

Key inspection report

Care homes for older people

Name:	Roxburgh House
Address:	29 Roxburgh Road Westgate-On-Sea Kent CT8 8RX

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:
Eamonn Kelly	0 8 1 2 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

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

Reader Information

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Information about the care home

Name of care home:	Roxburgh House
Address:	29 Roxburgh Road Westgate-On-Sea Kent CT8 8RX
Telephone number:	01843832022
Fax number:	
Email address:	roxburgh_house@yahoo.co.uk
Provider web address:	

Name of registered provider(s):	Discovery Care Ltd
Type of registration:	care home
Number of places registered:	22

Conditions of registration:								
Category(ies) :	Number of places (if applicable):							
	Under 65	Over 65						
old age, not falling within any other category	0	22						
Additional conditions:								
The maximum number of service users who can be accommodated is: 22								
The registered person may provide the following category/ies of service only: Care home only - 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								
Date of last inspection	2	7	0	1	2	0	0	9

Brief description of the care home
Roxburgh House is registered for the accommodation and support of older people. The use of shared rooms is being phased out because of their general unsuitability. If individuals wished to share, this would be considered.
Resident's bedrooms are located over four floors (lower ground, ground, first and second floors). A passenger lift serves the lower ground, ground and first floors. A stair lift assists residents with access to the second floor. There are seventeen bedrooms (twelve singles and five shared).

Brief description of the care home

The premises are close to public transport services and local shops and within walking distance of the sea front. Residents have access to a garden that is suitable for use by frail people. Car parking is available at the front of the premises.

Weekly fees are £328 for Local Authority funded residents and £595 for privately funded residents. Additional charges are made for chiropody, hairdressing and newspapers. A charge is made to cover the costs of outings where a minibus is rented.

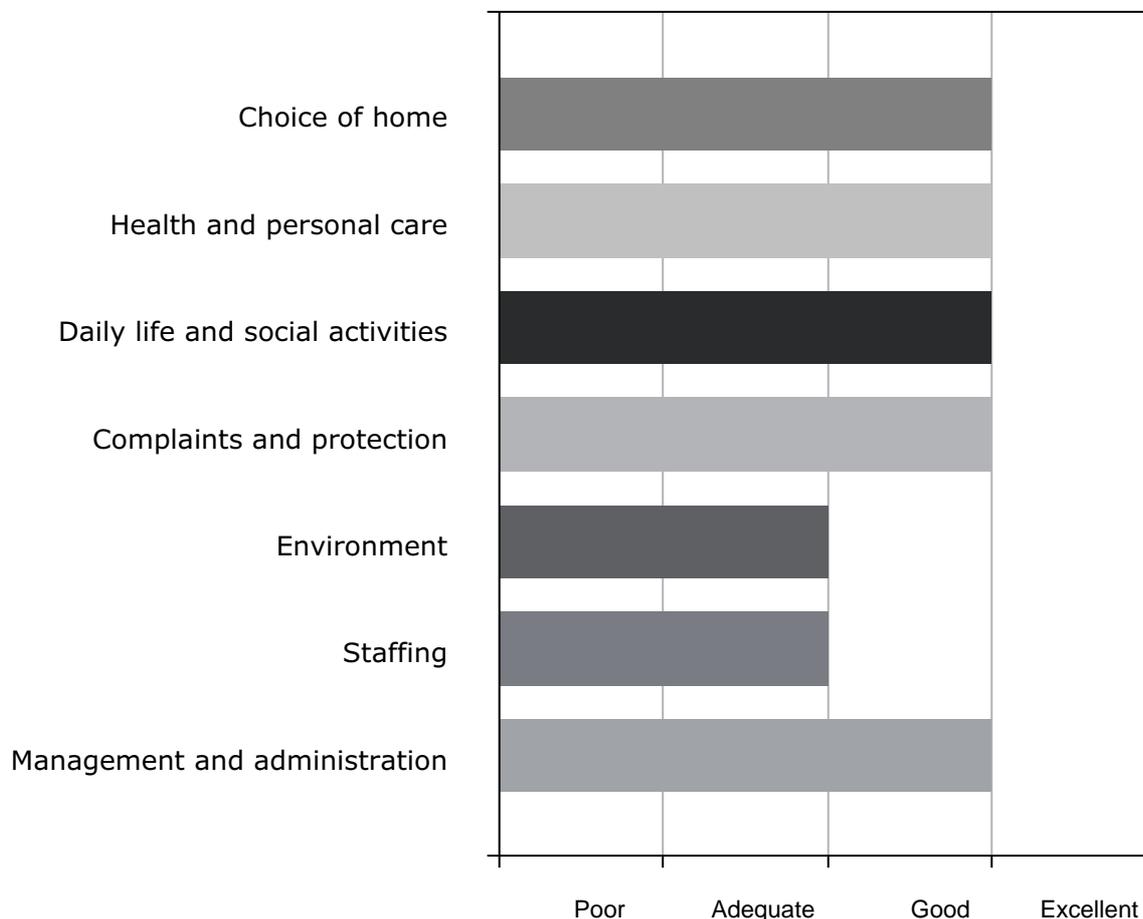
Summary

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:

The quality rating for this service is 2 star. This means the people who use this service experience good quality outcomes.

The inspection took place on 8th December 2009. The methodology used to produce the report includes reference to the previous AQAA (annual quality assurance assessment) submitted by the owners (Mrs and Mr Isiakpere), meetings with the registered owners, manager and members of staff and meetings with most residents.

The previous AQAA outlined some of the areas that have been improved for the benefit of residents and areas of practice identified by the owners that need further improvement.

The profiles of three residents were assessed in some detail and the relevant care plans were seen. The inspection included a visit to most parts of the premises. Some

records used for supporting residents were checked.

The outcomes of the previous inspection report were checked. Checks were also made of information known to the Commission about the service.

The previous report contained two requirements. These related to the need for better staffing arrangements to meet the assessed and changing needs of residents and for improvements in the way recruitment checks are carried out.

The Commission received reports from a Local Authority contracts department that indicated there were concerns relating to contract's compliance.

What the care home does well:

Residents are helped to remain mentally and physically active.

Residents are encouraged to keep contact with their relatives and friends.

Procedures are in place to help protect them from abuse.

The premises are broadly suitable for the care of frail older people.

Procedures for ensuring that standards of care are maintained and improved are in place.

There are on-going initiatives in staff training and care plan records are suitable for the continuing support of residents. Care staff contribute to the maintenance of these resident care plans.

Members of staff demonstrated a high level of understanding about resident's disabilities and how these are being address and reviewed. The participation of staff in the maintenance of care plans support this essential knowledge.

What has improved since the last inspection?

Residents have benefitted from the continuing programme of refurbishment. The premises are kept in reasonable condition but further improvements are necessary to the fittings and fabric of the premises.

Members of staff are continuing to put emphasis on the needs of new residents and how these are best addressed. This has been helped by an increase in staff numbers.

The programme of activities available to residents has increased.

The registered providers and manager have implemented changes brought to their notice by a Local Authority contract's officer. This series of checking by the Local Authority is continuing in order to ensure compliance with the contract for Local Authority funding of residents.

During this inspection, the boilers were not working. Replacement convector heaters had been installed at several locations. The registered providers stated that new boilers were due to be installed that week.

A concern had been that the manager had not made an application to the Commission for registration. This application had been made at the time of the inspection.

The medication procedure has been fully revised. The new medicine room has been equipped with new storage facilities. All staff who administer medicines have completed a 12-week training course that includes an element of competency testing.

A minibus is hired from time to time to take small groups of residents to agreed locations. This is regarded by staff and residents as a positive option for some residents.

A passenger lift assists residents to the lower-ground floor, ground and first floors. Bedrooms are situated on all four floors. Residents with bedrooms on the second floor gain access by stairs (and stair lift) from the first floor. This facility has recently been added to contribute to resident's mobility.

Shared bedrooms are only marginally suitable for the purpose of sharing. Their use is being phased out. This means that the maximum number of residents will be less than twenty two.

An outhouse is being converted to a laundry room. The laundry room will be used as a rest area and be used by residents who smoke.

Some paper towels were not housed in a dispenser. Since the previous inspection, paper towels and liquid soap dispensers have been fitted. In the interests of better infection control, alcohol gel dispensers have also been fitted.

The rear garden will, according to the registered providers, be made safe when the building work has been completed.

A new application form is now completed, references (written and by phone) are taken up and CRB/POVA checks undertaken.

The copy of the induction procedure seen indicated that the revised procedure currently being implemented meets "Skills for Care" standards.

The registered owners have made good progress with refurbishment particularly over the past year. This work is necessary and is continuing.

What they could do better:

This report contains no formal requirements. The improvements carried out and planned are acknowledged.

The registered providers and manager are aware that they should update the Service User's Guide and base it on a straightforward description of services and facilities. They are also aware that the registration is for the support of older people and new admissions should reflect this.

Residents do not receive their meals in a pleasing environment and the plan to upgrade this part of the premises is likely have a beneficial effect.

There are no door handles on some doors. The registered providers were advised to have these fitted for the convenience of residents. TV reception in some bedrooms was not as good as would be expected. The registered providers and manager said they would be giving consideration to making relevant improvements.

The use of certain types of floor coverings in bedrooms should be discussed with residents and/or advocates to ensure that the types selected are suitable for their needs and continuing comfort.

A bathroom on the first floor needs refurbishment and it is understood this is planned.

Bedrooms and associated facilities on the second floor need to be refurbished.

All carers have achieved or are undertaking an NVQ certificate (NVQ Levels 1 and 2 in Care). Staff administering medication have attended a 12-week Certificate in Medicine Administration. There are plans to enable all care staff to achieve a Certificate in Dementia Care.

There is a need for an adequate number of staff to be on duty at all times. Given the dispersed nature of the premises and high support needs of residents, the advice given during the inspection visit was to increase this number of staff during this period particularly when the manager was not present.

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.

Prospective residents and their supporters receive initial advice and guidance to help them assess the facilities and suitability of the home.

Evidence:

Prospective residents and their representatives receive a written guide (statement of purpose/service user's guide) that contains information about services and facilities.

The registered providers were advised to update the guide. It should be a factual outline of services and facilities.

New residents receive a contract that contains information on the rights and responsibilities of both parties. This is provided to all residents whether Local Authority or privately funded.

The registered provider and/or manager carries out an assessment of prospective

Evidence:

resident's support needs with assistance where necessary from Social Service's care managers.

Some residents have support needs associated with the on-set of dementia as well as substantial mobility problems and other disabilities including conditions that require specialist knowledge and treatment (for example, learning disabilities, Huntingtons Chorea).

The registered providers were advised to stay within the terms of their registration when considering the admission of new residents. The registration is for the support and care of older people. The registration is for up to 22 people but, due to the unsuitability of some shared bedrooms, the maximum number of residents currently admitted would be 18.

Potential residents may not always visit the home prior to taking up residence. However they (and their representatives) are invited to do so. It was found that careful monitoring is carried out and personal support customised during the weeks following admission to help the new resident settle in and to address any difficult issues arising during this period.

The home occasionally admits residents for respite care. The registered provider stated that care plan records, risk assessments and recorded outcomes of reviews are maintained for such residents in exactly the same way as for permanent residents.

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.

Residents receive good healthcare and social care support.

Evidence:

Care plan records seen for three residents contained information about their support needs and how these are being met.

The procedure is that, for all residents, an outline profile is initially obtained followed by a more detailed profile with the participation of the resident, advocates and family members. Risk assessments in each resident's personal file identify the relevant issues associated with his/her continuing support. There was also evidence of reviews of resident's health with outcomes of formal reviews recorded.

A major strength of the care planning system is that carers contribute fully to these essential records. All care staff are scheduled to undertake training on how to maintain the procedures. Members of staff met on this occasion demonstrated a very good knowledge of resident's support needs and how these were being addressed. At the staff change-over at 2 PM, the health and disposition of residents were discussed

Evidence:

so that incoming staff had a good knowledge of any changes that might have occurred. There was evidence also that relevant information is recorded on daily records for the benefit of residents and staff.

During the inspection visit, members of staff treated residents with understanding and respect. The evidence was that there were sufficient staff on duty to meet the needs of residents.

Care plans and discussion of several resident profiles showed that GPs visit as necessary. The services of district nurses are obtained and residents have good access to healthcare services. The medication procedure has been fully revised. The new medicine room has been equipped with new storage facilities. All staff who administer medicines have completed a 12-week training course that includes an element of competency testing. An important declared aim of support is to help residents remain as independent as possible. This involved encouraging them to move around on their own with any necessary staff observation. Residents are encouraged to not use wheelchairs within the premises but they have access to wheelchairs when they go out.

Members of staff help residents who have hearing aids to keep them in working order and they encourage them to continue using the aids. Records indicated that resident's weights were recorded monthly or more often if necessary. GP or dietician involvement is sought where there are concerns.

End-of-life care planning is included in the revised care plan recording procedure.

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.

Residents receive support on a day-to-day basis to remain mentally and physically active and alert.

Evidence:

The previous AQAA referred to the efforts made by staff to provide activities such as bingo, arts and craft, sing along, reminiscence sessions and weekly passive exercise. It stated that monthly music therapy is provided by a fitness consultant and music therapist.

The AQAA referred to the encouragement given to relatives and friends of residents to visit as often as they can.

There were a number of examples seen during the inspection that suggested they are helped in a number of ways to remain mentally and physically active. This included staff assisting residents on a one to one basis, helping them to walk about the premises including using the stairs and passenger lift, provision of books and newspapers, talking to them, providing music and helping residents visit the garden. During the inspection, staff were helping residents play cards.

Evidence:

This aspect of resident support has been improved by better better levels of staffing and deployment of staff. This is one area where the local Authority required better compliance with their contract with the service relating to funding of residents. There is still some concern that there are only two carers on duty in the late afternoon and evening. With accommodation and services spread over four floors including a basement area, it is necessary for the service to maintain good staffing numbers so that essential interaction with residents can continue.

Residents may receive visitors at any reasonable time and the service encourages this continuing contact. The AQAA stated that efforts are continuing to be made to involve resident's family and friends in helping with day-to-day activities.

Members of staff spoken with had a good understanding of each resident's personality and disabilities. Where residents have disabilities, members of staff communicated well with them.

The previous AQAA stated that residents and family members are encouraged to say what they feel and to give their views about any issue they feel affects them.

A minibus is hired from time to time to take small groups of residents to agreed locations. Residents using this opportunity make a financial contribution to cover the costs.

Nutritional assessments were said to be carried out. The cook keeps written information about resident's food intake. There was a choice of meal and where two residents did not like the meal provided, they were satisfied with the replacement given.

Residents do not receive their meals in a pleasing environment. During the previous inspection, the registered providers stated that they would renovate the dining room during 2009. This has not happened. The midday lunch started at 12.30 pm and most residents had vacated the basement dining area within 30 minutes. Staff do not eat with residents and only those staff on a consecutive double shift receive a meal.

Individual meals are transported to residents who are unable to leave their bedrooms (or had expressed a wish to remain in their room). It was reported that there is a hot/cooked component at the evening meal and that residents receive a drink and snack at around 8 pm. The home provides 3 main meals, drinks at regular intervals and a supertime drink/snack. Cold drinks are served to residents in lounge areas and bedrooms at regular intervals.

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.

Residents are protected from abuse.

Evidence:

According to the registered providers and manager, visitors are closely involved in all aspects of the service. A copy of the complaint's procedure is available in the written guide to services and facilities (Service User's Guide).

The manager was advised to update this document and make it more clear.

The AQAA stated that members of staff, residents and visitors are aware of the complaints procedure and that all comments about the service were welcome.

It was stated that members of staff receive training in matters associated with POVA (protection of vulnerable people) and the owners said they were confident carers would understand if abuse was occurring and how they would report it. During meetings with members of staff, they demonstrated a good knowledge of their responsibilities.

The Commission received no complaints about the service during the past year and the manager confirmed that no safeguarding issues are currently in progress.

Residents are protected through the process of staff checks taken up before new staff

Evidence:

take up their posts.

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 premises are broadly suitable for use by frail older people including those with physical disabilities.

Evidence:

The previous AQAA contained declarations relating to safety checks and associated safety certificates being in place and up-to-date.

Communal areas and bedrooms were visited as part of the inspection. All parts of the premises at the time of the visit were clean and odour free.

A passenger lift assists residents to the lower-ground floor, ground and first floors. Bedrooms are situated on all four floors. Residents with bedrooms on the second floor gain access by stairs (and stair lift) from the first floor.

Shared bedrooms are only marginally suitable for the purpose of sharing. Their use is being phased out.

An outhouse is being converted to a laundry room. The laundry room will be used as a rest area and be used by residents who smoke.

There are no door handles on some doors. The registered providers were advised to

Evidence:

have these fitted for the convenience of residents. TV reception in some bedrooms was not as good as would be expected.

Lino floor covering is being fitted in several areas including the lounge and bedrooms. The hard surface could have an affect on residents who fall in the lounge. Such floor covering in bedrooms does not produce a homely effect for residents or visitors. It would normally be expected that lino floor covering is fitted in a bedroom where there is an acknowledged need due, for example, to incontinence problems. This would be noted in the resident's care plan as the reason for such floor coverings. Such flooring would normally be agreed directly with the resident or would be discussed and agreed with an advocate as being suitable for the resident's needs.

A bathroom on the first floor needs refurbishment and it is understood this is planned.

Some paper towels were not housed in a dispenser. Since the previous inspection, paper towels and liquid soap dispensers have been fitted. In the interests of better infection control, alcohol gel dispensers have also been fitted.

A number of bedrooms have an en-suite facility. Others have a toilet in the room with a curtain surround.

A resident's payphone was blocked by the storage of a wheelchair.

The two bedrooms on the first floor were vacant. The area needs to be refurbished. The bed in one of the rooms is situated on a frame over the top of the passenger lift.

The toilet frame on the second floor was of very lightweight design and needs to be replaced by a better designed frame.

The rear garden needed to be made safe and comfortable for use by frail older people. It is acknowledged that building work for the conversion of the outhouse to a laundry area is underway and that the garden will be made safe by Spring 2010.

A new medicine room is now in use. This has been equipped with new cupboards/equipment including a controlled drug cupboard, medicine trolley and fridge.

The registered owners have made good progress with refurbishment particularly over the past year. This work is necessary and is continuing.

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

Residents have the benefit of being supported by care staff who know what their support needs are. Although the levels of staff have been increased in the morning and early afternoon, the numbers of staff on duty in the late afternoon and evening are not sufficient.

Evidence:

The home's procedure is that new members of staff should complete an application form, two written references be taken up, and CRB checks completed followed by induction/supervision/training. These procedures have been recently updated following Local Authority guidance.

Assessment of staff files evidenced that checks were carried out. A new application form is now completed, references (written and by phone) are taken up and CRB/POVA checks undertaken.

CRB checks are taken up for every member of staff. The registered providers had an up-to-date list of staff available showing names of staff, the CRB reference number, date of check and a reference to the outcome.

The copy of the induction procedure seen indicated that the revised procedure currently being implemented meets "Skills for Care" standards. Likewise, a new formal

Evidence:

recorded supervision procedure has been implemented.

Two members of staff work on duty at night. Three care assistants, manager, cook, domestic worker and maintenance person were on duty.

Resident's bedrooms are situated over a dispersed area (four floors: basement, ground, first and second). Residents have very high support requirements. The Service User's Guide states that specialist needs are addressed and examples of these (according to profiles of residents discussed during the inspection and associated "case tracking" of three residents) are people with learning disabilities, Huntingtons Chorea and significant physical disabilities some of whom need hoisting assistance with the participation of two carers.

There is a need for an adequate number of staff to be on duty at all times. Following Local Authority contract's officer guidance, the number of staff on duty in the mornings and early afternoons has been increased and these shift patterns, according to the manager, will be maintained. The number of staff on duty in the late afternoons and evenings (two) do not meet the Local Authority guidelines and, given the nature of the premises and high support needs of residents, the advice given during the inspection visit was to increase this number of staff.

According to training records, all carers have achieved or are undertaking an NVQ certificate (NVQ Levels 1 and 2 in Care). Staff administering medication have attended a 12-week Certificate in Medicine Administration. This training includes competency testing.

All staff undertake an awareness course in, for example, first aid, moving and handling, infection control, medication administration, COSHH (safety of storage and use of chemicals), food safety, fire safety and health and safety. All staff are due to receive training on the essential elements of COSHH during February 2009.

With the use of hoists already a necessity for a number of residents and a hoist (that needs two members of staff to operate it), the arrangements outlined in the training record are acknowledged.

The manager has achieved the Certificate in Dementia Care. Because of the advanced ages of many residents and their physical/mental difficulties, the registered providers and manager agreed to implement a programme of training during 2010 that would enable all carers to achieve this important qualification. This course requires an element of competency testing.

Evidence:

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.

Residents have the benefit of living in a service that is well conducted.

Evidence:

The manager, Mrs Pauline Madison, has managed the service during 2009 apart from a short time managing another service owned by the registered providers. She has the skills and experience in managing residential support for older people.

Mrs Madison has completed a number of training courses including the Certificate in Dementia Care and is close to completing the registered manager's award.

Mr Isiakpere is taking the lead on POVA matters and says he is committed to cascading the required knowledge to all members of staff. Mrs Isiakpere is ensuring that all members of staff understand the implications of POVA policies and that the procedures of local authorities in this regard are implemented.

The care planning procedure has been updated. This has led to a care planning

Evidence:

approach involving members of staff, for example, maintaining and updating care plans.

Improvements to the premises are continuing and a maintenance person has been employed.

Residents and their advocates are asked for their views directly and via quality assurance questionnaires: the evidence is that their views are listened to and any expressions of concern are acted upon for their safety and benefit. Increased emphasis is being placed on outcomes of quality assurance measures.

The training programme has accelerated and the evidence is that carers either now have an NVQ Level 2 or 3 in Care or are registered to start the course. The registered providers and manager have arranged for staff to obtain training in the essential topics to enable residents to receive the support they need as described in the pre-admission assessment and subsequent care plan and review record. This was said to include tuition in the use of hoists.

Where residents are judged to be no longer able to conduct their legal or financial matters, the home has strict procedures for assisting residents and relatives in identifying independent representation. Where additional charges are levied, invoices are presented and receipts for all services are maintained.

The previous AQAA contained a declaration that relevant premises safety checks and associated records are maintained. As a result of new requirements under fire safety regulations in force from 2007, the owners commissioned a new fire safety assessment carried out by a person qualified to do so.

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

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