and experienced and she is well supported by the senior staff team in providing clear leadership throughout the home and clients can be confident that their home is well run.

The health, safety and welfare of clients and staff are promoted and mainly protected.

Evidence:

The registered provider recently informed the Commission of the start date for a person appointed to be manager of the home. This person started work at the home and left two weeks later on the 09 May 2009. Action is being taken by the registered provider to recruit a manager for the home, and an employment agency is currently being used for this purpose.

The deputy manager has previously been the manager of another home owned by the company. She is experienced, competent and qualified to manage a registered home that provides nursing care. She said that she is going to undertake a degree in

Evidence:

Dementia studies starting in September of this year.

Following the serious incident that took place last year the management team at the home have worked hard to make changes as recommended by the safeguarding team in order to ensure that communication failures and risk management failures around putting people in a shared room and smoking are managed appropriately.

Documentation was seen that would be completed for someone sharing a room, and the policy and procedures in relation to persons smoking has been changed.

Discussions with clients and staff indicated that the deputy manager is creating a positive open and inclusive atmosphere. It was evidenced that the deputy manager has worked hard to initiate changes in the home for the benefits of the clients subsequent to the serious incident last year.

There is a system in place at the home for the regular supervision of all staff with written records kept. Staff confirmed that they received regular supervision.

The inspector was told at a previous inspection visit, that an appropriate banking system that meets the standards and regulations in relation to the banking of client's monies has been implemented at the home. The records were not viewed during this visit.

There is a quality assurance system in place and surveys have recently been sent out, and copies of three of the replies were seen. The client surveys seen indicated a positive response to questions for example 'do you like the home', 'can you make particular requests to the cook' and 'are you able to make suggestions or complaints'.

Regular 26 visits are undertaken and a report produced. The reports for March and April 2009 were seen. It was discussed with the deputy manager that the information contained in the report could be more informative with follow up action being recorded. Staff confirmed that regular staff meetings are held.

There has been a period of time when the lift at the home has been out of order. Regulation 37 Notifications informed the Commission of this. As a result two clients were unable to access the ground floor for a period of time whilst the lift was out of order awaiting parts. The deputy manager said that action was taken to inform all relevant people, and that staff carried out hourly checks, and the activities co-ordinator visited the client's everyday. The deputy manager confirmed that the repair work has been completed and the lift is once again operational.

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	21	Bathroom 2 to be upgraded and refurbished to ensure the health and safety of clients and staff.
2	31	Appoint a person to be the registered manager of the home.

Helpline:

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