

Key inspection report

Care homes for adults (18-65 years)

Name:	Oakwell
Address:	245 Alexandra Road Gateshead Tyne And Wear NE8 1RD

The quality rating for this care home is:	three star excellent 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:
Elaine Malloy	0 9 0 3 2 0 1 0

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 Adults (18-65 years) can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

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

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

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Oakwell
Address:	245 Alexandra Road Gateshead Tyne And Wear NE8 1RD
Telephone number:	01912170377
Fax number:	01912170350
Email address:	oakwell@mentalhealthconcern.org
Provider web address:	www.mentalhealthconcern.org

Name of registered provider(s):	Mental Health Concern
Name of registered manager (if applicable)	
Mrs Dawn Turney	
Type of registration:	care home
Number of places registered:	13

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
mental disorder, excluding learning disability or dementia	13	0
Additional conditions:		
The maximum number of service users who can be accommodated is: 13		
The registered person may provide the following category of service only: Care Home with nursing - code N To service users of the following gender: Either Whose primary care needs on admission to the home are within the following category: Mental Disorder, not falling within any other category - code MD: maximum number: 13		
Date of last inspection		
Brief description of the care home		
Oakwell is a registered care home with nursing that is ran by Mental Health Concern. The home provides recovery focussed rehabilitation for up to 13 adults with mental health problems and aims to help people move onto more independent living. The service was previously provided at Keegan Court, a former Mental Health Concern registered home and moved to new accommodation in October 2009.		

Brief description of the care home

The home is staffed over the 24 hour period by registered mental health nurses and support workers. It is located in the Bensham area of Gateshead and has easy access to a wide range of local amenities and transport links. The accommodation is over three floors and comprises four self contained three bedroom flats, a single occupancy flat and communal space and facilities. There is a large garden and car parking to the rear of the building.

The service is commissioned by Gateshead Primary Care Trust as an NHS service. People living at the home make a contribution to their care fees unless they are subject to aftercare arrangements under the Mental Health Act. Details of fees, a guide to the service and copies of previous inspection reports are available from the home.

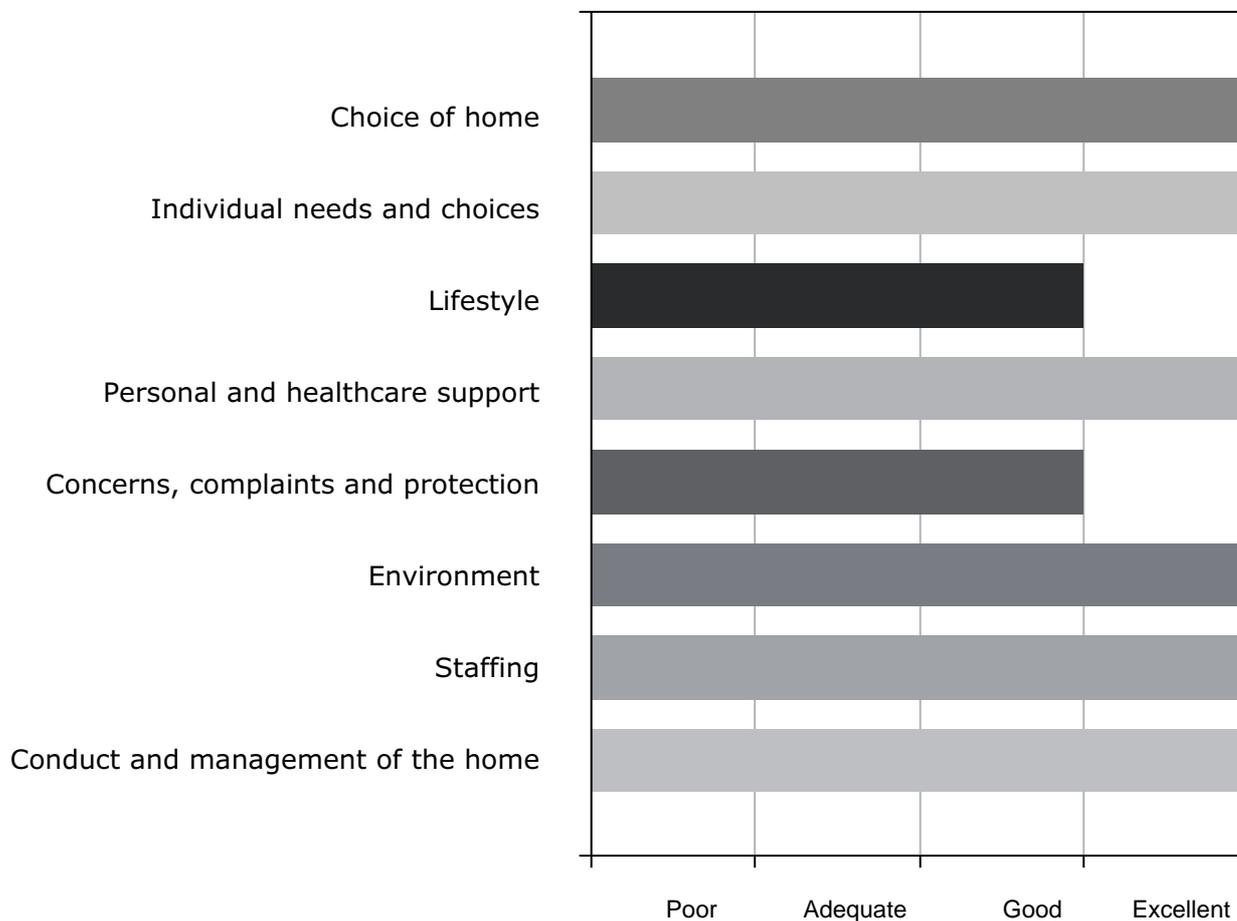
Summary

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:

The quality rating for this service is 3 star. This means that people who use this service experience excellent quality outcomes.

The inspection was carried out by:

Looking at information received since the home was registered on 27 October 2009 and the history of the pre-existing registered service.

An inspector visiting the home on 9th March 2010.

Talking to the management about the service.

Looking at records about the people who live at the home and how well their needs are met.

Looking at a range of other records that must be kept.

Checking that staff have the knowledge, skills and training to meet the needs of the people they support.

Looking at the resources that the home has to operate the service.

Getting the views of people living at the home and staff by talking to them and from surveys they completed.

The inspection was carried out over seven hours.

We have reviewed our practice when making requirements to improve national consistency. Some requirements from previous inspection reports may have been deleted or carried forward into this report as recommendations, but only when it is considered that people who use services are not being put at significant risk of harm. In future, if a requirement is repeated, it is likely that enforcement action will be taken.

What the care home does well:

The home provides clear information about the services it offers to people with mental health problems.

People have their needs thoroughly assessed to make sure they are eligible to receive the service and can engage in the rehabilitation process.

Support is tailored to the individual and is set out in detailed care plans that have been agreed with the person and are regularly reviewed to ensure they are effective.

People using the service are well supported to make decisions and take responsible risks. They are encouraged to exercise control over their lifestyles and make informed choices that will have positive effects on their recovery.

Staff work closely with people to help them build on their strengths and self esteem and develop independence. They support people well in managing the practical aspects of daily living, education and leisure activities and taking personal responsibility for health care and medication.

Good systems are in place for dealing with any complaints and safeguarding vulnerable people from harm.

The new accommodation provides people with an enhanced living environment that is clean, comfortable and well equipped.

There is a well established staff team who provide consistency and have very good understanding of people's needs. Staff receive extensive ongoing training to increase their skills and competencies.

The home is very well managed and the manager leads a team that fully understands the focus of the service and the organisation's values.

Health and safety is promoted through staff training and safe working practices to ensure people's welfare.

What has improved since the last inspection?

This was the home's first inspection since registration.

What they could do better:

A new annual plan is to be developed that sets out how the quality of the service will be maintained and improved.

Staff are to receive more regular fire safety instructions.

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

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

Details of our findings

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Choice of home

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

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. 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 the person 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 **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are provided with clear information to make informed choices and have their needs thoroughly assessed to make sure they receive support that is properly planned.

Evidence:

The service at Oakwell was previously provided at Keegan Court and people living at the home and staff moved into the newly converted premises following registration in October 2009. Information about the service has been updated. The new 'Statement of Purpose' provides details of the accommodation, the philosophy of care, methods of engaging with people using the service, how people are referred to the service and who is eligible, staffing, risk taking and the complaints procedure.

People told us they were asked if they wanted to move into the home and received enough information before they moved in so they could decide if it was the right place for them.

Lead professionals who refer people to the home complete a referral form with

Evidence:

assessment information. The home also obtains, where appropriate, assessments from other health and social care professionals who are involved with the person. The manager or a designated nurse then visits the person in their own environment and carries out a 'Primary Assessment Interview' with him/her. This includes the person's understanding of rehabilitation, their current treatment, and how they see their future. A further section was being added to this assessment to record the decision as to whether the person is suitable or not to enter the service. The manager said there have been instances when admission was declined and in this event people were referred onto more appropriate services to meet their needs.

Before moving in people are invited to come to the home for day visits, overnight stays and then to have a two to four weeks assessment trial period, though this can be extended, before a decision is made about permanent admission. During the trial period the person's keyworker completes an initial assessment of daily living skills. These were recorded to a very good standard.

Individual needs and choices

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 needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

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.

Person centred care planning is to a high standard and ensures people are well supported to make decisions and take responsible risks.

Evidence:

Care records showed people have well recorded support plans with specific aims and interventions. The plans were very personalised and sensitively recorded, focussing on identified needs relating to the person's mental health, living skills and medication. There was clear evidence of reviewing and updating plans and this included how the person had agreed to co-operate or modify their actions. Staff make regular, often daily entries to communication sheets linked to each support plan and evaluate plans in detail to demonstrate progress.

Staff told us that they are given up to date information about the needs of the people they support and the ways they share information always or usually work well.

In recent months a new tool had been introduced that focusses on recovery outcomes

Evidence:

for individuals. This was continuing to be developed and staff were receiving training and guidance.

Each person living at the home is assigned a keyworker who they work with throughout planning and monitoring their rehabilitation. People are encouraged to make choices that will aid recovery. For instance, one person's records showed how they had been supported to list ways they have previously managed difficult situations and how making changes and altering behaviour could make positive outcomes to their current circumstances.

Information is available on advocacy services and one person had been recently referred. Support plans include issues around managing finances and agreed limitations and restrictions that are in the person's best interests. For example, one person's support plan had been reviewed to show they had discussed and agreed to manage money allocated for food shopping more appropriately.

People living at the home told us they always or usually make decisions about what to do each day and that they can do what they want during the day, in the evening and at weekends.

A risk profile is obtained from the person's care co-ordinator before he/she is admitted to the home. Staff also complete a risk assessment for individual areas of vulnerability, such as risks associated with self administration of medication. Each person has a statement of risk within their care record and as staff get to know the person better this is added to, such as factors around mood, behaviour and triggers. Responsible risk taking was clearly built into support plans.

Lifestyle

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 can take part in activities that are appropriate to their age and culture and 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 and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

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 flexible support that gives them good opportunities to exercise control and improve their lifestyles.

Evidence:

People are supported wherever possible to take up opportunities for employment and further education. One person was currently studying and another was due to start a 10 week college course. Information is sought about people's social interests and hobbies and they are encouraged to pursue meaningful activities within the community. Days out and holidays are arranged on a one-to-one or small group basis.

Support is provided to maintain and develop positive relationships with family and friends. People told us they have telephone contact and can receive visitors at the home, though are more likely to meet up with relatives and friends or visit them in their homes.

Evidence:

The service has flexible daily routines and staff strike the right balance between people taking personal responsibility for structuring their time appropriately and providing guidance or reminders. There is an emphasis on promoting independence and this is built into individual's planned support. This includes the expectation that people will take part in household tasks such as laundry and cleaning. One gentleman told the inspector that he was very pleased with the new accommodation and said it provides greater privacy and dignity. He said he is very well supported by the service to become more independent.

Each person has the privacy of their own bedroom accommodation and all are provided with keys. An external key pad system is used to maintain security. There is separate communal space for males and females and access by the opposite sex is by invitation only, for example to share a takeaway meal. A shelter is provided in the grounds for people who smoke. The use and extent of alcohol and drugs is by individual agreement and is recorded in support plans and regularly reviewed.

People are given a weekly allowance for food shopping and this is checked to make sure it is being spent on food. Some people shop and cook meals independently. The service aims to promote healthy eating and assist people to maintain and develop their cooking skills. Staff demonstrated that they have clear understanding of how mental health can affect appetite and eating habits and gave examples of closely monitoring and working with people who are, or might become nutritionally at risk.

Personal and healthcare support

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 receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people 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.

If people are approaching the end of their life, the care home will respect their choices and help them to 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 **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are provided with well planned support that is responsive to their health care needs and helps them manage medication independently.

Evidence:

Most people living at the home are usually able to manage their own personal care independently or with prompts from staff. In practice direct assistance with personal care is limited and only undertaken where the person is not mentally well enough to maintain their personal hygiene and appearance.

People are encouraged to take control of their physical and mental well being by making healthy lifestyle choices and accessing a range of health care professionals for help. Their mental health needs are overseen by 24 hour support from qualified nurses at the home. People retain the services of their own doctor if they are within the area, or can register with a local practice. Individuals were currently accessing services from consultant psychiatrists, an assertive outreach service with care co-ordinators and Community Psychiatric Nurses, NHS chiropody, dentists and opticians. Referrals are made to other specialist professionals as needed. People can choose whether to have support from staff when attending appointments and all contact with

Evidence:

health care professionals is recorded.

Each person has a risk assessment completed for administration of medication. Different stages of support and supervision are provided with a view to people managing their medication independently and these are closely monitored by staff. There is a lockable facility in each bedroom for medication storage. Qualified nursing staff only administer medication and support staff are trained according to the in-house procedures. Medication administration records were appropriately completed and reasons for non-administration were recorded.

Concerns, 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. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

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 good systems to protect people from harm and address any complaints about the service.

Evidence:

The home makes the complaints procedure available in the guide to the service and this is discussed with people at group meetings and with their key worker. One complaint had been received from a local member of the public and this was dealt with and recorded appropriately, including offering an apology.

People living at the home told us they know who to speak to if they are not happy and how to make complaint. The majority of staff told us they know what to do if someone has concerns about the home, though one staff member indicated they did not know.

There are policies and procedures on safeguarding vulnerable adults from abuse and whistleblowing (informing on bad practice). The manager agreed to follow up on an advised change to the main procedure that does not reflect current practice. No safeguarding alerts have been raised in the period since the home was registered. All qualified and support staff have completed safeguarding training.

A risk management plan was being developed for one person living at the home who has history of making allegations and this was going to be reviewed by the local authority safeguarding team. The manager said people are safeguarded in flexible

Evidence:

ways according to their needs and wherever possible there is negotiation and agreements about behaviour that could result in people harming themselves or others. All staff have undertaken training on challenging behaviour. The service does not have 'holding powers' and people are free to come and go as they please, though steps are taken where necessary such as contacting the police when a person goes missing. A system is in place for incident reporting. During the visit the inspector observed interactions between people living at the home and staff that demonstrated supportive and balanced communication and good understanding of people's needs.

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, comfortable, 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. People have enough privacy when using toilets and bathrooms.

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.

People using the service now benefit from living in an attractive and comfortable environment that is well equipped to meet their needs.

Evidence:

The home is located in a residential area of Gateshead and has a good range of local amenities and public transport links. Accommodation is provided within four self contained flats each with three bedrooms and a kitchen/dining room and a single occupancy flat. The accommodation is separate for males and females. Each bedroom has an ensuite facility with shower and rooms were personalised to varying degrees with people's belongings. There are communal areas and staff office, meeting and sleep-in rooms on the ground floor. The home has been furnished and equipped to a high standard and was clean and comfortable. A large enclosed garden, smoking shelter and car parking is provided to the rear of the building.

People living at the home told us the home is fresh and clean. There are procedures for staff to follow to guide them on infection control and training is provided. Protective equipment and hand washing facilities are provided. Two staff attend an infection control group within the organisation and they cascade information to the rest of the team. Staff carry out hygiene and safety checks and people living at the home are being introduced to doing these checks. Domestic washing machines are

Evidence:

available in each flat and there is also a separate laundry room with a washing machine that has a sluice cycle.

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, qualified 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. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

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.

People are supported by a high ratio of staff who receive extensive training to meet their complex and diverse needs.

Evidence:

The home has a stable staff team of Registered Mental Health Nurses and support workers. The usual staffing levels are two to three staff including at least one qualified nurse on duty across the waking day and one waking support worker and a qualified nurse sleeping in at night. However staffing levels are flexible to accommodate the numbers of people living at the home and their current needs. The manager reported that there is rare use of bank staff and in this event only familiar staff from within the organisation provide cover. Arrangements are in place for regular student nurse placements from the University of Northumbria.

People living at the home told us the staff and manager always treats them well and that they always listen and act on what they say.

Staff told us there are always or usually enough staff to meet the individual needs of all the people who live at the home. They said their manager regularly gives them enough support and meets with them to discuss how they are working. They said they feel they have enough support, experience and knowledge to meet the different needs

Evidence:

of people who live at the home.

Some new staff had been appointed in line with the new increased service provision. A thorough recruitment process is followed and all staff are employed subject to enhanced Criminal Records Bureau checks. Staff told us that their employer carried out employment checks such as a Criminal Records Bureau Check (CRB) and references before they started to work.

Most staff said their induction covered everything what they needed to know to do the job. They told us they are given training that is relevant to their role, helps them understand and meet the individual needs of people, and gives them enough knowledge about health care and medication. The majority of staff said they are given training that keeps them up to date with new ways of working though one staff member indicated they are not.

Staff are provided with a comprehensive training programme from within the organisation and can take part in various development groups. Training is also accessed from external providers and there is a training manager who will source relevant courses. New staff receive induction and core training that is specific to adult rehabilitation and recovery services. Some staff have completed 'train the trainer' courses so they can deliver training to others, including health and safety, moving and handling, challenging behaviour, fire warden, and infection control. Training in the past year has included managing violence and aggression, core leadership skills, risk awareness, psychological approaches, psycho-social interventions, motivational training, alcohol and substance misuse sessions, and the Mental Capacity Act. A computer database is available that shows details of staff training and due dates for statutory training.

All support workers have either achieved or are studying for National Vocational Qualifications (NVQ) in care at level 2 and one worker has NVQ level 3.

Conduct and management of the 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 have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because 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. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

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 home is well managed in people's best interests and promotes their safety and welfare.

Evidence:

The home's Registered Manager is Dawn Turney and she has managed the service since 1993 (previously at Keegan Court). She has 32 years experience and is a qualified Registered Mental Health Nurse. She is supported in her role by a deputy manager and the staff team, and also has support from within the organisation from line management, training, health and safety, personnel and human resources. The manager demonstrates strong leadership skills and commitment to the aims and philosophy of the service.

A new annual quality development plan, to monitor and improve the quality of the service was not yet in place. The manager said a team 'away day' would be arranged to develop the plan. People's views of the service are obtained through surveys, meetings and informally. Quality audits are carried out and visits and reports on the conduct of the home are conducted monthly by senior management.

Evidence:

People living at the home told us what they feel the home does well, they said:

"Help with meals and medication when we are not well. Going out and socialising".

"It does everything well".

One person gave comments about what they feel the home could do better, they said, "More regular checks on residents to make sure they are behaving mentally and physically well".

Staff also told us what they feel the home does well, they said:

"I feel the care residents get at Oakwell is of a very high standard. Residents get all the support they need to live independently and to access activities in the wider community".

"Provides a warm, caring and safe environment. Enables residents to prepare to live independently while managing mental health issues".

"Encourages residents to live independently and looks after mental health of residents".

"Individualised care. Homely, supportive environment in which residents feel respected and valued. Recovery and rehabilitation eg development and maintenance of daily living skills such as budgeting and catering. Sound therapeutic relationships between staff and residents".

"They have a very good philosophy of care that safeguards the rights and legal entitlements of all the residents. Knowing that each person will have the opportunity to choose their own goals and tasks from a range of possibilities. Stepping towards fulfillment in a way that empowers each resident at their own pace".

"Supports individually and maintains their independence".

"Provides a safe, friendly, supportive environment. Provides opportunities for social events outside of the home environment if desired".

No suggestions were made by staff about what the home could do better.

Evidence:

There is a health and safety policy and range of associated procedures. Staff are provided with health and safety training and training on safe working practices such as fire safety, moving and handling, first aid, food hygiene and infection control. The deputy manager takes a lead role in monitoring safety management systems in the home. Risk assessments are in place for safe working practices and other environmental issues.

The home has a service agreement for fire safety and the contractor carries out all necessary checks and tests and keeps records. In-house fire instructions were being provided to staff by a designated fire officer on a six monthly basis. Advice was given that as all staff work night duty they should be given instructions every three months.

There is a thorough incident and accident reporting system. Reports are completed online and were very detailed, and are reviewed by the manager and analysed by a senior manager.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

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

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	39	An new annual quality development plan should be introduced that sets out measurable methods of monitoring and improving the quality of the service.
2	42	In-house fire instructions should be provided to staff on a three monthly basis.

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

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