Key inspection report

Care homes for older people

Name:	Cottingham Hall
Address:	195-197 Cottingham Road Hull East Yorkshire HU5 2EG

The quality rating for this care home is:	three star excellent service

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

Lead inspector:	**Date:**							
Diane Wilkinson	0	5	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 Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

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

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

Reader Information

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Author	Care Quality Commission
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Information about the care home

Name of care home:	Cottingham Hall
Address:	195-197 Cottingham Road Hull East Yorkshire HU5 2EG
Telephone number:	01482441144
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	Shelphan Resource Limited
Type of registration:	care home
Number of places registered:	31

Conditions of registration:		
Category(ies) :	Number of places (if applicable): Under 65	Over 65
dementia	0	31
old age, not falling within any other category	0	31
Additional conditions:		

Date of last inspection								

Brief description of the care home

Cottingham Hall is owned by a small local company, who also own two other care homes in the area. The home is registered to provide personal care and accommodation for up to 31 older people of either gender, including those with dementia related conditions.

The home is situated on Cottingham Road close to the local university, the busy Newland Avenue shopping area, churches and pubs. The local bus services stop outside the home.

The home is built on two floors and has a passenger lift to enable people to access the first floor. There are two purpose built, ground floor extensions to the rear of the home; these provide quality accommodation for the residents. Some accommodation is in the main part of the home which is Victorian in style. There are 23 single bedrooms

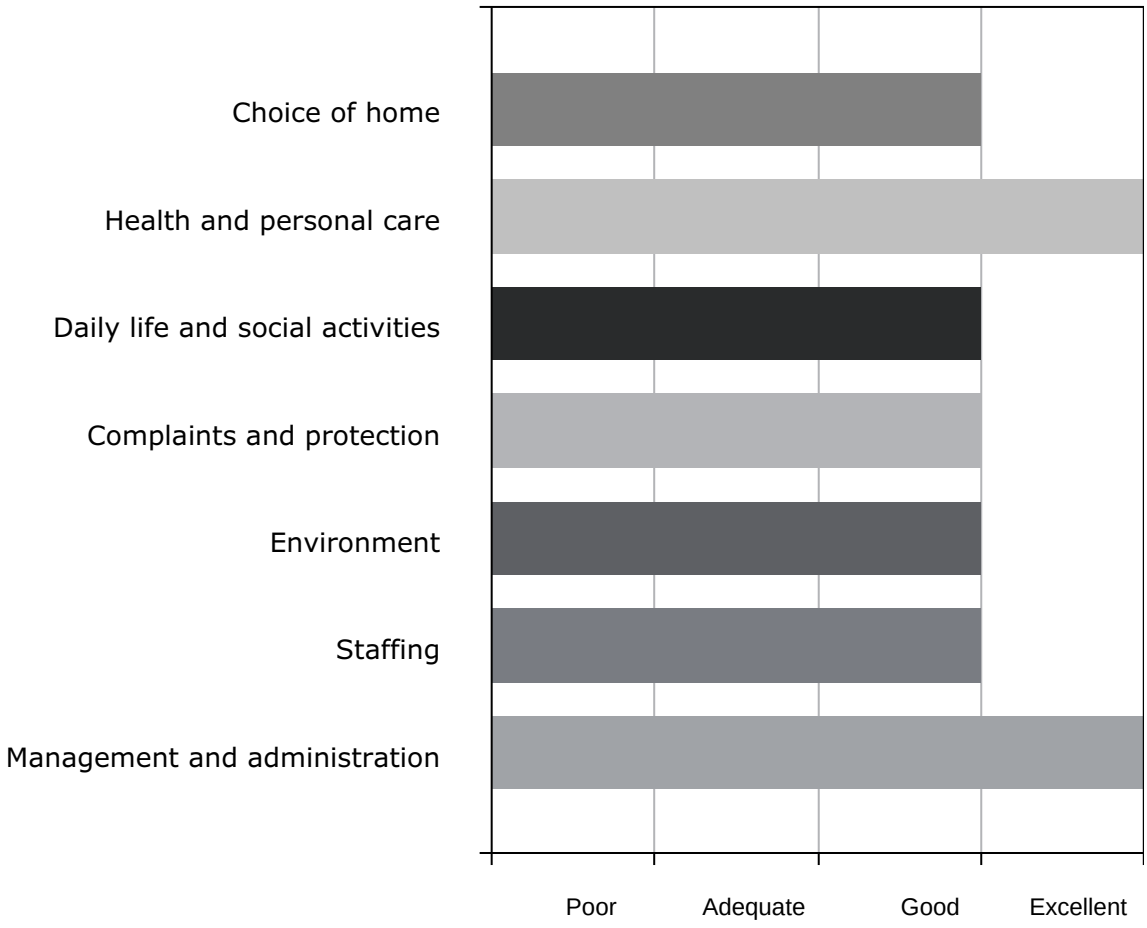
Brief description of the care home
and four shared bedrooms, 23 of which have en-suite facilities. There are large dining and lounge areas on the ground floor with easy access to the rear courtyard and garden area. The courtyard has seating and looks out onto the well-kept rear gardens. There is also a quiet lounge at the front of the home and a private meeting room. There is a gravelled car park at the front of the home for visitors to use.

Summary

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

The quality rating for this care home is:	three star excellent service

Our judgement for each outcome:



How we did our inspection:

This inspection report is based on information received by the Care Quality Commission (CQC) since the last Key Inspection of the home on the 17th April 2007, including information gathered during a site visit to the home. The unannounced site visit was undertaken by one inspector over one day. It began at 10:00 am and ended at 5:15 pm. On the day of the site visit the inspector spoke on a one to one basis with one person who lives at the home, two members of staff, the registered manager and a director of the company, as well as chatting to other people present on the day. Inspection of the premises and close examination of a range of documentation, including three care plans, were also undertaken.

The registered manager submitted information about the service prior to the site visit by completing and returning an Annual Quality Assurance Assessment (AQAA) form. The AQAA is a self-assessment that focuses on how well outcomes are being met for people using the service.

As part of the inspection process we sent survey forms to some of the people living at the home and staff; five were returned by people living at the home and one was returned by a member of staff. Responses in surveys and comments from discussions with residents and staff were positive, for example, 'They are always there to help if I need it - very good' and 'We looked at more homes before deciding on Cottingham Hall and neither us or mother has ever thought we made the wrong choice'. Other anonymised comments are included throughout the report.

The manager told us that the current fee for residential care is from £359.50 to £403.50 per week.

At the end of this site visit, feedback was given to the registered manager and a director on our findings, including recommendations that would be made in the key inspection report.

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:

People have a full care needs assessment prior to their admission to the home, and information gathered at the time of admission is used to develop an individual plan of care for the person concerned.

Care plans are a thorough record of a person's individual health and social care needs and how these should be met by staff, as well as information about the person's lifestyle choices.

The manager is in the process of producing person centred plans to accompany the existing care plan. The new document is a clear record of the person's likes and dislikes, important points to remember about the person's care and the best way for them to be supported and will further improve individualised care.

People have a variety of choices at each meal time and changes are made to the menu following suggestions made by people living at the home.

People are able to visit the home at any time and people are encouraged and supported to go out with family and friends.

People tell us that their health care needs are met and relatives tell us that they are kept informed about important issues.

People tell us that they know who to speak to if they have any concerns and that they know how to make a complaint if needed.

The home is well maintained, furnished and decorated, and provides a comfortable and safe environment for the people who live there.

Staff are recruited via robust employment practices and this protects people living at the home from the risk of harm by ensuring that only people considered suitable to work with vulnerable people are employed.

People spoke highly of the skills of the registered manager and the care staff. Care staff told us that they are well supported by the manager.

The quality monitoring system gives people the opportunity to affect the way in which the home is operated.

Health and safety systems at the home are monitored consistently to ensure that a safe environment is provided for the people who live and work there.

What has improved since the last inspection?

A further five en-suite bedrooms and two new wet rooms have been created since the last key inspection.

What they could do better:

A training and development plan that records the training needs and achievements would improve training information already held.

We recommend that the MUST nutritional tool should be used to replace the existing nutritional tool in use at the home.

Information recorded in the activity book should also be recorded in care plans so that there is a full record of the care provided for people.

Information about Advocacy should be freely available at the home so that it is available to people without them having to ask; this would promote their independence.

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

Contents

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.

We looked at outcomes for Standard 3. Standard 6 was not assessed on this occasion as there is no intermediate care provision at the home.

People's care needs are fully assessed prior to their admission to the home and they are only offered a place if it is felt that they can be met.

Evidence:

We checked the care plans for three people living at the home. All included a form entitled 'admission particulars'. When a service is commissioned by the local authority a copy of the community care assessment and care plan is obtained. Two of the people whose records we checked were privately funded and their records included a form that was specifically designed so that the home could undertake a care needs assessment. We noted that the individual care needs assessments addressed all of the areas of a person's care needs.

Evidence:

We received five surveys from people living at the home. They all told us that they received enough information to help them decide if the home was the right place for them before they moved in. One relative told us, 'We looked at more homes before deciding on Cottingham Hall and neither us or mother has ever thought we made the wrong choice'.

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

We looked at outcomes for Standards 7, 8, 9 and 10.

People living at the home have their individual needs met (including medication and health care needs) and receive good support from health care professionals. Any risks involved in providing their package of care are identified and minimised.

Evidence:

We examined three care plans for people living at the home. All included an individual plan of care that was based on information obtained at the time of assessment. Care plans included a photograph of the person concerned and a document signed by them to state that they are aware that they are able to access their files, that they have participated in the planning of their care and that they have read and agreed the care plan and risk assessment information.

Five people living at the home and/or their relatives returned a survey. They told us that staff are always available when they need them, that staff listen to them and act on what they say and that they receive the care and support they need. One person

Evidence:

living at the home told us in a survey, 'They are always there to help if I need it - very good' and a relative told us, 'the care provided for my mother who is a resident at Cottingham Hall is excellent. I have nothing but praise for the manager and all the staff'.

Service user plans are detailed and cover eighteen or nineteen separate areas of care such as mobility, nutrition, pressure care, health care and continence. Within each area there is a record of any problems identified, specific goals and the action to be taken to meet the person's needs. If any areas of need include input from other health care professionals, there is a clear record of who to contact for advice or should any problems occur.

Care plans are reviewed on a monthly basis and we saw evidence of care plans being updated due to a change in a person's circumstances such as an admission to hospital or visits/advice from health care professionals. In addition to this, annual reviews take place where all parties concerned are invited to a meeting at the home to discuss if the care plan is still current and the person is happy with the care provided. These are organised by Social Services for the people where they commission the service and by the home for people who are privately funded. We saw that there is a service user plan review list in each care plan that records when each review has taken place. A staff member who returned a survey told us that they are given up to date information about the needs of the people living at the home and that the systems in place for sharing information between carers and the manager work well.

The manager is being supported by two staff from the local authority to put personalised plans in place; these are intended to complement existing care plans. These were seen to include information that clearly identified the person's life history, previous lifestyle, current lifestyle choices and their likes and dislikes that would assist staff to offer more personalised care to suit the wishes of the person concerned.

The manager is also in the process of producing patient passports for people - they are brief documents that people can take into hospital or to hospital appointments with them. They inform medical staff about the person's capabilities and any special needs that they may have but may not be able to explain verbally, such as the need for refreshments due to being diabetic or the fact that they have dementia so special attention needs to be paid to explaining what is happening to them in unfamiliar situations.

Care plans are accompanied by detailed risk assessments that include the risk of falls, manual handling, pressure care, skin integrity and nutrition. These are risk

Evidence:

assessments that result in a score being awarded to evidence the level of risk for the individual concerned. Staff are not currently using the MUST nutritional assessment tool and we recommend that the current nutritional tool be replaced by this nationally recognised one. We noted that risk assessments are updated on a regular basis and amended as needed. If risk assessments identify the need for special equipment, such as mattresses and cushions to relieve pressure care, we saw that these had been provided.

In addition to these risk assessments, each person has a risk assessment in place that records any individual areas of risk, such as the use of electrical appliances, laundry and housework, bed rails, security in the bedroom, going off the premises, smoking and medication.

Daily journals record the care that is provided each day, plus details of food and fluid intake and general health. All visits from health care professionals are recorded - these include the reason for the contact and any treatment resulting from the contact. All of the people who returned a survey told us that the home make sure that they receive the medical care they need. One relative told us, 'Mother had a problem recently and was taken to and from the surgery. GP's called when needed and nurses have dressed her leg every day - nothing has been a problem and we have been kept fully informed of what has been happening'.

People are weighed on a regular basis as part of nutritional screening and we saw evidence of advice being sought from dieticians if any concerns were identified. Care plans and risk assessments had been amended to take account of this advice. In one person's care records we saw that staff had obtained information about exercises that would help people deal with a particular health concerns as well as information about skin care.

We observed the administration of medication at lunchtime. Only senior staff have responsiblity for the administration of medication and we noted that two staff undertake this task; one person administers the medication and the other stands by the medication cabinet to ensure security. Staff told us that they had all received medication training and that they last had refresher training six months ago. We saw in the training programme for the home that a further update is due between July and September 2010.

We examined medication administration record forms and saw that they include the amount of medication received and that there were no gaps in recording. Any handwritten entries made by staff are signed by two people to reduce the risk of

Evidence:

errors occurring. We also saw the records for unused medication that is returned to the pharmacy and found these to be satisfactory.

Any changes that are needed to a person's level of Warfarin are faxed to the home by the GP's surgery and we saw that medication administration record forms are amended accordingly.

Medication is stored in a locked room that includes storage space for the trolley. There is a controlled drugs cabinet fastened to the wall in this room. None of the current service users are prescribed controlled drugs but we looked at some previous records in the controlled drugs book and found these to be satisfactory. The medication fridge is stored elsewhere - it is lockable and we saw that the fridge temperature is taken and recorded daily.

Throughout the day we saw that staff respect the privacy and dignity of people living at the home, including during the serving of lunch; assistance was offered discreetly. A relative told us, 'Staff show sensitivity when giving personal care to my mother, who feels embarassed by incontinence'.

We saw evidence that staff have undertaken training on personalisation, difference and diversity and palliative care. In addition to this, training has taken place on the mental capacity act and deprivation of liberty guidelines.

Most people have a single room so they are able to see visitors and health care professionals in private, and there are private areas of the home where meetings can take place.

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.

We looked at outcomes for Standards 12, 13, 14 and 15.

People live their chosen lifestyle; routines are flexible and people are able to see family and friends inside and outside of the home. A variety of activities are provided that are based on peoples' interests and meal provision is good.

Evidence:

In addition to the standard care plan that includes a section on 'occupation and diversion', people have a specific care plan in place that records their social needs in more detail. This records such things as 'reading', 'enjoys visits from family', 'used to like knitting', 'likes to talk one to one' and 'used to like pottering in her garden', and then records any action that should be taken by staff to enable people to carry out these activities/interests such as 'offer novels from the library and magazines and newspapers on a daily basis'. Care plans also include an equality and diversity form that records any particular beliefs, wishes or needs for the person concerned.

We observed that routines are flexible - people can choose where to spend their day, where to take their meals and whether or not to take part in chosen activities. Daily records include statements such as, 'asked x if she would like to choose what clothes

Evidence:

to wear'.

All activities are recorded in a separate book; this evidences that daily activities are on offer that include a cookery club, 'a stroll down memory lane', board games, word puzzles, watching old black and white films and kareoke. There is no list of who attended each activity and we advised the manager that it would be good practice to record information about any activities undertaken in a person's care plan, so that a full picture is available of the care each person receives.

On the day of the site visit we saw a kareoke activity in the afternoon - several members of staff took part and people were encouraged either to sing with the microphone, to join in the group singing or just to watch; people genuinely appeared to be enjoying themselves. No pressure was put on people to take part, and those people who did not want to join in were able to sit in a quiet area of the home; we noted that staff ensured that they were happy and safe.

When we arrived at the home a service user was waiting for a taxi to arrive to take them to visit a relative - we were told that this was a weekly event. Another person told us that her husband visited several times a week and regulary takes her out in the car; she said that staff are helpful and supportive with this. People told us that, when the weather is good, the manager goes to the next door pub to get a 'round' of drinks and they sit together in the garden.

As previously recorded, the manager is in the process of producing personalised plans to accompany existing care plans. These include a 'learning log' - it is intended that any activities or interventions that are tried with people are recorded in this document to assist staff with understanding the activities that people enjoy and benefit from and those that have been unsuccessful. They also intend to produce a life story book for each person living at the home.

Most people are accommodated in a single room so they are able to see visitors in private - there are also private areas of the home where meetings can be held. We saw that people came to visit throughout the day. A relative told us, 'we are always made to feel welcome when visiting the home - the atmosphere is happy and warm' and another said, 'the home feels warm and welcoming for visitors as well as residents. Visitors are soon known and called by name and a very non-threatening environment is achieved'.

People have personalised their bedrooms with pictures, photographs, furniture and ornaments to make them feel 'more like home'.

Evidence:

As previously mentioned, people sign a document in their care plan to record that they understand that they have access to their records in accordance with the Data Protection Act 1998. There are leaflets distributed around the home that inform people about various external agencies but we did not see any specific information about advocacy services and recommended that some should be obtained and displayed. This would enable people to access information without having to ask, and would promote independence.

There is a menu board on display and on the day of this site visit it recorded that there were two different fish dishes available. The alternative listed was a ham salad but one person asked for a poached egg and this was prepared for them. We saw that parsley sauce and condiments were provided on each table and that staff asked each person if they would like some brown or white bread; this was served on a side plate. The dessert was fruit and cream and the menu listed for tea-time was beans on toast, sandwiches and cakes.

We saw that most people sat at the tables in the dining room but that some chose to remain in their easy chair and their meal was placed on small tables close to them. Three people had a meal taken to their room on a tray; these people all required assistance from staff with eating and drinking. We saw that people were offered appropriate assistance with eating and drinking and that meal time was promoted as a social occasion. The manager recorded in the AQAA form that all staff have done training on malnutrition and assistance with eating.

We noted in some care plans that people are prescribed food supplements and that dieticians are consulted (and their advice followed) when there are any concerns about a person's diet or concerns around swallowing difficulties.

The manager told us in the AQAA form that they have introduced some international dishes to the menu as a result of listening to people's views. The five people that returned a survey told us that they like the meals provided by the home but two people did comment that there is room for improvement.

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.

We looked at outcomes for Standards 16 and 18.

People are protected from the risk of harm by staff training and by effective use of policies and procedures.

Evidence:

The home has a complaints policy and procedure and we saw that it was displayed around the premises. There is a complaints log in place to record any complaints made and we noted that this recorded full details of the complaint made, the action taken and the outcome; any entries seen had been signed and dated by the manager. There have been no complaints made to the home since November 2008 and no complaints made to the Care Quality Commission since the last key inspection.

Five people who live at the home returned a survey and they all told us that they know who to speak to informally if they have any concerns and that they know how to make a complaint. One relative added, 'The manager and staff are always around and happy to discuss any queries or questions we may have' and another said, 'We find the manager unfailingly helpful and wise, always ready to listen to us and ready to be open to any questions or suggestions we may bring'. The staff member who completed a survey told us that they knew what to do if someone has concerns about the home.

Evidence:

We saw that polices and procedures and information about safeguarding adults from abuse were displayed around the home and saw training packs that were ready to be used with staff.

Training records evidenced that all staff undertake training on safeguarding adults from abuse at the time of their Induction to the home. They then undertake further training plus refresher training on a regular basis. This helps to ensure that staff recognise good practice and poor practice and when they need to take action about safeguarding issues. Staff confirmed that they receive appropriate training.

There has been no safeguarding alerts made to the local authority since the last key inspection.

Environment

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

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.
People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

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

We looked at outcomes for Standards 19 and 26.

People live in safe, hygienic and well-maintained accommodation and are protected from harm by infection control systems and staff training.

Evidence:

We toured the premises on the day of this site visit. We noted that the layout of the home is suitable for its stated purpose and that it is accessible, safe and well maintained. The home is furnished and decorated with good quality and attractive furniture and furnishings that provide comfortable living accommodation, both communal and private.

The manager told us in the AQAA form that they have created a further five en-suite bedrooms and two new wet rooms; these were seen on the day of the site visit.

The gardens are very attractive and there are sheltered and open seating areas and raised flower beds; people told us that they love to sit out in the garden in the better weather and that the outdoor space is well used. Living rooms have windows that overlook the garden and doors that open on to the garden; these provide ample access to sunlight and fresh air.

Evidence:

The manager told us in the AQAA form that all staff have undertaken training on the control of infection and training records seen on the day confirmed this. There were no unpleasant odours detected in any areas of the home and we saw there is a very comprehensive infection control risk management system in place. The home was awarded a score 'A' - the highest score - following a food hygiene check by the local authority.

We saw the laundry facilities at the home and found these to be satisfactory. Walls and floors are impermeable and easy to clean, and there are separate hand washing facilities for staff.

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.

We looked at outcomes for Standards 27, 28, 29 and 30.

People are cared for by sufficient numbers of staff who are recruited properly and trained to undertake their role safely and effectively.

Evidence:

There is a standard staff rota in operation and the manager told us that any deviations are recorded in the daily diary. The staff rota records the role of each member of staff on duty and evidences that there are five staff on duty (including at least one senior carer) during the day and two staff on duty during the night. Staff now work 12 hour shifts and told the inspector that this was working well and that people benefit from having a consistent staff group during the day. In addition to care staff, the manager is on duty Monday to Friday, there is a cook on duty for 7 days per week and a housekeeper on duty from Monday to Friday. One member of staff returned a survey and they told us that there are always enough staff on duty to meet the individual needs of the people who live at the home.

The AQAA records that 10 of the 16 care staff have achieved National Vocational Qualification (NVQ) Level 2 in Care. Some staff are working towards NVQ Level 3 in Care. The training programme seen on the day of the site visit records that all senior

Evidence:

staff are due to commence NVQ Level 2 in Team Leadership - this is a 6-month training programme.

We looked at the recruitment records for three members of staff. These included an application form that recorded the applicants training achievements, qualifications, employment history, a criminal conviction declaration and the names of two referees. We saw that there were two written references and a Criminal Records Bureau (CRB) check in place prior to people commencing work. The manager told us that, if someone was employed following the receipt of an Independent Safeguarding Authority (ISA) first check, they would work under supervision until their CRB clearance was received. We noted that evidence of a person's identity is retained.

There is a comprehensive induction training programme in use at the home and this is completed before people start to work unaccompanied with service users. In addition to induction training, staff are issued with a job description, a contract, the code of conduct produced by the General Social Care Council and the home's employee handbook - this includes policies on harassment and bullying, health and safety and the grievance and disciplinary procedure, and staff have to sign to confirm that they have read this information.

Training records are held with individual staff records and in addition there is a training matrix for each year. The training matrix for 2010 recorded the training courses that the organisation consider to be mandatory, i.e. infection control, fire safety, dementia awareness, safeguarding adults, health and safety and first aid. In addition to this, staff are invited to attend training on palliative care, difference and diversity, key working, personalistaion and the Mental Capacity Act/Deprivation of Liberty. We noted that all but 4 staff attended the dementia awareness training sessions that were provided during February - three separate sessions were organsied so that all staff had the opportunity to attend. The same happened for fire safety training - three dates were organised in February so that all staff could attend; all but six staff attended and these staff will be expected to attend the next training course. Certificates of attendance were issued.

We also saw the training matrix for 2009 and noted that all of the above training courses were offered last year, plus courses on customer care and aims and objectives. We saw a notice in the staff room about training that was to be provided by the End of Life Care team; there are 8 sessions available and the manager told us that two staff would be attending each session.

We examined the individual training records for the three members of staff whose

Evidence:

employment records were checked. These evidenced that people undertake refresher training on a regular basis so that their practice is kept up to date. The member of staff who returned a survey told us that they received induction training when they started to work at the home, and then ongoing training that is relevant to their role and keeps them up to date with new ways of working.

We recommend that the home produces a full training and development plan in addition to the training matrix so that there is a full 'at a glance' record of the training needs and achievements of the staff group; this would also help the manager to monitor the need for refresher training.

Management and administration

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

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

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

We looked at outcomes for Standards 31, 33, 35, 37 and 38.

The home is managed in the best interests of the people who live there, and people are able to affect the way in which the home is operated.

Evidence:

The surveys returned to us by people living at the home and/or relatives included several comments about the effectiveness of the registered manager, such as, 'the manager is very 'hands on' and inspires confidence in residents and their families', 'the position of the main desk in the centre of the building enables the manager to be in touch with all staff, residents and visitors' and 'the manager is extemely professional but not in a way that keeps her apart from the residents'.

The manager has achieved NVQ Level 4 in Management and has undertaken various training courses alongside the staff group to ensure that her practice is kept up to date, including dementia care mapping, person centred planning and moving and

Evidence:

handling. In addition to this, she has undertaken training on employment law, manager's awareness on safeguarding adults from abuse and attended a conference organised by the local authority on 'transforming services'. She has also attended training that enables her to provide in house training for staff on safeguarding adults from abuse.

There are three registered managers working for the organsiation and they meet with directors of the company on a regular basis to discuss improvements in policies and procedures, training requirements and working practices; they are currently working towards more personalised care planning and patient passports.

There is an effective quality assurance system in place that includes a variety of staff meetings (including full staff meetings and senior staff meetings) and residents meetings. Surveys are distributed to people on a regular basis - they were last distributed to people living at the home, family members and visiting professionals in December 2009. Responses are analysed by the home and results are compared to the previous month to ensure that standards are maintained.

Various audits also take place as part of quality assurance monitoring, including an accident/falls analysis, an environmental audit, a nutrition audit and an administration audit. Information from surveys and audits are recorded in a monthly 'areas for improvement' document that includes analysis and an action plan.

Some monies are held at the home on behalf of the people who live there. We checked a sample of monies held and associated records and found these to be accurate. Receipts are obtained for purchases made and receipts are given to relatives and representatives who hand money to the home for safe keeping. We noted that these records are audited weekly and then periodically examined by the registered provider; this is good practice. One person living at the home handles their own financial affairs.

We noted that staff have six supervision sessions with a manager each year and that this includes an annual appraisal - staff complete a self appraisal as part of this process. The staff member who returned a survey told us that thy receive enough support from their manager and meet with them to discuss how they are working.

We checked a sample of health and safety documentation held at the home. A health and safety audit is undertaken - this includes the nurse call system, laundry facilities, hoists, accident reporting, fire safety, electrical safety and first aid, as well as more general areas such as window opening restrictors, water temperature records,

Evidence:

protective clothing and the control of substances hazardous to health (COSHH).

There is an environmental risk assessment in place for the use of the 'tea station' and other risk assessments are in the process of being undertaken. As previously recorded, each person living at the home has an individual risk assessment in place that covers electrical appliances, furniture, laundry and housework, security of the bedroom and going off the premises.

We saw the homes fire safety risk assessment; this was written in 2007 and is reviewed annually. The fire alarm system and emergency lighting were checked by a qualified contractor in October 2009 and fire appliances were checked in December 2009. Staff training on fire safety last took place in February 2010.

There is a current gas safety certificate in place, portable electrical appliances were checked in February 2010 (using the home's own calibrated equipment) and there is an electrical installation certificate dated 1/7/2008 that is valid for 4 years. The passenger lift and bath/mobility hoists were serviced in February 2010.

The manager told us that the accident book is monitored on a regular basis to check for any emerging patterns.

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	8	We recommend that the current nutritional tool used by the home be replaced by the nationally recognised MUST nutritional screening tool.
2	12	It would be good practice to record any activities undertaken by people in their individual care plan as well as in the activity record book. This would provide a full picture of the care package that is received by each person.
3	14	We recommend that information about available advocacy services should be displayed in the home; this would enable people to access information without asking and would promote independence.
4	30	It would be good practice to have a training and development plan that records the training needs and achievements of the full staff group and that identifies the need for refresher training.

Helpline:

Telephone: 03000 616161
Email: enquiries@cqc.org.uk
Web: www.cqc.org.uk

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.