

Key inspection report

Care homes for older people

Name:	Derwent House Residential Home
Address:	Derwent House Residential Home Hull Road Kexby York YO41 5LD

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

Lead inspector:	Date:
Caroline Mitchell	2 4 1 1 2 0 0 9

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

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

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

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

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

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

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

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

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

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

Reader Information

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Information about the care home

Name of care home:	Derwent House Residential Home
Address:	Derwent House Residential Home Hull Road Kexby York YO41 5LD
Telephone number:	01759388223
Fax number:	01759388822
Email address:	
Provider web address:	

Name of registered provider(s):	Sure Healthcare Limited
Name of registered manager (if applicable)	
Mrs Elizabeth Stonehouse	
Type of registration:	care home
Number of places registered:	32

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	32

Additional conditions:	
The maximum number of service users who may be accommodated is 32	
The registered person may provide care (excluding nursing) and accommodation to service users of both sexes whose primary care needs on admission to the home are within the following category: Old Age, not falling within any other category (Code OP)	

Date of last inspection								
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Brief description of the care home
Derwent House was registered in June 2009 to provide accommodation and personal care for up to thirty two older people. The home was built in 1986 as a hotel, and has recently been adapted for the needs of older people. There is a large reception area with an office, a large lounge, conservatory and a separate dining room. The accommodation is provided on two floors and there is a passenger lift and assisted bathing available. There are extensive grounds, with a well-tended kitchen garden and a place for people to sit. The river Derwent runs at the end of the grounds and the

Brief description of the care home

home has private fishing rights and a mooring.

The mission statement says that the aim of the service is to 'meet the needs of the whole person.'

The charge is between £410 and £430 week to live in the home and extra charges are made for Chiropody and hairdressing. Information about the fees and the service provided can be obtained from the home.

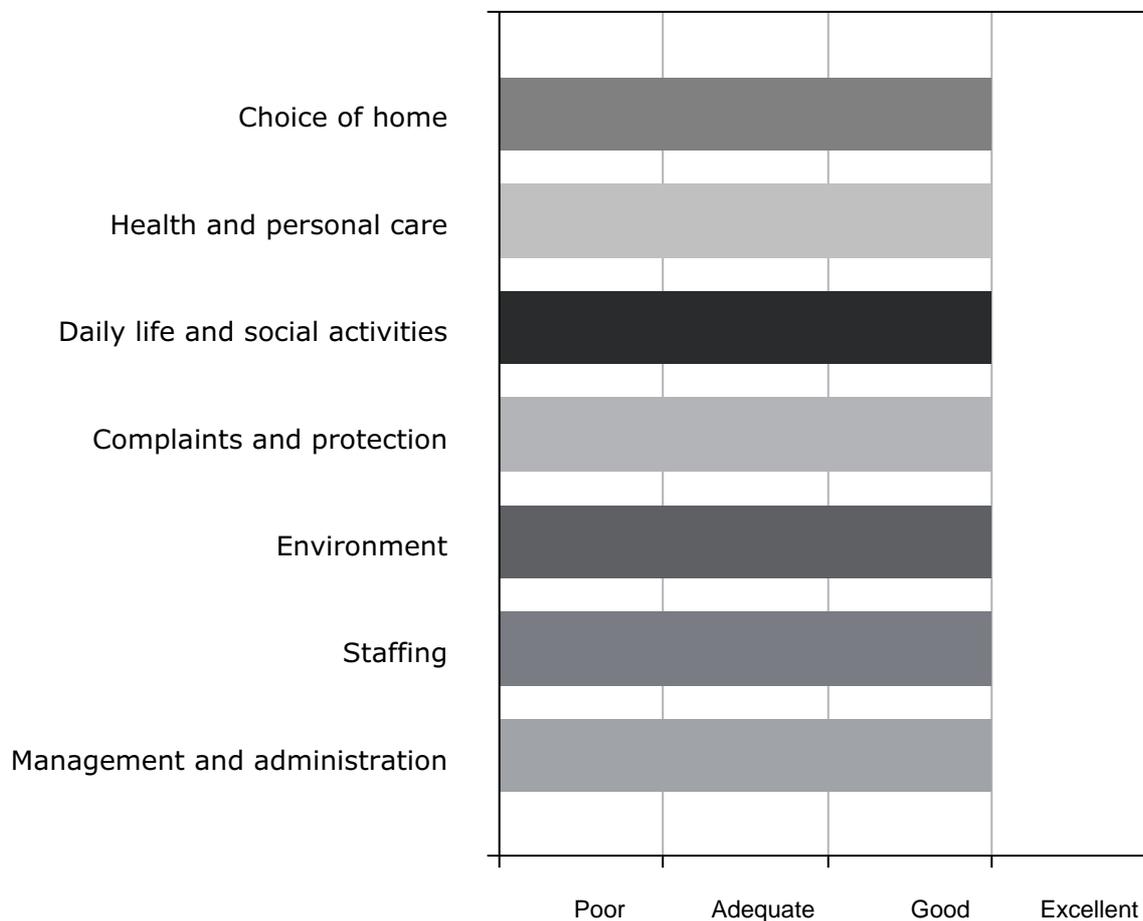
Summary

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

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

This inspection was done on an unannounced basis, so the manager didn't know we were coming. We completed the inspection in one day.

During the inspection we looked at the written records of two people who live in the home and this included their assessments, care plans, reviews, daily and medical records. We saw two staff personnel files including people's recruitment records, and records of their training and supervision. We looked around the home. We saw the staff rota, menus, the homes quality assurance systems, complaints records and health and safety and fire safety records. We looked at how medicines are stored and recorded. We spoke to several people who live in the home, three visitors, the registered manager and several staff.

What the care home does well:

The home is relatively newly opened and is decorated and equipped to a very good standard. People living in the home said that they were comfortable, and there was a relaxed atmosphere. Staff are trained and attend to people's care needs in a relaxed and unhurried manner. Staff have time to talk to people, and people were seen to be treated with dignity and their wishes respected throughout the visit. There is an emphasis on helping people to keep active and as independent as possible.

When talking about the staff people used words like, 'caring, very good and kind'. Everyone also agreed that the food is good. People have good access to community based health care services.

What has improved since the last inspection?

This is a new home and this is the first inspection conducted by the Care Standards Commission, under the Care Standards Act 2000.

What they could do better:

No requirements or recommendation are made at this inspection. The manager is committed to continuous improvement and is proactive in making sure that quality assurance is an ongoing process, and in making sure that the service is responsive to the needs of the people living in the home.

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

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

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Requirements and recommendations from this inspection

Choice of home

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

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

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

People 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 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.

Evidence:

When we first arrived we noticed that the statement of purpose for the home and the service user guide were on the table in the reception area, along with how to complain, details of advocacy available in the area, and booklets about the Care Quality Commission.

Evidence:

The written records we looked at for the people living in the home showed that people are given contracts (service user agreements) which set out clearly how much the service costs and who is responsible for payment. They also set out the terms and conditions of the service and the arrangements around things like insurance, complaints and visitors. These were signed to show that people understood and agreed to them.

The records showed that the home only admit people after they have received enough information to help decide if the home can meet people's needs. People had a full assessment done by their social worker and the manager of the home had also done an assessment of people's needs.

The in-house admission assessment of people's needs had been signed by the person or their representative, usually a close relative. The care plan agreements were also signed and this shows that people and those close to them are involved in the assessment and care planning process. We met one person's relative, who was visiting and they were very complimentary about the home. They said their relative had a choice of homes, and had chosen Derwent House. They added that the person is 'very happy and always has something to tell me about'.

Health and personal care

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

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

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

This is what people staying in this care home experience:

Judgement:

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

People'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.

Evidence:

When we were talking to a group of people who live in the home they all told us that they are very happy with the care that they receive. One person was talking about their health and said, 'I'm certainly a lot better since I moved here'. another said, 'They look after you very well here.'

The written records we saw were well organised. People have good, clear care plans. These are related to the needs identified in their assessments and are clear and written in person centred language. There is an emphasis on providing people with choices and maintaining privacy. One plans is clear that staff should only discuss

Evidence:

certain aspects of the person's care in the privacy of their bedroom. The plans cover the person's mobility, personal hygiene, diet and nutrition, skin care, continence and personal care. People also have a night care profile that sets out what their needs and preference are at night and social assessments. The social assessments include what people's interests and hobbies are and small detail that matter, such as the dates of people's wedding anniversaries. One person's social assessment says they are a Methodist and likes to go to church, that they like 1960's music and that they like to look around the market in York. We looked at the homes spiritual care policy and it was clear and well written.

We saw risk management policy, and again, this was clear and well written. There are risk assessments in place for each person. These set out the risks that are relevant to people's particular needs and lifestyles. They are nice and clear, showing what the risks are and what the necessary interventions are to manage the risks. These include moving and handling, the risk of pressure sores, a mini mental health assessment and an nutritional assessment. The registered manager showed us the written monitoring records of what one person had eaten and had to drink. It is very detailed and showed that the person is getting a varied and balanced diet. This person's had been weighed monthly, since moving into the home and their records showed that they had a small, steady weight gain each month.

Since they had moved in to the home four month ago, one person had had a visit from the district nurses, a referral for some new special boots, and a hospital appointment regarding cataracts. The records that we looked at showed that people had had flu jabs. The people we talked to said that they get good access to health care. One person said, 'They don't hesitate to get a Doctor if one is needed.' and another person said that the district nurse visits. People were also talking about the Chiropodist being due another visit soon.

In one person's care review it is recorded that they said that they were happy with their care plan. There was evidence that the registered manager had regularly audited the quality of the information in the file. All assessments and the plan are reviewed monthly.

One person told us that they look after and do their own medicine and keep it in their room. Another person said they had poor eyesight and too many tablets to remember so the staff administer their medication. Another person said their arrangement was somewhere between these two, that they looked after their medication in their room and staff helped them with administering it. This shows that people are supported with the medication on an individual basis according to their needs and encouraged and

Evidence:

supported to be as independent as they can. We saw the medication policy and self medication policy and they were clear. We saw a self-medication risk assessment as part of one person's written records and this had been reassesses & updated regularly. We saw monitoring record about the pain relief medication administered to people. Home uses a monitored dosage system. We saw the administration records. These were completed appropriately.

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.

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. 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.

Evidence:

There are lots of games and puzzles in the lounge. People said that there's usually a jigsaw on the go and we noticed that there was one, in the conservatory. There is an organ in the lounge. The registered manager told us that it was recently donated and that a lady comes in to play it for the residents on Wednesdays.

People are encouraged to keep in touch with their family and friends. One person told us that they are very pleased to have their own phone in their room, as they had just called their daughter, who lives abroad. We met three visitors, who all said they visit regularly. One was a relative of a resident another a friend of many years and another who comes to give Communion and a resident. One person's progress notes that we

Evidence:

saw showed that they had frequent visits from a relative.

Two people said that the handy man is very handy. 'Ask him to do anything and he can do it.' He also cooks and looks after the plants in the kitchen garden. There were some very nice, colourful plants in the conservatory and the residents we spoke to said that they look after them. One person's notes reflected that the kinds of activities that they had been involved in included listening to the radio, watching films, chatting in the conservatory and reading. One person said. 'We did some Christmas cards and pictures and they've been put up on the wall near the dining room.'

One person said a lady had been to do chair based exercises with the residents and is due to come again soon. One person said that the hairdresser had visited that morning, to do her hair. Another person said 'I'm quite active.' They said that they regularly go into town with a relative, another person said that they often go to York with their relative as well. One person said that they had enjoyed the firework display that the home had done for Bonfire night. People were discussing going out in the minibus, to a Christmas Carol concert, a Christmas parade in York and to see the Christmas lights. One person told us that the staff have promised to get the minibus steps sorted out. They all agreed that these are too high. They said that they noticed this when they went out to garden centre recently, as it was a bit difficult to get on and off the bus.

People said that their relatives bring them books. One person said there is talk about setting up a library. People told us that they had televisions in their bedrooms. They were listening to relaxation music after lunch, then Vera Lynn and discussing the war years. Later that day one of the domestic staff was sitting talking to a male resident about sport and this turned into a conversation about Christmas as other residents came into the room and joined in with the conversation. The manager was talking to the people about where they wanted to put the Christmas Tree. People were talking about bringing trimmings in to decorate the tree and talking about a Christmas Party that they were inviting their friends and relatives to.

Everyone we spoke to said that they were happy with the food. One person said, 'If you don't like something on the menu you can always have something else.' The manager told us that most people like to have their breakfast in their bedrooms. At lunchtime one gentleman said that the food is usually very good. 'We get a choice.' We noticed that there was plenty of fresh fruit and vegetables in the pantry and fresh fruit in bowls in the shared areas. We saw the menu for the day. There were two choices of main course at lunch. For desert some people had chosen fresh fruit, some jelly and ice cream and one person had asked for banana.

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.

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.

Evidence:

There is a clear policy and procedure in place about dealing with complaints. 'How to complain' is clear and displayed in the home. We saw the record of complaints. There had been one concern from a resident regarding some missing items of clothing. All were found and returned the same day. All of the people we spoke to said that they were very clear who to complain to and confident that they would be listened to and taken seriously. They were very clear that they had no complaints and people said things like. 'Very kind, very helpful.' and ' Nothing is too much trouble.'

In terms of safeguarding people, there has been a recent issue about one person's relative behaving inappropriately in the home. This was reported to the local authorities involved and to the Commission in a timely fashion and appropriately by the home. There have been concerns about the treatment of two residents, reported directly to the Commission by an ex-staff member. In one case this was investigated

Evidence:

by the local authority under the safeguarding process, under the Mental Capacity Act, Deprivation of Liberty safeguards. No cause for concern was found. In the other case a staff member disciplined. The record of staff training showed that all staff have recently had training in safeguarding people from abuse.

We were pleased to see that some people had copies of Postal Vote application forms in their files, to help them to continue to vote in elections.

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.

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic. The home has enough space and facilities for people 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.

Evidence:

The manager showed us around the home. It is newly decorated and equipped and is a very pleasant environment for people to live in. The kitchen is well equipped and clean. There is also a satellite kitchen, so staff can make tea and coffee for people without going into the main kitchen. We noticed that there were jugs of water and different choices of juice drink in the shared areas, so there is always a drink available for people if they want one.

There is a nice light, airy lounge, leading to a conservatory. Several people said that they really liked sitting in the conservatory and watching what was going on outside. There is a very nice dining room (with a bar that is not yet being used).

There are single bedrooms with en-suite facilities, some with bath, toilet and wash hand basins. So that people have the choice of a shower in their en-suite, workmen were changing some of the en-suite baths to showers. The manager said that people

Evidence:

are offered keys to their doors and they have lockable cabinets in their rooms to store any valuables. The contracts are very clear about the insurance arrangements. The manager said that there is a TV in every room and telephones, connected through the exchange in the home. Some people have their own external phone lines. People told us that they really liked their rooms and that they had been encouraged to bring in their own things to make their room more homely.

The manager showed me that the push-bar external doors are alarmed so that people can go outside, but staff would know which door had been opened. There are a staff room, hairdressing room, and meeting room. A room is available for relatives to stay over, with en-suite facilities, next to a little kitchen used by staff, so they could make drinks and snacks.

The manager showed us the store where the weighing scales and aids and adaptations are kept. There were a number of pieces of equipment including a hoist, adapted toilet seats and pressure cushions. On the ground floor there is an accessible bathroom with a toilet and a new assisted bath.

There are extensive grounds including somewhere for people to sit, with tables and chairs and a well-tended kitchen garden. There is a pond. The river Derwent runs at the end of the garden area and the home has private fishing rights and a mooring.

The laundry is well equipped. There are two washing machines, with health care programmes, and two tumble dryers. The care of substances hazardous to health (COSHH) record is kept in the laundry. There is also a sluice room.

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.

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.

Evidence:

When talking about the staff one person said 'They are wonderful here.' another person said, 'You only have to mention something and, if they can they will.' another person said 'Wonderful stuff.' Staff are either undertaking, or have completed a national vocational qualification (NVQ) at level 2. Some staff have NVQ level 3. Three staff were acting into senior carer positions for six weeks, as part of their development. The record of staff training showed that all staff have completed, or are making good progress in completing the core training, as part of their induction. Most people having recently had training in safeguarding people, fire awareness, first aid, health and safety, Mental Capacity Act, dementia awareness, food hygiene, equal opportunities, continence, infection control, moving & handling, and COSHH.

The staff rota shows that there are a minimum of two care staff on duty during the day time. The manager is supernumerary. There are also ancillary staff such as a chef, laundry and domestic staff. The administrator also organises and facilitates the

Evidence:

activities. The staffing levels are sufficient for the numbers and needs of the people living in the home at present. We noticed during the inspection that when the nurse call went off it was always answered promptly. One person told us, 'We've got a buzzer and we just buzz it if we want anything.' The laundry person, who is also the hairdresser was off sick at the time of the inspection and the registered manager said that the domestic staff are helping out and the night staff also do some washing.

There is a staff library with information about specialist areas relevant to peoples needs. The manager said that there was information available about subjects that are relevant to the needs of people living in the home, such as Osteoporosis and stoma care, we noted that CQC reports regarding drugs in older and infection control.

Saw staff personnel files for two staff and they included proof that the home had done all of the necessary pre-employment checks before they started work in the home. They had completed written applications and health questionnaires and provided proof of identity. Both people had two good written references. We saw the criminal records bureau checks(CRB)for all staff employed in the home.

People have contracts of employment so that they are clear about their roles and responsibilities and there was evidence that they had received a good induction to the home when they started work. People had completed an orientation checklist and induction checklist, which were geared for their particular posts. There was evidence that they had received a employee handbook, and induction training, and that this covers confidentiality, food hygiene awareness, using the lift, the nurse call system and fire.

The staff we spoke to said that the things that are good about the home are that there is consistency for the people living in the home as agency staff are not used. It is good that people have a trial stay before being admitted to the home, so they can see if they like the home and the home can see if they can meet their needs. Staff said that it is good that they have time to chat to people. They said that the team is developing. There have been some issues, but problems are aired and resolved. They said that the manager is very open and approachable.

One staff member told us that they had done Boots medication training, moving and handling, basic food hygiene, drip testing urine, taking blood pressure, safeguarding and care standards and that they are waiting for first aid, which is booked for January. Some training is done by the manager and some by an external trainer who comes in to the home.

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.

People have confidence in the care home because it is led and managed appropriately. The environment is safe for people and staff because appropriate health and safety practises are carried out.

Evidence:

The manager is qualified and experienced and has been involved in creating the service from scratch. She is proactive in the way that she manages the home and comes across as very committed.

The manager is justifiably proud of the way the service is developing. She has established a range of regular and thorough checks of the safety and the quality of all aspects of the service. She said that her plan for the service for the immediate future is to consolidate. She plans to improve information sharing within the care team by setting aside time for discussing people's well-being once a week.

There were several people who live in the home who spoke to us and they all said that

Evidence:

they are constantly consulted about what should happen in the home and about their opinion about the quality of the service.

We noticed throughout the inspection that the way that information is recorded and kept is well organised and clear. The daily handover sheets and each person's daily records are well organised and this is a helpful monitoring tool. The hand overs are thorough, so staff are updated about their allocated tasks and responsibilities, and about people's needs.

We saw the minutes of staff meetings and records of one-to-one supervision meetings that the staff have had with the manager. These show that staff are given proper support and forums to express their views.

The home produces a newsletter. It tells people about the activities that residents had been doing that month and the date of the next residents' and relatives' meetings. The one we saw was advertising the Christmas Fayre, the Christmas party and the New Year party. The manager told me that this is produced in large print for one person, who is visually impaired.

As previously mentioned staff are provided with training in all core areas of health and safety. Night staff do regular and specific safety checks and we saw the formats for these, along with the formats for the regular fire safety checks that are undertaken in the home. The fire extinguishers were new in June 2009. A fire investigation officer was visiting the home to make sure that the equipment was being serviced properly, on the invitation of the manager.

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

Helpline:

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