



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Sunbury Nursing Homes
Address:	Thames Street Sunbury On Thames TW16 6AJ

The quality rating for this care home is:

one star adequate service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	Date:
Lesley Garrett	2 4 0 2 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. 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.

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 Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Sunbury Nursing Homes
Address:	Thames Street Sunbury On Thames TW16 6AJ
Telephone number:	01932785414
Fax number:	
Email address:	snhltd@snh.demon.co.uk
Provider web address:	

Name of registered provider(s):	Sunbury Nursing Homes Limited
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Type of registration:	care home
Number of places registered:	87

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	87	0
old age, not falling within any other category	0	87

Additional conditions:	
The maximum number of service users to be accommodated is 87	
The registered person may provide the following category of service: Care home with nursing (N) to service users of the following gender; Either whose primary care needs on admission to the home are within the following category: Dementia (DE) old age, not falling within any other category (OP)	

Date of last inspection								
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Brief description of the care home
Sunbury Nursing Home has been a family business for a number of years. The Manager and her four children are the Registered Persons who are involved in the day-to-day running of the business. The home consists of several buildings, which are set in well-maintained grounds. The main building comprises of West Lodge, a grade 2 listed building, to which further substantial wings were added in the 1960's. Administration buildings are situated between the main building and Weir House, which

Brief description of the care home

provides accommodation to a further 22 service users. Some staff accommodation is also located in Weir House and West Lodge.

The majority of bedrooms are single and there are a total of 11 double bedrooms. The main communal areas consist of a conservatory at the front of West Lodge and the drawing room on the ground floor of Weir House. Several smaller communal areas are to be found elsewhere in the home. The home is located close to local amenities and an attractive stretch of the river Thames.

Accommodation and services, including nursing care, are provided to a maximum of 87 older people and those with Dementia.

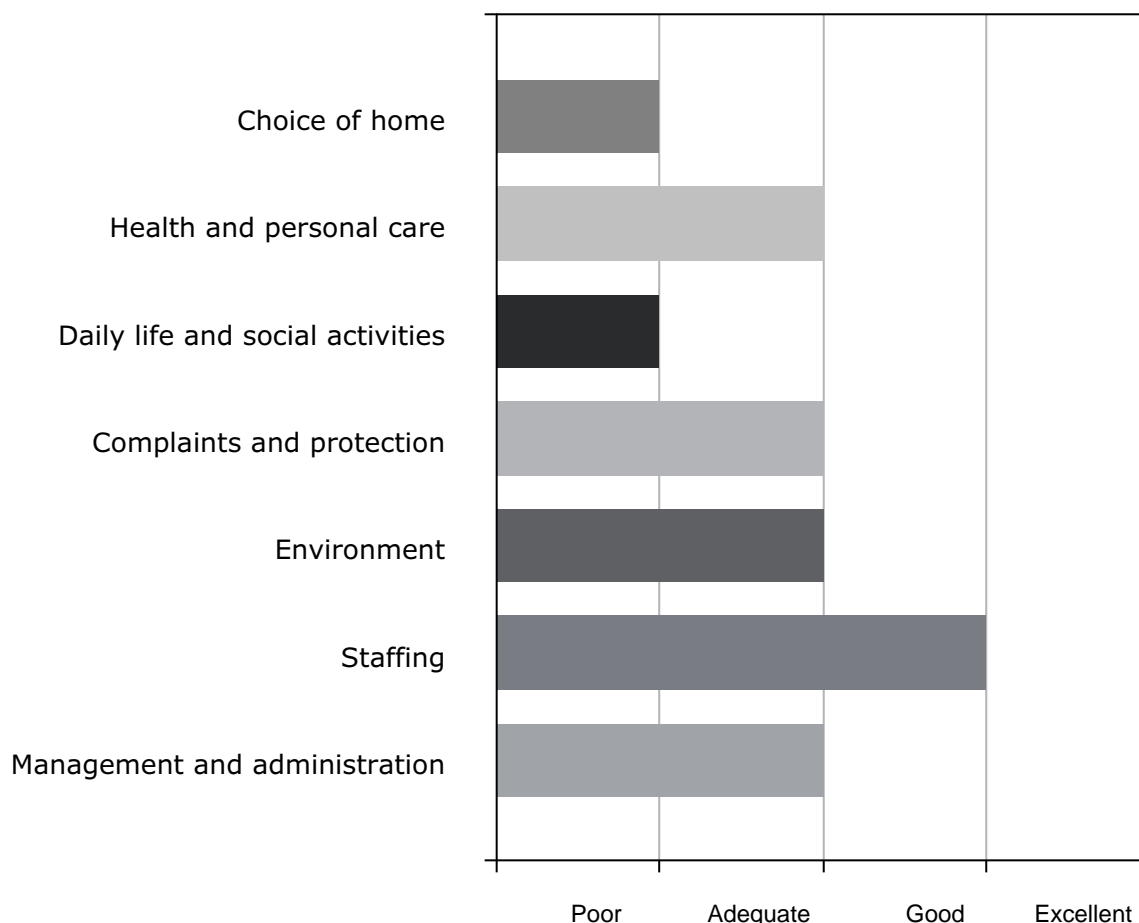
Summary

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

The quality rating for this care home is:

one star adequate service

Our judgement for each outcome:



How we did our inspection:

This inspection of the care home was an unannounced Key Inspection. Mrs Lesley Garrett, Regulation Inspector carried out the inspection with assistance from an Expert by Experience whose main focus was to speak with the people who use the service. In the absence of the registered manager the directors of the home represented the service. We arrived at the home at 10.00am and were on the premises for 7 hours. The inspection was a thorough look at how the home was doing and took into account information provided by the service and any information that CSCI has received since the last inspection which was carried out in October 2006. We looked at how well the service was meeting the key national minimum standards and complying with the regulations. In this report we have made judgements about the standard of the service.

The registered manager supplied CSCI with a completed AQAA (Annual Quality

Assurance Assessment) and this document was used to assist with the inspection. We also spent time talking with some of the individuals that use the service and staff members. A tour of the home was undertaken. Documents sampled during the visit included care plans, daily records, risk assessments, staff files, training records, and the homes safeguarding and complaints policy and procedures.

From the evidence seen by the inspector and comments received, the inspector considers that the home would be able to provide a service to meet the needs of individuals who have diverse religious, racial or cultural needs.

What the care home does well:

Staff were observed to have a kind and caring approach and were interacting and speaking appropriately to those being care for.

Staff were complimentary about the management support that they receive and all staff spoken to on the day said how much they enjoyed working at the home. The directors confirmed they had a stable staff team facilitating continuity of care.

People who use the service told the inspector and Expert by Experience that they were well cared for and that the staff were kind.

What has improved since the last inspection?

Following the inspection in October 2006 three requirements and two good practice recommendations were made. At this inspection there was evidence to show that two of the requirements had been met and one of the good practice recommendations had been acted upon.

All staff employment folders have now been checked by the management team to ensure that all necessary evidence is now in place.

We looked at a random sample of recruitment records and the evidence seen showed new employees to the home have full employment checks prior to commencing their employment.

What they could do better:

Six requirements were made following this inspection and can be viewed in more detail at the end of the report.

The homes statement of purpose must be reviewed and updated to ensure that the information it contains within it is current.

All people wishing to use the service must have a pre admission assessment carried out.

Appropriate consultation regarding the assessment with the person who uses the service or their representative needs to take place.

An assessment should take place for all those people who eat a pureed or liquidised diet to ensure that the food is the correct consistency and that the people really need to have this type of diet. The risk assessments in place for the use of bed rails need reviewing to ensure use of the bed rails is appropriate.

During the planned refurbishment of the home consideration should be given to reviewing the facilities for eating meals and the provision of more dining tables and chairs. Consideration should also be given to the replacing of any worn floor coverings.

The home must eliminate the offensive odours present on the day of the inspection and put systems in place to keep the home odour free.

Our methodology requires that the registered persons have the ability to demonstrate an understanding and to take a proactive approach to areas of the service that have shortfalls leading to barely adequate and in some cases poor quality outcomes in key areas assessed in this report. This has not happened and has resulted in a reduced star rating of Adequate.

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

People using the service are not able to make an informed choice of whether the service can meet the care needs prior to being admitted to the home. Information provided in the Statement of Purpose is outdated and as such does not give an accurate picture of what the service can offer. Pre admission assessments are not carried out which means the service cannot be confident all care needs could be met.

Evidence:

The directors informed us that decisions on whether the needs of person wishing to use the service can be met by the service are based on assessments carried out by care managers and/or health care professionals alone and not any assessment of need carried out by staff from the service. In only using these assessments the service are basing suitability for admission on somebody else's assessment of need and not the services own. A requirement to change this practice has been made.

Staff from Sunbury do consult with relatives as part of the care needs assessment.

Evidence:

Relatives or the person wishing to use the service representatives are invited to visit the service prior to admission. However from the evidence available to the inspector it was not normal practice for people wishing to use the service to visit the service prior to admission. Involving a person who is thinking of using your service in the assessment and admission process is essential to the successful transition into residential care. We looked at the statement of purpose and service users guide. The statement of purpose had not been updated since October 2004 and as such did not contain current and relevant information. A copy of the statement of purpose could only be found in the responsible individuals office and was not readily available to the individuals using the service.

Requirements have been made at the end of this report that a member of staff qualified to do so carries out pre-admission assessments and that the statement of purposes is updated to reflect current and appropriate information. The statement of purpose should be freely available to individuals using the service and those considering using the service.

The home does not offer intermediate care.

Health and personal care

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

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

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

This is what people staying in this care home experience:

Judgement:

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

The care plans sampled did not accurately reflect the care needs of the people using the service and some of the risk assessments were not fully completed. There was no evidence that people had agreed the care plans. This does not allow staff to have all the information required to care for the people or for the individuals to comment on their plans.

Evidence:

At this inspection we looked at seven care plans. All the plans had details of the type of personal care an individual should receive. However in the seven care plans seen there was no evidence in the care plans that any consultation had gone on between the individual and/or their next of kin and staff as to what the care plan should contain. Since the inspection visit management have provided evidence of care plans where content agreement had been recorded. This practice must be incorporated in all care plans drawn up and at review stages. Care planning is clearly not based on the individual's personal wishes, aspirations and choice. This has been made a requirement.

Evidence:

The AQAA stated that staff would continue to develop and improve care plans with particular emphasis on recording 'patient' preferences to enhance the policy of person centered plans. We saw little evidence of the individuals living at the home having choice and this is reported further under headings of Daily Life and Activities.

All the care plans seen evidenced that individuals should have a blanket bath with the assistance of two nurses. This is not person centered care as many of those seven care plans demonstrated that they had mobility and showed no reason not to be offered a bath in the conventional sense. Some of the people using the service told us that they enjoyed a bath once or twice a week but that in between they were washed in their bedroom. Further evidence of lack of choice was evident from records and staff and comments from people who use the service that all people used commodes rather than assistance to use a WC. One individual said to us that they were bored as they rarely left their room. A commode was brought to them; but did visit the bathroom once a week for bathing purposes. There was no evidence to show that this isolated way of living was their choice. Another service user said to us she liked to walk but usually only went to the conservatory if her daughter took her. Staff need to ensure that she knows there are alternatives available to her and how they can access them. Her comments to us clearly indicated this was not the case.

All the people using the service spoken with informed us when we asked about rising and retiring times that they went to bed and got up at similar times each day. For example most of them said they were put to bed at 6.30pm and that this was the accepted time for retiring for the evening. The care plans seen gave no detail about the preferred times for getting up and going to bed. It is acknowledged that care plans sent to us following the inspection did record rising and retiring preferences. It would be considered good practice for all care plans to record such preferences.

Risk assessments regarding the use of bed rails were evident in the care plans. However many were incomplete and did not direct staff in when it was appropriate or not appropriate to put in use the rails that are fitted to all beds.

One person was observed to be sitting in a chair that was shaped and prevented the person from getting out of the chair without assistance (bucket chair). The use of this type of furniture needs to be risk assessed to ensure that it is not used as a form of restraint and if it is to show when, how and why it is required and the limitations on its use. The care plan of this individual was looked at but there was no recorded evidence to say why it was in use. During the feed back session with the directors they told us that this chair had been transferred from the persons previous home that has now closed.

Evidence:

Pressure area risk assessment tool (Waterlow Score) and nutritional risk assessments were in place. This had not been translated into any action plan or management strategy of that risk that staff were required to take action on for those persons assessed as being at high risk from pressure damage or weight loss/gain. One risk assessment stated that the person was at risk of under nutrition but no plan to explain what interventions should take place. Another risk assessment stated that the fluids required by that person should be one to two litres per day but there was no recording of their daily fluid in take to monitor if this was actually happening.

People who use the service are registered with a local GP. This GP visits Sunbury Nursing Home every week and staff reported the surgery provide good support to the home. Following the inspection the home provided us with a questionnaire that the GP completed on 18th March 2009. The GP states ' I find all staff at the home helpful, polite, responsive, dedicated, loving. caring all the time. They never say no. All requests and orders obeyed and done'. Opticians, a chiropodist and a dentist provide additional healthcare support. A local pharmacy is used for the supply of medications and they are delivered in blister packs. We looked at the homes policy and procedures for the safe handling of medicines this was in order. Staff have access to these documents and those spoken with said they understood procedures and followed them closely.

Our observations on the day of the visit evidenced that staff were very kind and caring. However the lack of choice apparent in many areas of care does not follow modern day thinking on care practice and must change.

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

Some choices are available for the people who use this service to choose their preferred lifestyle. Communal spaces do not encourage social dining/activities, as there are insufficient dining facilities for the number of people the service is registered for.

Evidence:

There are two people employed as activities organisers. There are written programmes on two notice boards in the home. The service informed us that the activity programmes are on display in five areas of the home however, these were in small print and not accessible to all people using the service. Some people who spend the majority of their day in their own room have their own list of activities. In some cases they were observed to be reading books brought into the service from a local library. Some people spoken with said that being in their own rooms all the time was boring and one reported that the staff did not want them to leave their room.

The Expert by Experience observed the afternoon activity a name game. This was not tailored to all the people attending some of whom had cognitive impairment due to dementia. There was also a distraction of a concurrent quite activity-taking place in the same area. Other service users were seen to be doing jigsaws and picture games

Evidence:

The attendance at the activities are recorded according to staff in individual care plans but from the recordings seen there was no information as to whether the person participating derived any benefit from the activity. Since the inspection the service have provided evidence that people who use the service have their interactions in activities recorded sometimes. There was no evidence in the records seen that activities are based on a relevance to the individuals previous life. Again from the records seen on the day of the site visit activities of a one-to one- nature were not provided to people who stay in their own rooms. Since the inspection the service has again provided some documented evidence that one to one activities take place for people who stay in their rooms. People spoken to in some cases did not know what activities are provided and chose not to participate. A future musical entertainment is planned and some people spoken to were aware and looking forward to this.

There is no dining room provided and people either eat in their own rooms, or are served their meal on over chair tables in one of the lounges or the conservatory. The height of some armchairs makes eating from these tables difficult. Staff reported that some people are reluctant to move from their armchairs to a dining table. However, no suitable dining chairs were seen in the home during the visit. The directors said that everyone ate Christmas lunch communally and that no person ate in their room on that day. Meal times are set with breakfast at 08.30, lunch at mid-day and supper at 17.30. This means that there are approximately fourteen hours between supper and breakfast with a hot drink in the evening for the majority of people. This is not consistent with nutritional guidance for people living in a Care Home. Following the inspection the responsible individual told us that the meal times had been changed. Cooked breakfast is available on request and also sandwiches or toast outside of meal times if they are hungry. The lunch menu was cottage pie, although many of the meals observed were served pureed. The reason for the meal being presented in this way was not recorded in care plans, neither were there any assessments by a professional such as a speech or physiotherapist recording why this was needed. Staff stated that this due to swallowing problems and made the management of feeding easier.

Staff was observed to be assisting people with their meal appropriately giving them plenty of time to eat and in a gentle attentive way. People using the service made complementary remarks about the food provided although there was no evidence of a choice of menu or in the way it was presented or in the surroundings in which they ate it.

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.

People who use this service have the information available so they can raise complaints and concerns and be sure they are listened to. However routines and practice condoned within the home does not promote choice, independence and individualised care are not protecting individuals right to this way of life.

Evidence:

The directors stated that all people have access to the services complaints policy and this was seen displayed in the home. There have been two complaints received by the service in 2008 and both have been resolved and outcomes seen. Three safeguarding matters were investigated under the local authority's safeguarding policies during 2008 all have been concluded. The directors say it is their policy to only record formal written complaints. Any verbal concerns and or complaints are not recorded. Monitoring of concerns/comments made could assist the providers to analyse patterns and react to people who use the services perceptions of the care they receive.

The directors say they are proactive in ensuring all staff have the knowledge of safeguarding adult procedures Staff have received training in this important area. Additionally there are local authority posters displayed in the home informing staff of their obligations in protecting vulnerable adults. Staff confirmed in discussion with the inspector their knowledge of the procedures and the action required should they witness any signs of abuse. Staff were confident they would be able to report any suspicion of abuse.

Evidence:

In the outcome area relating to personal care the seven care plans seen identified that people were not consulted with the writing of their care plans. Our observations on the day of the visit evidenced that staff were very kind and caring. However there was a lack of choice apparent in some areas of care. This does not follow modern day thinking on care practice and must change.

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

The environment is safe for the people who use the service however the lack of communal facilities such as a dining room, the quality of furnishing and decoration do not promote choice and dignity for the people who live there. Individual bedrooms are welcoming and homely and have been personalised by the individual occupying the room.

Evidence:

The AQAA provided by the registered person before the inspection stated that the service is maintained in a good state of repair and decorative order. The Expert by Experience saw evidence however, that in Carmel Wing the Floor covering was in a poor condition and the lino was in a bad state of repair outside Mountford Lounge this presented a hazard for a trip or fall and some decoration was worn. In Weir House the Expert commented that some of the furniture was tired and there was a hole in the fabric of the chaise longue. The providers told us following the inspection that significant investment in the West Lodge which is a grade 2 listed building is being made. The people who use the service will have this accommodation improved with four of the five single rooms being replaced by three enlarged and refurbished single rooms. Scaffolding has been erected on one wall to facilitate structural repairs.

The conservatory in the main building and the lounge in Weir House are the two largest communal areas used for people to sit in when eating their meals. Part of the

Evidence:

lunchtime was observed by both the inspector and Expert by Experience. The home does not have appropriate dining tables and chairs. Instead people sit in their armchairs at individual over the knee tables in their room or in armchairs sitting at tables in the conservatory. Those people observed sitting in armchairs at the table caused them to lean forward to reach their food. There are smaller lounges around the home and again the majority of people sit in armchairs or their individual wheelchairs to eat their food.

There is system in place to clean the carpets and this was observed to be happening. There were malodours noted in a few areas but this was observed to be being addressed although only a certain amount of carpets could be cleaned in one day. On the day of inspection one of the sisters requested another room was in need of cleaning but that carpet needed to wait for the following day.

We saw a well-maintained garden that was accessible to all people in the service should they wish to use it in good weather.

Individual bedrooms are welcoming and homely and have been personalised by the persons whose room they were. Several people invited the inspector to view their rooms.

Staffing

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

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

Staff numbers at the home on the day of inspection were sufficient during the day to meet the assessed needs of the people using the service. The NVQ programme at the home will resume and regular training for all staff takes place to ensure that they all have access to current and up to date knowledge.

Evidence:

On the day of inspection it was observed that there were staff allocated to each wing. The nurse in charge said that they ensure that there is a mixture of nurses and carers responsible for each wing and that they ensure there is a good skill mix. The directors said that there is always flexibility with the numbers of staff on duty and they rarely need to use any agency staff. The staff working on the day were observed to be calm and working in an unhurried manner giving time to each person using the service. The people spoken to on the day were complimentary about the staff one said 'the staff are very kind to me'. Another person said 'I am really happy I have just had my bath before lunch'. The AQAA states that they have good staff retention with a stable core of long term experienced staff. One member of staff told us that she first worked at the home during the sixties.

The directors said that less than half of the carers at the home have their NVQ certificate. In their response to the draft report we were informed that some staff had been unable to get their NVQ certificate because City and Guilds had not appointed a

Evidence:

replacement verifier. This has had a negative impact on the training programme however the home has been informed that a verifier has now been appointed and they will visit the home on 29th May 2009. The home is an assessment centre so they plan to restart the programme in the near future.

Three recruitment folders were sampled and all contained the necessary information to safely employ staff at the home. All staff receive an induction when they first start at the home and this is carried out over five days. Staff then receive weekly one to one meetings with a senior member of staff to assess their understanding of the job and allow them to talk about any problems.

The directors showed us the training that had taken place during the last year. The records were not all available as the person responsible for the training was not in the home on the day of inspection. Records indicated that fire awareness, manual handling and safeguarding adults training had taken place for all staff. Following the inspection the directors provided us with evidence that staff have also attended training in infection control and food hygiene.

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

Discussion with the directors did not show that they understood that many of the practices in the service do not promote dignity, choice and independence for the people who use the service.

Evidence:

Mrs Ellen White is the registered manager, she is also a Registered Nurse. Mrs White does not have the RMA qualification but as a RN has managed the care service and does not intend to obtain this award. Although no evidence was provided of recent updates to her practice, the registered manager is required by her professional body to have fulfilled current practice requirements in order to remain registered with them. Mr JKM White is the RI for the service. Two directors of the company neither whom are registered assisted with the inspection. The registered manager is assisted on a daily bases by nursing sisters who manage the care needs of the people who live in the service. Some of the nursing sisters are currently undertaking the RMA.

The responsible individual for the service Mr JKM White told us following the inspection

Evidence:

that the registered manager intends to retire.

Management arrangements are in place to adequately support the staff team, there are clear lines of managerial accountability in place. The service undertakes surveys and an analysis of the findings in order to assess its quality, leading to an action plan to address any issues raised.

Personal allowances for some service users are managed by the service the directors confirmed that receipts for all transactions are maintained. The AQAA provided details on the regular Health and Safety checks in the service that included Fire awareness and training for staff, the testing of fire equipment and evacuation training.

Discussion with the directors during the inspection and feedback session did not show that they accepted many of the practices evidenced during the inspection did not promote dignity, choice and independence for the people living there and the detrimental effect this was having on the outcomes for the individuals. It is acknowledged that since the inspection we have been provided with information that people using the service are sometimes consulted about care plan content and that activities and interactions are sometimes recorded. It remains a fact however that some practices as evidenced in the report do not follow modern day thinking on care provision. It is the responsibility of the registered persons to keep up to date with modern day thinking and practice and train the staff accordingly.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	2	4	<p>The statement of Purpose for the home must be updated to reflect the current aims and objectives and the facilities provided and all the information that is contained in schedule 1</p> <p>To ensure that all people wishing to use the service have the current information to allow them to make a decision to use the service.</p>	16/04/2009
2	3	14	<p>Pre-admission assessments for all people wishing to use the service should have the benefit of an assessment by a suitably qualified and trained person from the home.</p> <p>To ensure that the home can meet their assessed needs.</p>	06/04/2009
3	7	9	<p>Appropriate consultation regarding the assessment with the person who uses the service or their</p>	16/04/2009

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
			<p>representative needs to take place.</p> <p>To give the person who uses the service an opportunity to discuss how they would like to receive their care and to be given some choices about their activities of daily living.</p>	
4	15	12	<p>Assessments to be completed by a suitably trained person for all those people using the service who are having puree or liquidised food.</p> <p>To ensure that people receive the correct type and consistency of food.</p>	16/04/2009
5	19	23	<p>To ensure that the home is regularly refurbished and consideration given to the furniture available for the people who use the service in particular the arrangements for eating meals and the replacement of the worn floor coverings.</p> <p>For people who use the service to live in a well maintained environment with the necessary equipment available to them</p>	16/06/2009
6	26	16	<p>The home should be kept free from offensive odours.</p>	16/04/2009

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
			People using the service should live in a pleasant smelling environment.	

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
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We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

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