

Key inspection report

Care homes for older people

Name:	Ann Slade Care Home, The
Address:	5 Morningson Road Southport Merseyside PR9 0TS

The quality rating for this care home is:	two star good 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:
Margaret VanSchaick	1 4 0 6 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

Document Purpose	Inspection report
Author	Care Quality Commission
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
Copyright	© Care Quality Commission 2010 This publication may be reproduced in whole or in part in any format or medium for non-commercial purposes, provided that it is reproduced accurately and not used in a derogatory manner or in a misleading context. The source should be acknowledged, by showing the publication title and © Care Quality Commission 2010.
Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Ann Slade Care Home, The
Address:	5 Morningson Road Southport Merseyside PR9 0TS
Telephone number:	01704535875
Fax number:	01704512917
Email address:	
Provider web address:	

Name of registered provider(s):	Brooklyn Home Limited
Name of registered manager (if applicable)	
Mr Korwin-Granford	
Type of registration:	care home
Number of places registered:	24

Conditions of registration:								
Category(ies) :	Number of places (if applicable):							
	Under 65	Over 65						
old age, not falling within any other category	0	24						
Additional conditions:								
Service users to include up to 24 OP								
To admit one male service user under the age of 65 years								
Date of last inspection	2	2	1	0	2	0	0	9

Brief description of the care home
Ann Slade is a residential care home that specialises in the care of older people. The home is registered for 24 service users and is owned and managed by Mr Korwin-Granford who has many years experience in the care of older persons. Ann Slade is located within a suburb of Southport and is close to all local amenities. The home presents an older type property, which has been converted into a care home with the accommodation being provided over three floors all served by a passenger lift. The communal space within the home consists of one dining room 2 lounges and a small smokers lounge. All communal space is provided on the ground floor. The home has 22 single and one double bedroom all having en suite facility. The home provides limited

Brief description of the care home

car parking to the front of the premises. There is a garden to the rear of the property providing residents with plenty of sitting out areas. The home provides ramped access to all entrance and exit areas and has aids and adaptations in place to meet all assessed need. The weekly rates are £383

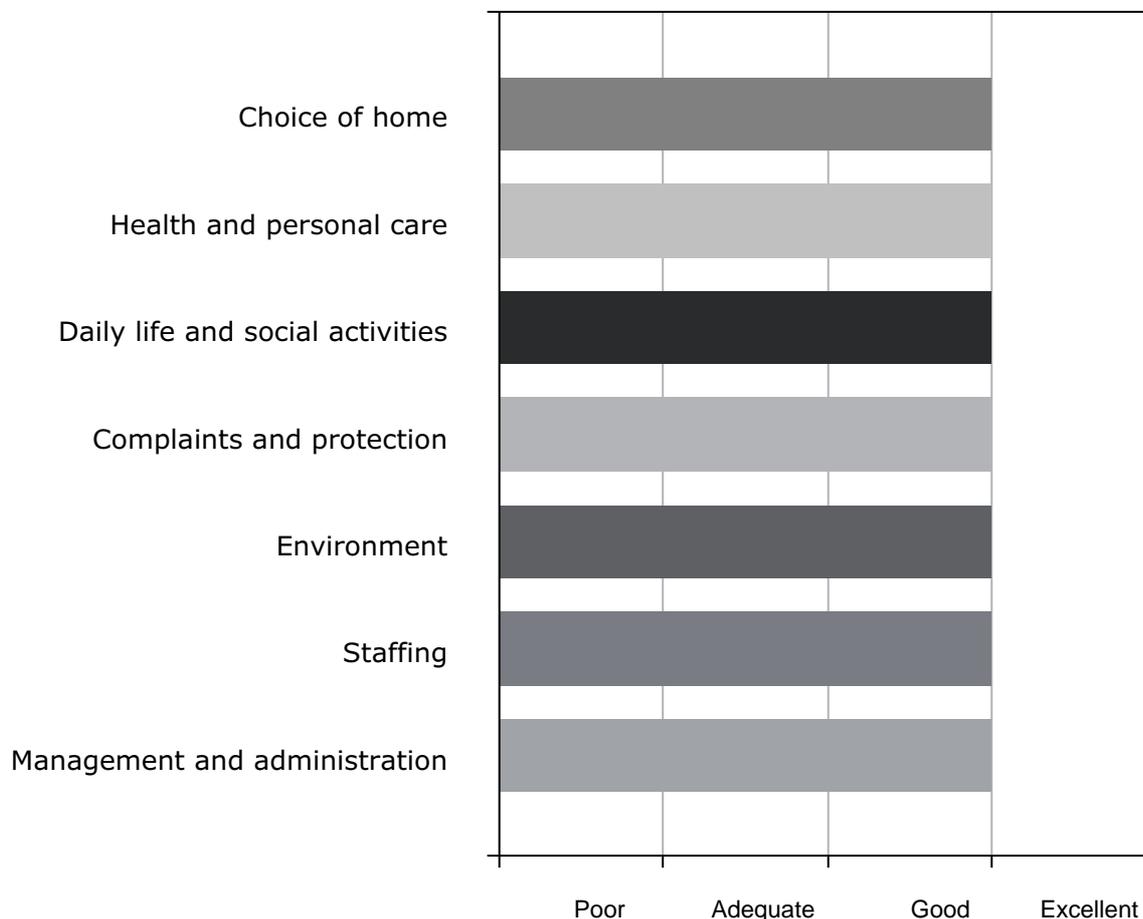
Summary

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:

A site visit took place as part of the unannounced inspection. It was conducted over one day and lasted 8.5 hours. Twenty two residents were accommodated at this time. Two of the residents were in hospital during the visit. As part of the inspection process many areas of the service were viewed including residents bedrooms, care records and other documentation was also viewed. Discussion took place with residents, relatives and staff. Some of whom were interviewed on a one to one basis. The inspection was conducted with the care manager Joanne Davies. Mr Korwin Granford who is the registered provider/manager was also present for part of the inspection. Mrs June Trumble an expert by experience assisted during the inspection too.

During the inspection two of the residents were case tracked (their care files were looked at and their views of the service were obtained). All of the key standards were inspected. Requirements and recommendations from the previous inspection have all been met.

Satisfaction forms 'have your say about.....' were distributed to staff prior to the inspection. A number of comments included in this report are taken from the surveys and interviews.

An AQAA (Annual Quality Assurance Assessment) has been completed. The AQAA consist of two self assessment questionnaires that focus on the outcomes for people. The self assessment provides information as to how the manager and staff are meeting the needs of the current residents and a data set that gives basic facts and figures about the service including numbers and training.

What the care home does well:

Residents are able to live their lives as they please. Staff support is provided for residents when they need it. Independence is encouraged and some of the residents go out independently to town. Residents are encouraged to participate in the many activities that have been arranged throughout the week. For those who prefer their own company and social activity this is accommodated.

Residents told us they were very happy with the care and support provided by all the staff. Residents interviewed stated, "It's very nice, I like living here. Staff help us", "Staff are kind, we like Jo and Edward, he is the boss, he is great" and "Staff respect our privacy".

Residents are provided with choices at mealtimes. Residents have a choice of where to have their meals and of what they would like to eat including hot and cold drinks. Residents interviewed stated, "The food is very good, I enjoy my food, you can't grumble about that" and "I have my own choices, Liz makes salads, toast and salmon sandwiches for me." All of the cooking is freshly home made and residents enjoy a cooked breakfast on Mondays and Fridays. One resident interviewed stated, "I have just had a cooked breakfast of egg, bacon, beans, toast and tea, it was lovely". Choices for the main course today was liver and onions and chicken casserole. Both served with fresh vegetables. We tasted the food and found it to be very tasty and nourishing.

Residents are protected by the service policies and procedures.

Residents live in a clean, comfortable and homely environment. Residents have been able to bring their own items into their bedrooms making them more personal.

Staff working in the service told us they enjoy it. Staff are provided with a good training programme and many are qualified to NVQ in care Level 2 and 3. Three of the senior staff have commenced Leadership and Management at Level 4 in NVQ. This ensures a well trained team of staff to care for residents.

Staff interviewed stated, "I love it, it has a family atmosphere, more homely" and "It's good, I like looking after the residents, it is good team work. We do a lot of training".

The service is run in the best interests of the residents. Good quality assurance systems are in place that ensure residents views are listened to and acted on. The service also has an external quality assurance award.

What has improved since the last inspection?

The assessment process has improved therefore this will ensure that all prospective residents care needs have been identified and the service can be sure they will be able to meet them. A new document has been introduced, which highlights the main assessed needs for the resident. This will provide an additional clear outline of what the individuals specific needs were from the assessment.

Residents care plan records have been improved and just need to be audited regularly to ensure all assessed and changing needs are reflected in the plans of care. Care plans showed clear instructions so that staff would find them easy to follow. Daily

records show that staff have improved the way information is recorded. The records show much more sensitive language is used. A relative interviewed about the care stated, "The care is improving".

New documentation in regard to residents activities has been introduced. The residents have a full assessment in this area and documentation shows what residents previous interests and hobbies were and which ones they would like to continue with. An activities plan is then completed, which shows the activities residents would like to do on a daily basis. Relatives interviewed about the activities stated, "There is always something to do" and "It is difficult to motivate Mum, she won't give it a try, staff try to motivate Mum. They do dominoes, quizzes, make pizzas, collages, art work and flower arranging".

Any complaints that residents make are logged, fully investigated, outcomes recorded and kept in a secure facility. This will help maintain confidentiality.

Improvements have been made in the way that safeguarding alerts are being handled. A safeguarding referral had been made earlier this year and the care manager and provider followed the procedure correctly. This ensures that residents are being protected. A relative interviewed stated, "I could talk to the care manager and something would be done about it".

Improvements have made to the service to include, an upgrade to the fire alarm system, new fire doors, new windows, new bed linen, new bedroom carpets and a new porch. The garden has also been improved to provide further sitting out areas, a vegetable patch and water features for residents to enjoy.

Staffing levels have been increased, which provides two assistant managers and a care manager. This ensures that residents care is closely supervised.

Staff now have documentation evidencing their individual induction following the TOPSS programme.

All pre employment checks on staff files have been authenticated.

A Quality Assessment Action Group has been set up that includes an external chairperson, residents, relatives and staff representatives. They will meet every three months to discuss various issues including staff training.

A comments book has also started, which included various positive remarks recorded by visitors to the service. Comments included, "Friendly staff, good communication between staff and residents", "They look after my Gran well", "I am delighted with the standard of care in a pleasing environment. Good welcome, excellent people skills" and "What a special day for ... and Thank you for arranging a wonderful party and making everyone so welcome".

The parker bath and medi bath have both current servicing certificates.

What they could do better:

Care plans could be more person centred so that the planned care is specific to the individual residents needs.

It would be of benefit to audit the care plans regularly to ensure residents assessed and changing needs are included.

Mealtimes would be more of an occasion for residents if new table linen were provided.

The complaints procedure needs to be updated. A brief summary of the procedure could be produced in a large print format that would make it clearer and easier for residents to follow.

The service need to provide locks on residents doors so that they can use this facility if they wish to.

Staff need to have a separate training and development file that will show an assessment of their individual training needs and their training programme to date.

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 (standards 1 - 6)

Health and personal care (standards 7 - 11)

Daily life and social activities (standards 12 - 15)

Complaints and protection (standards 16 - 18)

Environment (standards 19 - 26)

Staffing (standards 27 - 30)

Management and administration (standards 31 - 38)

Outstanding statutory requirements

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.

The assessment process has improved therefore this will ensure that all prospective residents care needs have been identified and the service can be sure they will be able to meet them.

Evidence:

We case tracked two of the residents to find out if they had an assessment prior to admission. Both residents care documentation evidenced that a full assessment of their needs had been carried out prior to admission to the service. Both assessments were signed and dated by staff. The information collated also included any other health professional intervention that the resident may have had in the past years. This is helpful as it will provide staff with information that will be relevant when identifying a prospective residents needs.

The assessments showed improvement as more information about the residents individual needs was recorded. More detail including the previous medical history of

Evidence:

the prospective resident was in place. The assessment process covers many areas including sleep pattern, safety, personal hygiene, medication, respiratory problems, skin integrity, mental health, mobility, diet, hearing, sight, bladder and bowel habits.

Assessment documentation also evidenced when the prospective resident and/or their family visited the service to view what they had to offer. Residents interviewed told us they were satisfied that their needs were being met. One relative interviewed stated, "Mum was in hospital and came in for respite. The home was recommended to us. I came to view the home".

A new document (assessment outcomes) that has been introduced gives an overall view of the residents individual needs. This provides a 'summing up' of the information needed to set up the residents care plan.

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 care plan records have been improved and just need to be audited regularly to ensure all assessed and changing needs are reflected in the plans of care.

Evidence:

The two residents we case tracked had a care plan in place. The care plans covered most of the care needs highlighted in the pre admission assessments. The care plans were easy to follow and clear instructions were recorded so that staff could understand the individual support and care that each resident needed. Social and religious needs were included.

The care plans evidenced that they were being reviewed regularly with dates included. A night care plan was also in place and this showed detailed information about how the resident needs support at night. Sleep patterns were recorded and where individual additional support was needed it was recorded. The care plans could be more person centred as this will give specific information about the individual residents needs. When asked about their care plans residents were unsure about them. One relative interviewed stated, "I know Mum has a care plan although I have not seen it".

Evidence:

The care plans did not evidence two of the residents problems that had been highlighted in the daily evaluation and in the assessment document. One resident needs to have a care plan to manage his oedematous feet and the other resident did not have a care plan to manage his fluid balance problems.

Daily evaluation records show how the residents needs have been met on a daily basis. The language used to describe daily living is sensitive to the individual residents. When staff record these notes a date, time and signature is clearly recorded.

The multidisciplinary record evidences other health professional visits, the reason for the visit and treatments prescribed. Relatives interviewed were happy about the care and support provided. Relatives interviewed stated, "The care is improving. I'm happy with the medical input" and "I'm going away for two weeks and I don't have any worries, Mum has seen her Gp often". Residents interviewed about their individual care were complimentary about the service. All of the residents spoken with were happy with how their care needs were being met. Residents interviewed stated, "It's very nice, staff help me with my shower and there is a buzzer. It's there if you want to use it. I did so at the beginning, I don't really use it now" and "I'm going to have some treatment and I asked for A....to take me, he is".

Residents canvassed for their views commented, "I think it's a nice home, I'm happy and looked after well", "We have good care and it's a friendly atmosphere", "We are made to feel like one of the family, I have never been homesick since I came here", "I like it here, I feel happy" and "It makes you feel at home and you are never left to be on your own". At the request of the manager, we also discussed the care of three residents whose individual needs had been deteriorating. The manager has told us that none of these residents wished to be transferred from the service. All three residents have received specialist intervention to ensure their individual needs have been met, including hospital admission. This intervention has been well documented in their care files. From what we could see none of these residents needs were being compromised and the manager told us that she has been able to have excellent communication and support from the health professionals involved in their care.

We reminded the manager that with three residents now needing more care and support, the service will need to ensure that this does not impact on the other residents in the service.

The commission pharmacist carried out a random inspection earlier this year and all

Evidence:

recommendations made have been addressed. We only looked briefly at the storage and some of the residents medication documentation. We found that storage was organised and there was no evidence of overstocking of medication. The medication records viewed were clear and easy to follow. Staff signatures were evidenced following medication administration.

Residents privacy and dignity is promoted through staff training and staff were observed during the visit to be very respectful to residents. Staff were seen to be friendly and kind in their approach to the residents. Many of the residents commented that they like the friendly and homely atmosphere of the service. Health professional and other visitors see residents in the privacy of their own rooms. Family and friends are either seen in the public rooms or residents bedrooms, dependent on the wishes of the resident.

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 are given choices about how they wish to live their lives and staff support is always there for them.

Evidence:

The service have introduced new detailed documentation with regards to an activities assessment that will be carried out as part of the assessment process. This new document highlights previous activities and hobbies that residents participated in during their lives. The assessment also then identifies which of these activities the residents still wish to do. The activities plan records what activities they will take part in and how much support will be needed. Where possible the service plan to support the residents in pursuit of activities they still enjoy. We looked at one of the residents whose needs in this area have been assessed. The document also records what new activities the resident would be interested in. The planner records what activities the individual resident would like to do each day of the week.

Activities arranged for residents include newspapers each day, music from the 30's and 40's, morning coffee in the garden, pamper days, cake decoration, baking at weekends and pizza making, board games, quiz, guess where it is, organ player visits, arts and crafts and visits from some of the local churches for individual residents.

Evidence:

Residents told us they were happy to participate in some of the activities. Residents interviewed stated, "We love this music, it is our era", "We talk to one another and have a dance around", "I go out a lot" and "We go out into the garden". One of the residents confirmed that they were able to follow their religion and stated, "The church that I am a member of come a lot".

Families interviewed confirmed activities took place. Relatives interviewed stated, "There is always something to do" and "It is always difficult to motivate Mum, she won't give it a try. Staff try to motivate Mum, it's not the staffs fault, they play dominoes, quizzes, keep fit, making pizzas, collages, artwork flower arranging and St George's Day". We observed two sets of residents participating in separate activities during our visit. One set were playing dominoes and a larger group were listening and singing to music.

Residents are encouraged to have visitors to the service whenever they wish. There are no set visiting times. We saw some visitors during our visit, some of which saw their relative in the privacy of their own room. Residents interviewed confirmed their relatives were free to visit at any time. Residents interviewed stated, "My family come and they are made to feel welcome, they always have a cup of tea". Relatives interviewed confirmed they were able to visit when they wished. One relative interviewed stated, "They are very welcoming, if you want a meal or a cup of tea they will do it". Some of the residents go out regularly independently or with their families. Residents told us they are able to visit the local shops and have good access to the town centre. The salvation army are also very supportive to one of the residents and takes them out on a regular basis each week.

The personal preferences with regard to daily living are recorded. We spoke with some of the residents who told us they can generally get up and retire to bed when they wish to. Most of the residents take their meals in the dining room at set times. Those who wish to can have their meals in their room and some of the residents do that.

Residents who are able to have been encouraged to do their own banking. Some of the residents have family support in this area. Advocacy services are available for residents and one is at present making use of their support. It was evident during a tour of the service that residents were able to personalise their bedrooms. One of the residents interviewed stated, "It's very nice living here, I like my bedroom".

We looked at the menus and the cook told us she was in the process of changing the menus to incorporate a lighter menu for the warmer weather. If the weather does

Evidence:

change, she stated, "The residents will have the option to change the menu as they could change their minds. I'd rather provide meals that suit residents needs during different weather because the weather can affect what you fancy".

The menu provided a nourishing and varied diet for residents. Choices were available for each mealtime. Specialist diets were catered for. Home baking was in evidence and residents were seen to be provided with nicely prepared dishes of food at mealtimes. The meals looked appetising and residents were seen to enjoy their meals in a pleasant and relaxed, homely atmosphere. The service had plenty of fresh and dried foods in store. Fresh fruit and vegetables were in use. Cooked breakfasts are available Mondays and Fridays and we observed some of the residents enjoying theirs. Hot and cold drinks were also made available for residents during mealtimes. It would make mealtimes more of an occasion for residents if the table linen was improved.

Families told us they were happy with the meals provided for their relative. Relatives interviewed stated, "They will try and sort out what she wants, I have been here at meal times and the meals are always nicely presented" and "The food seems very good".

Residents interviewed stated, "The food is very good, I enjoy my food, you can't grumble about that", "We have supper and you can have drinks whenever you want" and "I have my own choices of food, Liz makes me salads and toast if I want, I also have salmon sandwiches when I want".

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 by the services safeguarding procedures.

Evidence:

The complaints procedure was displayed on the inner hall noticeboard. It just needs to be updated to ensure the correct contact details are in place. We have asked the service to devise a brief summary of the procedure and produce it in large print and/or picture format, which would make it easier for residents to follow.

Residents told us that they knew how to complain. Residents interviewed stated, "If I have anything bothering me I tell Jo", "I don't make complaints, I would speak to Jo on her own, my only complaint is I'm getting older".

All of the concerns and complaints made since the last inspection are now kept in a secure facility. This was an improvement from the last inspection visit. We looked at the complaints log and saw that three complaints had been raised, investigated and outcomes for the complainant were recorded. Residents in the service told us that they had no complaints to make.

Relatives interviewed stated, "I could talk to the new manager and I know something would be done about it" and "I have no complaints, if I did I would speak to Jo or Edward as both are very approachable, all staff are approachable".

Evidence:

We had a discussion with some of the staff and found that they were knowledgeable about the adult protection procedure. Some of the staff told us they were due to go on training in adult protection soon. The service has an up to date copy of the local procedure. The service have also updated their own policies and procedures this year.

A safeguarding referral was made this year by the service and the outcome was upheld. The manager and provider had followed the safeguarding procedures correctly, therefore ensuring residents are well protected. The manager was very knowledgeable about the processes involved.

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.

The service provides a comfortable and homely environment for residents.

Evidence:

We toured the service and looked at some of the residents bedrooms, bathrooms, public rooms and outside space. Residents bedrooms show that many have been personalised with their own items. The service has gone through some improvements including, a porch at the main side entrance, which provides protection for residents and their visitors, an upgraded fire alarm system, new fire doors have been fitted, a new carpet in one of the residents bedrooms, new windows and new bedding. The floor coverings throughout the service were clean and in good condition. All of the areas including residents bedrooms are decorated in a domestic style. All areas were clean and residents told us they were happy with the cleanliness of the service. One relative interviewed stated, "It is always clean". The manager told us that residents did not have door locks on their bedroom doors. We have advised the manager to provide door locks to bedroom doors. Residents who wish to hold a key should be risked assessed to ensure they are able to use this facility.

There are two sitting rooms for residents and a dining room. Residents have choices about where they wish to sit and are provided with comfortable armchairs. The two sitting rooms also have dining space for smaller groups of residents. We observed some of the residents enjoying their meals at suitable dining tables in these areas and

Evidence:

the dining room.

The manager told us that they were in the process of increasing the maintenance persons hours so that he could be available for the planned decoration of the service.

The garden to the rear of the service has been improved over the past few months. A new vegetable plot has been introduced with vegetables such as potatoes, lettuce and peas growing. One or two of the residents are involved in this project and are supported by the service volunteer gardener. The patio areas have been improved to include pots of flowers and a new water feature, which is almost complete. Garden furniture suitable for residents use and picnic tables were in place.

The laundry was fairly well organised and has tiled floors, walls and some painted walls, making it easier to keep clean. There was sufficient equipment for staff to provide a good service to residents including hand washing facilities and foul linen capacity. residents interviewed about the laundry service told us they were happy with it. One resident interviewed stated, "The laundry is good, marvelous, no clothes go missing".

The kitchen was clean, tidy and well organised. A cleaning schedule ensures that all equipment and kitchen surfaces are in a clean condition. The walls are tiled and the floor has a waterproof surface. Fridges and freezers were clean and working. Temperature charts evidence fridge/freezer and hot food temperatures are recorded regularly.

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.

Residents are cared for by a well trained team of staff.

Evidence:

Residents and relatives told us they like the staff that worked in the service. Residents interviewed stated, "Staff are kind, we like Jo. Edward is the boss, he is great" and "Staff are nice, they respect our privacy". Relatives interviewed stated, "Staff are excellent" and "Mum gets on great with the staff, they are all fine, I have no problems with them".

The staff rota was looked at and showed sufficient staff were on duty to look after the residents day and night. The registered manager, care manager and one of the assistant managers were also on duty today. Sufficient domestic staff including a cook were on duty also.

We observed that new care staff were entered on the duty rota as commencing their induction programme this week. All were supernumerary. One of the assistant managers on duty was organising and supervising the new carers training programme. The care manager told us that the programme for induction would continue over the next 6 weeks. All new staff have been registered on a TOPSS certified training programme.

Evidence:

Staff confirmed they had an induction on commencement of employment. One staff interviewed stated, "I had a tour of the service. We went through the fire drill, the residents, my role, and shadowed a member of staff. I have a workbook and I am still continuing with my induction and attending training". The registered manager has employed a new care manager and an additional assistant manager to support staff providing care to residents. This will ensure that staff are sufficiently supervised.

The AQAA stated that more than 50% of care staff hold the NVQ Level 2 or 3 in care. This exceeds the standard. Three of the senior staff have commenced the Leadership and Management NVQ Level 4 qualification. Staff interviewed confirmed this.

Staff told us they enjoyed working in the service. Staff interviewed stated, "I love it, it has a family atmosphere, it's homely. Residents are well looked after. The food is good, residents get choices, if they want something they only have to ask. We have staff and residents meetings and are going to start family group meetings" and "It's friendly, I enjoy looking after the residents. We can discuss anything at the staff meetings, communication is the key. We re assess residents and plan their short term and long term needs in the care plans, documentation is important. We have done lots of training including, fire, manual handling, food hygiene, medication, abuse, Dementia therapeutic course and we look through the policies and procedures and sign off when we have read them".

We chose to look at two of the care staff files both of whom commenced work earlier this year. All of the pre employment procedures were in place including start date, completed application forms, work history, qualifications held, job description, contract, police checks and two written references. Each file also had an interview form that had been completed following the interview process. This form contained a record of the interview and included relevant comments.

There were also records on file of the induction process and confirmation that both new employees were on a TOPSS training programme. Staff files also contained further information with regard to training they had commenced since commencing employment at The Ann Slade. This included being enrolled on a Dementia training course.

Training provided by the service over the past year and for the future training programme this year include medication, Dementia care, Dementia therapeutic course, fire, manual handling, food hygiene, infection control, mental capacity act, nutrition, first aid, health and safety, incontinence, MRSA, abuse and adult protection training.

Evidence:

The service is keen to ensure staff have the knowledge and skills to support residents in their care. Some of the training for staff is provided in house but most of the training is provided by external trainers and through local colleges. We would recommend that staff should have a separate training and development file, which would show an assessment of individual staff training needs and their training programme to date.

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.

The service is run in the best interests of the residents.

Evidence:

The registered manager Mr Korwin Granford is also the registered provider. The service has been owned and run by Mr Korwin Granford for many years. He has the RMA (Registered Managers Award), gained the NVQ Level 4 in care and management and continues to keep up to date with all mandatory and care specific training.

Mr Korwin Granford continues to be visible in the service most days. This enables residents and visitors to communicate with him daily. He has employed a new manager Joanne Davies who supervises the care of residents and manages staff. She has commenced the Leadership and Management NVQ Level 4 qualification. It is planned that Joanne will proceed with the registered manager application soon.

Senior staff were knowledgeable about the care of the older person. The registered provider/manager also has two assistant managers to support him in running the

Evidence:

service. This ensures that senior staff are on duty to supervise the care of the residents. Staff told us they were able to approach senior staff if they had any concerns. One staff interviewed stated, "It's good teamwork, since Jo has come, it has been a positive change. If anything came up Jo would deal with it". A relative interviewed stated, "I think Jo is great, she has been very good for the home".

Residents meetings continue to be held regularly and we read the minutes of one of the recent ones from March 2010. The record shows a list of residents who attended and what was discussed. Some of the items discussed included activities, trips out and fire procedures. Another item discussed was asking residents if they would be interested in being involved in new staff selection procedures. Three of the residents have volunteered and they have since been involved in the interviewing process for new staff. Residents interviewed told us they were very happy to be involved in being able to participate in new staff interviews and having a say about who should be employed to care for them. This is good practice.

Staff meetings are also held throughout the year and minutes read from the most recent one included items such as staff contracts, visitors book, training, new staff, routines, foul linen and the key worker role. Medication training was also provided at this meeting from the homes local pharmacist.

The service have quality assurance systems in place and have gained an external quality assurance award that is reviewed annually. This enables residents to give their views on how the service is run. In addition to this the service is to begin a Quality Assessment Action Group this month, which will include an external person to chair it. Residents, their families and staff representatives will meet every three months to discuss various issues including staff training.

A comments book has also been implemented since march 2010 and this is useful as some of the visitors to the service including health professionals have added their views. Comments include, "Friendly staff. Good communication between staff and residents" "Staff look after my Gran very well" "I am delighted with the standard of care in a pleasing environment. Good welcome and excellent people skills" "What a special day for and Thank you for arranging a wonderful party and making everyone so welcome".

None of the residents monies are held by the service. Residents have a lockable facility in their bedrooms to store valuables. We looked at how residents personal allowances were recorded and found that all information recorded was seen to be accurate with residents signatures in evidence for each financial transaction.

Evidence:

Staff records evidence that staff supervision is in place. Self assessment forms were in place and staff signatures and dates show when the supervision took place.

The fire service have recently carried out a fire assessment of the premises. All recommendations made are being implemented including an upgrade of the fire alarm system. We saw many changes already including the new fire doors.

The AQAA stated that all equipment maintenance and servicing was up to date. We looked at the up to date certificates issued for the medi bath, parker bath arjo and all other bath hoists and confirmed this. The fire alarm system has been upgraded also.

The maintenance log show regular records of various areas including emergency lighting, hot water temperatures (from various points), shower head cleaning, jobs that need doing and flower beds.

Fire escape doors were easily opened and exits well maintained.

Policies and procedures have been updated.

Accident records were in place and completed correctly.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

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

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action

Recommendations

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

No	Refer to Standard	Good Practice Recommendations
1	7	It is recommended that residents care plans should be more person centred so that the care planned is specific to the individual's assessed needs.
2	7	It is recommended that the care plans should be audited to ensure all the assessed needs and changing needs of the resident are included in the plans of care.
3	14	It is recommended that the service should provide new table linen for mealtimes so that residents will see it as more of an occasion.
4	16	It is recommended that the service should update the complaints procedure and provide a brief summary of the procedure in large print and/or picture format so that it is clear and easy to follow.
5	24	It is recommended that door locks should be fitted to bedroom doors so that residents who wish to can use this facility.
6	30	It is recommended that staff should have a separate training and development file, which would show an assessment of individual staff training needs and their training programme to date.

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
----	-------------------	-------------------------------

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.

© Care Quality Commission 2010

This publication may be reproduced in whole or in part in any format or medium for non-commercial purposes, provided that it is reproduced accurately and not used in a derogatory manner or in a misleading context. The source should be acknowledged, by showing the publication title and © Care Quality Commission 2010.