

Key inspection report

Care homes for older people

Name:	WCS - Dewar Close
Address:	5 Beech Drive Bilton Rugby Warwickshire CV22 7LT

The quality rating for this care home is:

three star excellent 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:
Patricia Flanagan	1 9 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

Document Purpose	Inspection report
Author	Care Quality Commission
Audience	General public
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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	WCS - Dewar Close
Address:	5 Beech Drive Bilton Rugby Warwickshire CV22 7LT
Telephone number:	01788811724
Fax number:	01788816253
Email address:	admin@wcsdewar.f9.co.uk
Provider web address:	

Name of registered provider(s):	Warwickshire Home Care Services Limited
Name of registered manager (if applicable)	
Ms Tammy Charlotte Elizabeth Kendell	
Type of registration:	care home
Number of places registered:	39

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	39

Additional conditions:

The maximum number of service users who can be accommodated is: 39

The registered person may provide the following category of service only: Care Home Only (Code PC); To service users of the following gender: Either; Whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category (OP) 39

Date of last inspection

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Brief description of the care home

Dewar Close provides long-term residential care for 37 frail older people and day care for up to a further eight older people.

Accommodation for service users is on three floors, which are all accessible via a slow

Brief description of the care home

moving lift. There are two or three lounge/dining areas on each floor. In addition to three staircases, there is a shaft lift. An assisted bath and shower plus two toilets are available on each floor. 22 of the bedrooms have private en-suite toilets and wash hand basins.

The home provides a range of equipment designed to promote independence and to enhance the health, safety and welfare of people living there. There is a loop system fitted in the main lounge on each floor as well as raised toilet seats, grab rails and specialist equipment to assist with moving and handling. Library books are also available in large print. A significant number of people's private rooms can accommodate wheelchair users.

The main kitchen, laundry, offices and day care facility for eight older people are located on the ground floor of the accommodation. A small kitchenette is provided for the use of service users, staff and visitors in the main lounge/dining room on each floor.

The gardens have been landscaped and provide accessible seating areas for people. There are seats just outside of the main entrance to the home.

Up to date information relating to the fees charged for the service is available on request from the home.

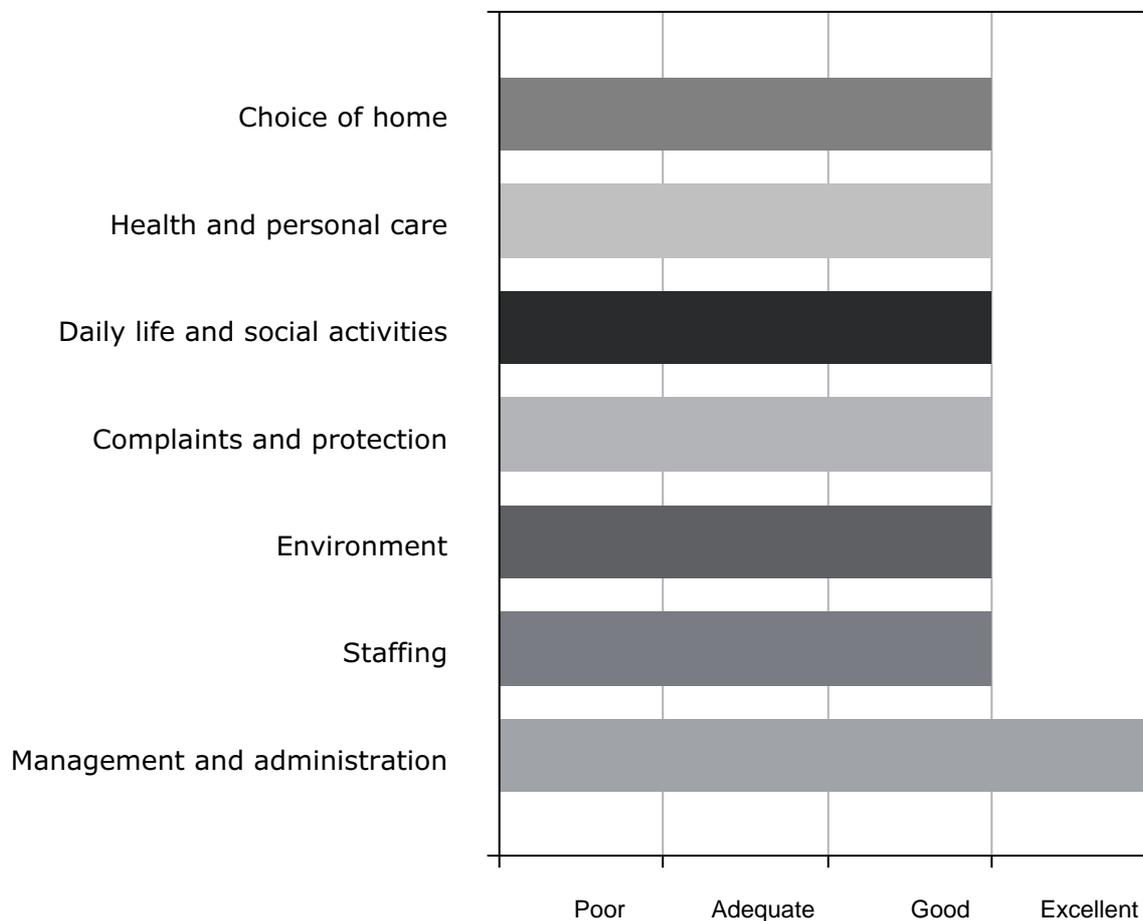
Summary

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

The quality rating for this care home is:

three star excellent service

Our judgement for each outcome:



How we did our inspection:

This was a key inspection visit and was unannounced. This means that the home were not aware that we were going to visit. The visit took place on 19 November 2009 between 9:45am and 6:40pm.

The last key inspection visit to Dewar Close was undertaken on 26 September 2006. Annual service reviews were carried out in 2007 and 2008. Annual service reviews do not involve a visit to the service but is a summary of new information given to us, or collected by us, since the last key inspection.

The inspection process concentrates on how well the service performs against the outcomes for the key national minimum standards and how the people living there experience the service.

Before the inspection we looked at all the information we have about this service such

as previous inspection reports, information about concerns, complaints or allegations and notifiable incidents. This helps us to see how well the service has performed in the past and how it has improved. An Annual Quality Assurance Audit (AQAA) was completed by the manager and returned to us. This document gives information on how the home thinks it is performing, changes made during the last twelve months, how it can improve and statistical information about staffing and residents.

We sent surveys to ten people who use the service, their representatives and staff so they could let us know their opinion of the service. We received two completed surveys from people, six from relatives and three from staff. Their comments are included in the report.

During this Key inspection we used a range of methods to gather evidence about how well the service meets the needs of people who use it. Time was spent sitting with people in the lounge watching to see how they were cared for and how they spent their day. Discussions were held with people who use the service, staff and visitors to the home. Information gathered was used to find out about the care people receive. We also looked at the environment and facilities and checked records such as care plans and risk assessments.

Three people living in the home were identified for case tracking. This involves reading their care plans, risk assessments, daily records and other relevant information. Evidence of care provided is matched to outcomes for the people using the service; this helps us to see whether the service meets individual needs.

A pharmacist inspector looked at medicine management in the home.

An 'Expert by Experience' accompanied us during part of the inspection to give their views on the home. An Expert by Experience is a person who, because of their shared experience of using services, and/or ways of communicating, visits a home with an inspector to help them get a picture of what it is like to live in or use the service. Their findings are also included in this report and assist us to form a judgment about the quality of service provided at the home.

What the care home does well:

People are provided with information about the service offered to enable them to make an informed decision about whether they would like to live at the home.

People who use the service have access to a range of health and social care professionals and this ensures that any healthcare needs are met. One person said "they call the doctor, if I'm poorly."

People can see their visitors as they choose so that they can continue to have relationships that are important to them. The home creates a friendly and welcoming atmosphere where people can personalise their rooms to reflect preferences and tastes.

The medicine management in the home was very good. The staff have worked hard to achieve the high standard seen and this is commended.

Health and safety is well managed to ensure people's safety.

Staff recruitment policies and practices are robust and help to minimise the risk of harm to people.

People are supported by staff who understand how to assist people to meet their needs. Staff treat people with respect and maintain their dignity.

People spoke positively about the staff to the expert by experience. He reported that some of the comments received included; "The staff are good and respond to my needs"

"The girls are ever so good to me"

"I wouldn't go anywhere else"

"They are all very good to us and you never get a cross word."

What has improved since the last inspection?

There were no requirements made at the last inspection. The home has continued to maintain high standards.

They told us in the AQAA of some of the improvements they have implemented in the last twelve months. For example,

- There has been an ongoing programme of decoration within the home. New furniture and flooring has been provided in communal areas.
- Improved the communication systems between staff across the home.
- Arranged local transport for the people to be able to access the local community.
- Developed the care plan system further to enable staff to deliver person centred care.

What they could do better:

Care plans and risk assessments should be updated when there is a change in need or in the care required. This should make sure people get the care they need.

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 receive a full assessment identifying their needs and abilities. This ensures that the home can meet their needs and care can be planned before the person moves in.

Evidence:

The manager described the pre admission assessment process. The service receives a referral from either a social worker, family member or the person themselves. A member of the management team visits the person and undertakes an assessment of their needs and abilities. Information is also provided by other health and social care professionals. This should mean that service has sufficient information to confirm whether people's needs can be met.

We looked at the care files of a person who had recently come to live at the home to assess the pre admission process. We found a detailed pre admission assessment had been carried out by the manager. The home has a standard pre admission assessment form which covers activities of daily life, which includes personal care, eating and

Evidence:

drinking, continence, socialising, communication and spirituality. We also saw that information had been obtained from health and social care professionals before the person moved into the home.

The expert by experience spoke with people about their experience of moving to Dewar Close. He reported, "Residents and one relative spoken to said they had enough information to make a choice about the home, decisions for which were mainly made by relatives."

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 living in the home can be confident their health and personal care needs will be met.

Evidence:

It was stated on the AQAA "All residents have a care plan that describes how the carers need to support the resident in relation to their health needs and personal care needs. All the care plans are written in a personalised way and cover all necessary risk areas."

Each person had a written care plan. This is an individualised plan about what the person is able to do independently and states what support is required from staff in order for the person to meet their needs. We looked at three people's care files. We found that people had care plans in place which provided staff with most of the information about how to meet people's needs in a way that they preferred.

Standardised records are used whereby staff indicate by ticking appropriate boxes what aspects of support each person requires. Where there are specific needs there is

Evidence:

the option to record this separately. The manager showed us new care planning documentation that the organisation is planning to phase in over the coming twelve months.

We noted in the daily recording for one person that they had a nose bleed two weeks in a row. There was no evidence that this had been followed up, for example with the GP as the person had hypertension. The records also said that a new care plan had been developed for a medical condition for the person. There was no evidence of this care plan on file. There is a risk that staff may not have up to date information to ensure the person's care need are met.

People were weighed each month or each week if there were concerns with their weight. Assessments are completed for risks such as developing sore skin and nutritional needs so that people are cared for safely. We saw one person was at risk of developing leg ulcers. The home had ensured that a pressure relieving mattress had been provided for the person to reduce this risk. A body chart was not evident on file to inform staff to monitor the area where the sores re-occur.

Examination of the care files found people had regular access to GP's, district nurses, optician, chiropodist, and dentists. People and relatives told us that appointments to meet people's health needs are arranged and people are supported to attend the appointments.

The pharmacist inspection lasted two hours. Six peoples medicines were looked at together with their care plans and Medicine Administration Record (MAR) charts. Two senior care leads were spoken with and all feedback given to the manager.

The medicine management was very good.

All the medicines were stored in medication trolley's which were used to transport the medicines throughout the home. These were clean and well organized making it easier for staff to select the correct medication. Surplus medicines were stored in separate locked cabinets. All controlled drugs were correctly stored in compliance with current regulations.

The home had installed good systems to check the prescriptions prior to dispensing and to check the medicines and MAR charts received against a copy of them. All quantities of medicines received and any balances carried over had been recorded enabling audits to take place. Each MAR chart had a facing page showing a photograph and relevant information, for example, any allergies the person may have.

Evidence:

New people have their medication checked against their repeat prescription slip or if this is not seen their doctor is contacted to check they have bought in their current medication.

Separate body map charts were seen and details of where creams and ointments were to be applied together with how many times a day. Medicines prescribed on a "when required" basis had supporting protocols detailing their use.

People are encouraged to self medicate and compliance checks had been undertaken to ensure that they did so safely. One person did not like the new formulation of medicine prescribed so the care staff had contacted the doctor to request the original formulation that she was used to taking.

The home had a robust quality assurance system to assess staff competence in their handling of medication. Regular audits are undertaken to check the MAR chart to see if staff had recorded exactly what had occurred and action is immediately taken if any discrepancies are seen.

Audits indicated that the medicines were administered as prescribed and records reflected practice. Further good practice was seen, for example, any person prescribed warfarin had an addition chart for staff to sign to confirm they had administered the correct dose. All controlled drug balances were correct and the register accurately completed.

All the staff had undertaken an accredited course in the safe handling of medicines and further training was ongoing. The two staff spoken with had a very good understanding of what the medicines were for and why they had been prescribed. This information though was not recorded in the care plans and the manager was keen to address this.

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.

People can be confident their social needs are met and they are supported to maintain relationships with families and friends. Meals are well balanced and nutritious.

Evidence:

It was stated in the AQAA, "People are encouraged to lead their lives as individually as possible and without limitation. People have individual floor meetings so that they can plan what they would like to see happening on the units during the evening and at weekends."

Observations during the day of the inspection showed that people were at ease in their surrounding. Four communal lounges are available and people were free to walk between communal areas as they wished. People we talked to said that they were happy with the daily routine. They said that they were free to get up and go to bed whenever they chose. They also said they were satisfied with the range of social and leisure activities provided in the home. These included music, art and craft, quizzes, film shows, organised activities provided by outside contractors, including movement to music, reminiscence sessions and musical entertainers. Manicure sessions are also arranged and the hairdresser visits weekly. Staff sat and chatted with people who enjoyed this one to one time and the banter they engaged in with the staff members.

Evidence:

There are some photographs around the home of people taking part in activities.

The expert by experience chatted with people about their day to day life in the home. He reported, "In general good interaction was observed between staff and residents. The staff attitude towards residents is firm but sensitive. Most residents spoken to say that their needs are catered for and have contact with family and friends at any reasonable time. Religious needs are catered for with regular visits by local clergy. A weekly social activities programme was evident on notice boards. On the day of the inspection activities listed were, Coffee in the morning and Bingo in the afternoon, held in the 'Day Care' room on the ground floor. Only about four or five residents attended. While these were going on other residents were either in their rooms or in one of the many lounge areas, some of which had televisions. There are two Activity Co-ordinators who share the week." The expert by experience felt that there was little activity choice for people who chose not to visit the day care lounge.

The manager told us forthcoming activities include a visit by a 'museum bus' which is featuring the Olympics through the years.

There is an open visiting policy, which means that people can see their friends and relatives as they choose and can continue with relationships that are meaningful to them.

The expert by experience joined people at lunch. His report advised that "Lunch was served between 12.30 and 1.10pm and was delivered from the kitchen to three dining areas in hot trolleys. Care staff then served to those in the dining rooms and to other residents in their rooms. I sampled lunch consisting of a main course and dessert with squash or water as a drink. The main course was roast chicken, stuffing with potatoes and vegetables and lemon sponge with custard for pudding. It was served attractively, and was hot and wholesome. There was a choice of two main courses and two puddings, which residents made previously. Residents seemed to enjoy the meals and were offered second helpings."

Comments made by people on the day of the visit and in surveys include:

"The food is very good here."

"You get good food in this home."

"My relative is always telling me how much they enjoy the food."

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 complaints or allegations of suspected abuse are taken seriously and managed appropriately.

Evidence:

The AQAA told us that people are made aware that 'the company take all complaints seriously and value complaints as part of the quality assurance monitoring system.'

The complaints procedure is clearly displayed throughout the home and is available in large print, this enables those people with poor eye sight to read the information on how to make a complaint.

All surveys received by us from people living in the home or their representatives stated they knew who to speak to if they had a concern. We have not received any complaints since the last inspection of the home. Staff spoken with were aware of the action to take if they received a complaint. People spoken with said that if they had any concerns they would report them to the manager. One person said that "the manager would sort out any problems that you have, they always listen to what you have to say." The expert by experience chatted with people throughout the day and he reported that all people spoken with felt they could approach the management. One said, "I feel I could complain if I had to on any account and they would listen."

The home keeps a record of complaints made and the actions taken in response to

Evidence:

them are fully recorded. We saw that the home learns from complaints in order to improve its service. For example, one visitor had complained that their relative's clothes had been ruined by the laundry process. The manager undertook a full investigation meeting with the person living at the home, their relative, laundry and domestic staff. Changes had been instigated to the laundry provision and the complainant was satisfied with the outcome of the investigation. Information recorded in the home's AQAA and details received through notifications show us that the manager has acted appropriately reporting suspicions of abuse through the adult protection process.

Staff working in the home are fully trained in safeguarding adults and know how to respond in the event of an incident of suspected abuse. Staff spoken to were able to give satisfactory responses to questions about how to keep people safe.

A 'Whistleblowing' Policy is in place which sets out information about what staff can expect should they report an allegation of abuse.

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 live in a well maintained home that is homely, clean and hygienic.

Evidence:

It was stated in the AQAA that "we ensure that the environment is kept clean and tidy and that it has got a welcoming and inviting environment at all times." We found the environment to be clean and decorated to a good standard. Corridors are wide and spacious and enable people to move around the home using any aids they may require.

The expert by experience toured the home and stated; "The Home is a three-storey late 20 Century building with a single storey arm housing the Day Care Unit for 8 people and the main kitchen. The surrounding grounds, mainly laid to lawn, where there are some seating areas, are well laid out but not enclosed to the public highway. There are administration offices, three lounge and dinning areas with serverys, further lounge areas, a quiet area, conservatory, kitchen, laundry storage areas, and a salon for hairdressing.

The Home is generally well presented in keeping with its type, clean and showing some very minor signs of wear. It seems to be safe and reasonably well maintained with a programme of maintenance and all common areas are well lit and airy. Rooms are re-decorated when vacant."

Evidence:

All of the bedrooms are single with ensuite facilities. We looked at the bedrooms of the people we case tracked and these were found to be personalised and reflected individual tastes, gender and preferences. People are encouraged to bring in their own possessions in order to have familiar items around them to make their rooms as homely as possible.

The home was clean and fresh on the day of our visit. In the surveys returned to us, six people said that the home was always clean and fresh and two people said usually. One person told us "the home is always clean and tidy, my room always looks nice."

The expert by experience visited the laundry and reported; "The system seems well organised with individual boxes for residents, instructions for use of the machines and a lost property box. There was no separate hand basin for washing of hands." The manager was advised to ensure there is separate hand washing facilities to ensure good hygiene practices and reduce the risk of cross contamination.

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.

There are sufficient staff who are appropriately trained and recruited to meet peoples' needs and keep them safe.

Evidence:

There were 35 people in total living at Dewar Close at the time of this visit. We were told that the current staffing arrangements for the home on a daily basis consisted of six care assistants during the working day and two care assistants during the night. The manager works in a supernumerary capacity. The service also employs a housekeeper, administrator, catering and cleaning staff. Sufficient numbers of staff appeared to be on duty on day of inspection.

Staff were seen to interact well with people and all people spoken to said that the staff were friendly, kind and helpful. Staff were seen to provide assistance quickly to those who requested help and were attentive to people's needs.

People told us in their surveys or on the day of the inspection visit that staff were kind and attentive. Some comments include;

"They treat you very well here" "All the girls are marvellous" "Friendly supportive and helpful carers" "Friendly staff who are always willing to listen and help."

Evidence:

The Annual Quality Assurance Assessment document completed by the manager records that 20 staff have obtained a National Vocational Qualification (NVQ) in care at level two or above. This should contribute to ensuring the staff team have an effective knowledge of social care. We saw documentation which shows that new staff are provided with an induction when they first start working at the home.

The staff have also attended other training related to their job such as Food Hygiene, Dementia Care and Moving and Handling. On the day of the inspection visit five staff were receiving a full day training in infection control and maintaining health and safety in the home. The manager confirmed that all staff either have, or would receive this training in due course.

A staff member commented in their survey, "I have worked here for a number of years and am very happy with all my training and development."

We looked at the process used by the home to recruit three members of staff who have started working at the home since the last key inspection. The files contained evidence to demonstrate that appropriate pre-employment checks had been completed. A criminal records bureau (CRB) and protection of vulnerable adults (PoVA) check were available and two satisfactory references obtained before they started working in the Home. These robust recruitment procedures should safeguard vulnerable people using the service.

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

The manager ensures the home is run in a competent manner and in the best interests of people living there.

Evidence:

The registered manager has six years experience of managing residential services for older people. The manager completes training courses to keep her knowledge up to date. This should ensure that she has the knowledge and qualifications to support staff and ensure the home is run in the best interests of the people who live there. The manager is supported by a care manager.

The Annual Quality Assurance Assessment (AQAA) completed by the manager was done to a high standard. A range of information was provided as supporting evidence to tell us about what improvements have been made, any changes and areas that require action to be taken.

The AQAA stated that "consultation occurs with service users on a monthly basis in

Evidence:

care, catering and housekeeping services. An annual service review publicly shares the outcome of the quality assurance evidence and highlights trends. The home has clear systems in place and robust risk assessments to ensure that the home runs for the benefit of the residents and aims to achieve the best possible outcomes for residents at the home." Quality assurance systems were discussed with the manager. We saw that questionnaires are sent out to people, their relatives or representatives to obtain their views about the service. Meetings are also held with relatives throughout the year. The manager has introduced a newsletter to let people know about happenings in the home. A representative of the company monitors quality at regular intervals with monthly unannounced visits. We saw the reports produced as a result of these visits which show the visits look at a wide range of matters to ensure the service is operating well and that people are pleased with their care.

Various housekeeping audits take place to ensure that cleaning chemicals are being used correctly. Senior staff complete room checks daily and keep a log of items needed to be attended to by housekeeping staff or the maintenance person. This helps to ensure that rooms are clean, all fixtures and fittings in people's bedrooms are in a good state or repair and in full working order.

A system is in place to safeguard people's personal monies. Each person's money is stored securely in separate wallets. Records are maintained of all transactions. We sampled the accounts of two residents and found the balances to be correct, with receipts available for all expenditure.

Staff supervision was discussed with the care manager. It was noted that all staff receive supervision every two months. The manager said that as she walks around the home on a daily basis she also observes staff working practice at the same time. The supervision records of a newly employed staff member were reviewed and found to be up to date. Two staff spoken to confirmed that they receive regular supervision and at these meetings they are able to discuss training needs, work practice issues and any other things that affect their work at the home. Regular supervision of staff should help staff to work safely in accordance with the policies and procedures of the home and provide the necessary care to those living at the home.

Information was provided within the AQAA to confirm servicing and maintenance of equipment is undertaken and policies and procedures are reviewed. We looked at a selection of maintenance and servicing records, all were up to date and demonstrate that systems are in place to ensure the home and equipment is safe. We saw that staff have regular training in health and safety, which ensures they are provided with the knowledge and skills to help people keep safe.

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	7	Care plans should reflect all of peoples individual needs so that staff have guidance to follow. This should make sure people get the care they need.
2	26	There should be separate hand washing facilities available in the laundry to ensure good hygiene practices and reduce the risk of infection.

Helpline:

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