

Key inspection report

Care homes for older people

Name:	Risby Park Nursing Home
Address:	Hall Lane Risby Bury St Edmunds Suffolk IP28 6RS

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:
Ann Wiseman	1 6 0 9 2 0 0 9

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

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

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

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

Reader Information

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Information about the care home

Name of care home:	Risby Park Nursing Home
Address:	Hall Lane Risby Bury St Edmunds Suffolk IP28 6RS
Telephone number:	01284811921
Fax number:	01284811950
Email address:	
Provider web address:	

Name of registered provider(s):	The Partnership in Care Limited
Name of registered manager (if applicable)	
Mrs Karin Proctor	
Type of registration:	care home
Number of places registered:	54

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	0	12
old age, not falling within any other category	0	54
physical disability	12	0
Additional conditions:		

Date of last inspection									
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Brief description of the care home

Risby Park was first registered in 1997 and currently operates as a care home providing nursing care for 54 people. The home is situated in Risby village West Suffolk and is adjacent to Risby Hall Nursing Home, which is also owned by the same proprietors, Risby Hall Nursing Homes Limited.

The accommodation at Risby Park is on two floors and there is level access throughout the home with 2 shaft lifts connecting the ground and first floors. The facilities were purpose built and include 46 single en-suite rooms, and 4 double en-suite rooms,

Brief description of the care home

which can be used as single rooms or by couples. The accommodation is of a high standard and there is a variety of day and quiet rooms and a conservatory. The home overlooks pleasant gardens and farmland. The home's registration allows it to accommodate up to 12 people with dementia, within the main body of the home.

The current weekly fees range between £580.00 and £680.00 depending on the accommodation and the dependency of the resident. The fees do not include toiletries, chiropody, hairdressing, clothing and newspapers.

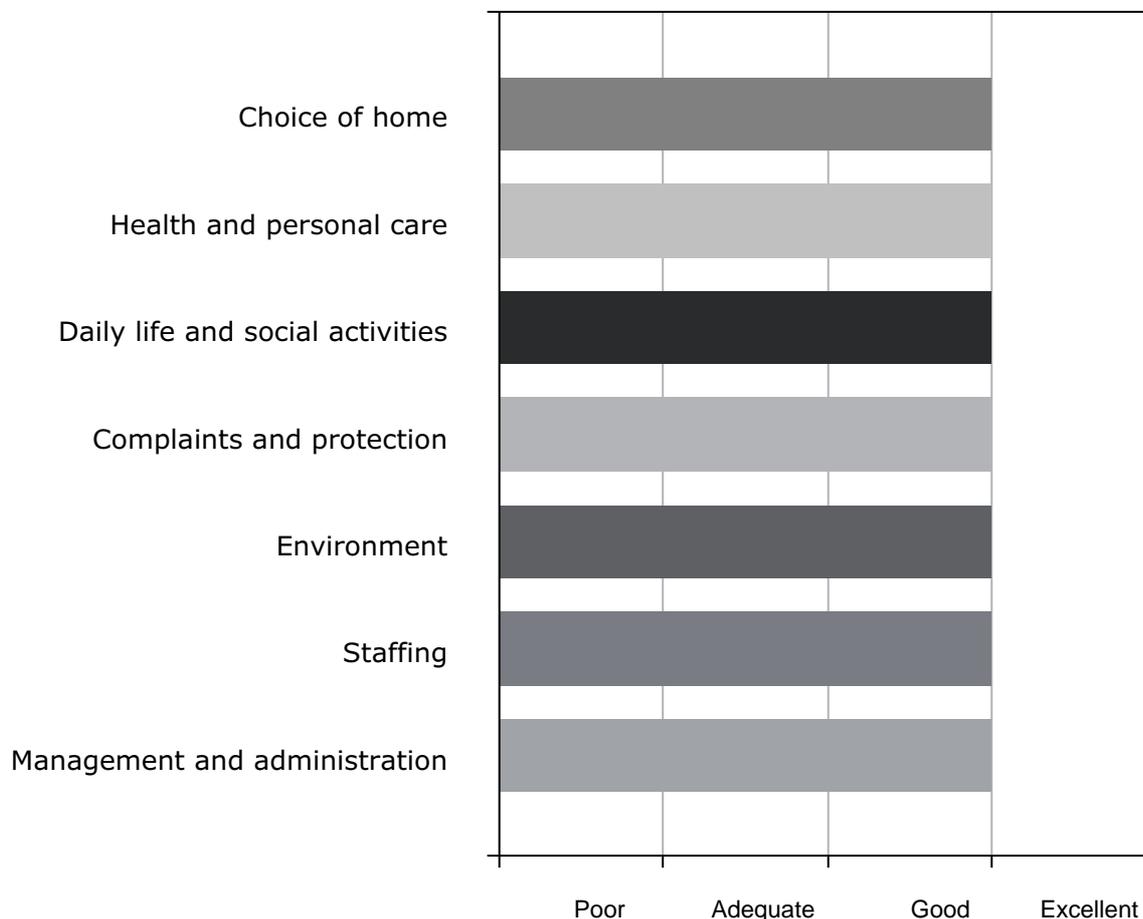
Summary

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:

This was an unannounced inspection; we arrived at 10.45am in the morning and stayed for eight hours. The manager wasn't at the home when we arrived, she was on annual leave. Her deputy manager came in on her day off to facilitate the inspection, which she did in an open and helpful manner. We were particularly appreciative of her coming in and would like to thank her.

Whatever files and documents we asked to see were produced quickly. During the day we had a look around the home and observed interaction between the staff and people living there. We also had opportunities to talk with some of the residents and their visitors to get their opinion of the care they get.

Before the inspection we had sent surveys to fifteen residents who had been chosen at random from the information sent to us by the manager in the AQAA, twelve surveys were returned directly to us. On the day of the inspection we left surveys at the home

for visitors to complete if they wanted to and six were returned. They all gave positive responses about the home but several commented that they thought that at times the the staff were very busy which effected their quality of care. Six staff members returned their questionnaires, the majority felt they were well managed and supported, but some also felt that staffing levels were low at times.

We also sent surveys to some of the other professionals involved in the home. One doctor who replied said that, "We have a good working relationship with Risby Park." When asked what the service did well they said "The staff are good at caring for the residents."

We looked at information belonging to five people and some of the of the staff files. We also assessed some of the homes policies and procedures and sampled a random selection of the health and safety files and records.

The manager had sent us the Annual Quality Assurance Assessment (AQAA) she had completed prior to the inspection. The AQAA is a self-assessment that focuses on how well outcomes are being met for people living in the home. It also gave us some numerical information about the service. The detail given to us in the AQAA was very detailed, informative and it gave good examples to reinforce what we were told.

What the care home does well:

Staff find time to spend with people individually, even if it is just a few minutes to offer comfort or to chat a while. The staff we spoke to talked positively about people living in the home and showed a good understanding of their needs. Interaction between the staff and residents was observed to be friendly and open.

People living at Risby Park become part of the local community, they are enabled to take part in local activities and the home welcomes local people in, by inviting them to their fete and Christmas Bazaar. The home also hosts the whist drive and invite the local school children to entertain the residents. There are also ample opportunities for people to take part in meaningful activities that will satisfy their recreational interests and needs.

The new electronic care plans enable staff to have fast access to all areas of people's records, they also make it possible to keep information updated.

What has improved since the last inspection?

The manager has many years experience of working with people with dementia and since taking over the management of the home, about eighteen months ago, is beginning to make positive changes to the care that is offered. We were told in the AQAA that, "In response to a family member asking if he could take photographs of a room and of the home in general to show his mother who was coming into the home, we put together an information leaflet about the home and have included some photographs."

The bathrooms and the hair dressing room have been decorated and the tea bars where residents and relatives can help themselves to refreshments have been improved. New furniture has been provided for the lounges including the activity lounge.

The garden is accessible to everyone and new garden furniture has been bought as it is a popular area on good days and there weren't always enough chairs.

The AQAA tells us that staff training records are now recorded electronically through a training administrative system and clearly shows when training is required for all types of staff within the home. We were also told, "We seek to train staff widely, not just on mandatory courses. One of our qualified nurses has completed a course on ear syringing and others have completed courses in team management and another has taken a course in Learning Champions." In the staff surveys, staff members told us that they were happy with the training they were offered and one said, "Good training is available for everyone and the management listen to staff problems....."

What they could do better:

We have not made any requirements during this inspection but the manager has clearly shown in the AQAA that she is fully aware of what improvements she wants to implement in the home.

However we have recommended that the home improves it's system of ordering medication so that people don't run out of their medicine and have to go without it for

a few days. We were assured that this is not a usual occurrence in the home but the ordering mechanism must be robust enough so that it never happens.

When people's circumstances change the response should be rapid and care plans should be reviewed and updated immediately, we found that a recent decision concerning one person, which would affect their future care, wasn't reflected in their care plan. The computerised care planning system, that the home uses makes it easy to make changes and the care plan was reviewed and updated on the day of the inspection.

The home plans to improve palliative care in the next year, they have already started palliative care training and they want to continue this programme and plan to put together a team so that they can better support people as they move towards the end of their life.

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

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

Details of our findings

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Requirements and recommendations from this inspection

Choice of home

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

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

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

The information given to people thinking of moving into Risby Park is detailed enough to allow them to make an informed choice about the home and everyone's needs are assessed.

Evidence:

Risby Park has a comprehensive statement of purpose which is given to people thinking of moving in. It contains details of all aspects of life in the home and was reviewed recently and so was the service user guide, which contains all the required information including the terms and conditions of residence, services that are included in the fees and those that aren't, there is also a summary of the previous years quality assurance survey so that people are able to see what those, already in the home, think about it. We were told that the pre-admission documentation is sent to the person making the enquiry and the prospective resident is invited to visit and stay for a meal so they can get a feel of the home.

Evidence:

Once people move in they are given a "Welcome to Risby Park" booklet that gives more basic day to day information such as mealtimes and an explanation of where people can eat and how they choose their meal. They are also invited to make suggestions if "your favourite dishes do not appear on the menu." The booklet also details the complaints procedure, activities in the home and suggests that people may like to personalise their rooms by bringing in pictures and other personal possessions. There is also an information folder, which is kept on a table by the front door.

We examined the files of three people during this inspection and saw that they each contained pre-admission assessments completed by the home as well as their local authority's community care assessment. The assessments contained a lot of good information and covered a wide range of the person's needs including their diet, continence, skin integrity, mental state and any known allergies. Details of their preferred leisure and social activities were recorded and notes were also made of their home situation and as much of their life history as they wish to disclose. All of this information enables detailed care plans to be developed.

The manager told us in the AQAA that, "The pre-admission assessment is a key activity and in this process we are not only assessing the person's needs and wishes, but also take time to listen to their view and concerns. We go through the information in the service user guide with them verbally." It also tells us that the assessors are aware of their responsibilities under the Mental capacity Act and consider any capacity issues while assessing people.

Risby Park doesn't offer an intermediate care service.

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.

We found that people have good quality care plans in place and that they have access to health care as they need it.

Evidence:

We examined three care plans during our visit to the home, they mainly reflected the needs of the person involved and they have been updated since the last inspection and are reviewed regularly throughout the year. They contained risk assessments that are developed to minimise the risk of harm in people's everyday activities, which enable them to live a full and active life without being restricted unreasonably.

They were written in a way that reflects the person as a whole, their personality and their personal preferences.

People moving into the home or their representative are asked to indicate that they have read and agreed with the the care plan by signing and dating them.

We were told that some people have written an advance directive which are

Evidence:

incorporated in their care plan and we were able to see an example of a plan with this information included. This should ensure that people will be treated as they wish at the end of their lives.

One care plan, for someone who was frail and reaching the end of their life, was very detailed and talked about the person having said they don't want to be left alone, it highlighted the importance of staff making sure they were kept free from pain and reminded the staff to support the relatives, as they find it upsetting to visit their relative.

The home uses electronic records, we were shown the care planning system, it enables contemporaneous notes to be kept on a wide range of topics and allows information to be speedily accessed from any computer connected to the system and care plans can be quickly updated. A hard copy of the care plan is then printed off and kept on file. We were reassured that none of the computers on this system were connected to the internet so people's privacy is not compromised and access to the system is further safeguarded as the computers are finger print protected.

We were told that each person has a named nurse who is responsible for ensuring that the care plan is appropriate, meets people's needs and wishes and who ensures it is up-to-date. We saw one person's care plan that did not tally with other information available, such as their doctors notes and the daily logs. To enable carers to continue to offer an effective and properly tailored service it is imperative that care plans are updated in a timely manner, not only at the monthly review. Once this omission had been highlighted the care plan was updated immediately.

We saw evidence that people's health care needs are met, there were copies of specialist reports such as speech and language and psychology. Doctors and other health care professional visits are recorded along with any treatment given so that staff can be made aware and can monitor any changes. Three doctors returned the survey we had sent them and all felt positive about the home, one doctor said that the the staff were good at caring for the people in the home and were also able to identify problems and obtain appropriate advice.

We examined the medication and the way it was managed and stored. We found that all the medications including the controlled drugs were stored as required.

While checking the medication we examined the controlled drugs book and the medication to see if they both corresponded with each other. We found that the drugs were correct and that they were recorded properly, while carrying out the check we

Evidence:

noticed that one person's medication had been allowed to run out before it was reordered. When it was ordered it was done using the usual route, which meant it would be 48 hours before the prescription would be ready to be taken to the chemist, meaning the person would be without their medication for two days. It is not satisfactory that medication is allowed to run out, but if it does it should be treated as an urgent matter and obtained as soon as possible. It is recommended that the manager should review the way medication is ordered and draw up plans on what steps should be taken if it needs to be obtained quickly due to an oversight.

The service uses a monitored dose system where the medication is dispensed by the pharmacy into blister packs, we randomly checked two people's medication and records. We found them to be as recorded, however there were several blank spaces on the record sheets. When asked why, the nurse on duty told us that they don't sign the sheet unless they physically put the medication into someone's mouth. If the person is given their tablets in a pot and put the medication in their own mouth, they consider this as self medicating and don't sign the sheet.

This is a mistaken belief, the staff member who dispenses the medication and gives it to the person must observe them taking it and sign the record as given, both the Nursing and Midwifery Council (NMC) and Royal Pharmaceutical Society of Great Britain advise that the person who prepares it should also sign the record. A blank space on the Medicine Administration Record (MAR) indicates that a medication has not been administered. Advice can be found on ours or the Royal Pharmaceutical Society websites.

Induction training includes preserving people's dignity and keeping confidences and the manager assured us that she monitors that people are treated respectfully by direct observation and will reinforce training at staff meetings and during supervision. When not in use private information is stored appropriately and is not left lying around in communal areas.

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.

People who live in this home are offered a well balanced diet in pleasant surroundings and can take part in meaningful activities.

Evidence:

People we spoke to said they were happy with the activities they were offered and the two homes Risby Hall and Risby Park, which share the same grounds, have a group of four staff responsible for coordinating activities which they do with individuals and groups of people. Residents can increase their social activities by joining in the activities arranged by Risby Hall if they want. There is also a mini bus that the home has access to so that they can take trips and outings further afield and use dial a ride for individual activities. Records are kept of the activities that are offered and who participates in them. Photographs of people taking part in the activities are on display in the home.

Two people's relatives, in their surveys, said that they thought it would be better if their family member could get out of the building more by having more trips out in the mini bus, they don't think it is used enough. Residents we spoke to didn't raise this as an issue

Evidence:

A beautician has started visiting the home to offer treatments at a small cost which are advertised on the noticeboard along with the activities programme and information about visits to the home by ministers of different denominations.

The local authority's mobile library calls at the home every other week, it has a wheelchair lift and its planned visits are advertised in the news letter and on the notice board. Daily papers and magazines can be ordered for daily delivery.

One person told us that they had recently been out to the pub for lunch and another talked about a game of bowls that they had really enjoyed, which they had been able to play from their wheelchair. The deputy manager explained that it had been a game on the Wii game console they had recently bought, which was a great hit and that they hold inter-home competitions with it.

In the AQAA we were told that they celebrate the usual seasonal events and birthday parties and that they have held a fete this year and raised money for musical instruments for the home. The home also hosts the weekly whist drive for the village, which several of the residents take part in. People are supported by the home to take holidays abroad and next year one person is planning a return trip to Lourdes.

The AQAA also told us that, "The home produces a regular newsletter which is distributed to families as well as service users, informing them of forthcoming and past events, including photographs and can be adapted to large print if required." and "We have developed reminiscence sessions to stimulate memory and support those with cognitive impairment particularly, as well as tactile, creative craft sessions to stimulate the senses of touch and vision and promote self esteem. These activities are adapted to meet the abilities and impairments of the participants to ensure both security and pleasure."

The home is in its own attractive grounds and we were shown an area of garden that has been developed with wheelchair access close to the home. It has raised beds that have been planted as a sensory garden. There are also adapted planting platforms that allow people using a wheelchair to plant seeds and pot plants and an area has been put aside as a vegetable plot for the use of the residents.

The home has a pleasant dining room with views over the garden and countryside, those people who prefer it are able to eat in their own rooms. The dining tables were attractively set and each table had fresh flowers along with serviettes, condiments and fresh drinks.

Evidence:

While people came into the dining room they were being greeted pleasantly by staff and one carer pushing a wheelchair was very careful not to bang their passenger's legs as they manoeuvred around the tables and chairs.

Staff went to people individually and asked if they wanted fish and chips or beef casserole and a staff member went from table to table asking if anyone wanted tomato sauce. People were able to eat at their own pace so that they could enjoy their dinner without being rushed.

Carers helping people sat by their side supporting them while engaging with them and the others on the table, explaining what they were doing, what was on the plate and generally passing the time of day. One person was confused and distressed when they were brought into the room, a staff member talked to them and reassured them, she fetched the meal and explained what was on the plate, the resident soon became calm and started eating. The carer came back several times to check the person was alright, speaking to them each time.

The manager told us in the AQAA that a dietitian gives advice to the kitchen staff, with specific instructions on any dietary needs.

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.

People can be assured that complaints and concerns are managed in line with the home's policies and procedures and that action would be taken to investigate any complaints. Staff training and home's procedures help to protect people from abuse.

Evidence:

In the AQAA the manager told us that, "We ensure that all new service users, their relatives and staff are aware of the complaints procedure. This is included in the pre-admission documentation, is available at the entrance to the home and in the information packs that are given to each service user, to keep in their room."

We examined the homes complaints procedure and found that it provided the necessary information on how to raise any concerns or complaints about the service, we also saw that there is a recording system for complaints with is set out in a way that enables people to see that the complaints policy is followed. The home's records show this there have been four complaints in the last year all of which have been resolved. People told us that they knew how to make a complaint and that they felt confident that it would be taken seriously and dealt with properly.

The manager told us that she makes herself available and prefers people to speak to her about their worries and concerns so that they can be sorted out before they escalate to become a complaint. She said in the AQAA, "We aim to deal with queries, questions and concerns as soon as possible by communicating openly with service

Evidence:

users and their relatives, in the hope that we can deal with any issues informally, before they become formal complaints."

If people want to take part in the political process and vote, the manager makes arrangements to enable them to have a postal vote.

The home does not manage people's finances; families are expected to help their relative manage their money. Small, everyday expenses, such as the hairdresser, will be covered by the home and the family would be invoiced.

The AQAA says, "The appropriate documentation is in place for those service users who may require an Independent Mental capacity Advocate (IMCA) should they not have a relative who is acting in their best interests when it come to serious medical decisions or where to live. Should the service user need an advocate for any other issues, then we would be able to refer the individual to the correct organisation."

People are protected from abuse by staff training, we saw that the training files showed evidence that staff have undergone safeguarding of vulnerable adults (SOVA) training and there are policies in place around recognising and reporting abuse. The home has reported incidents of suspected abuse to the local authority's safeguarding team and has been cooperative with investigations and has also shown themselves able to carry out thorough internal investigations and to take appropriate action.

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.

This home offers a safe environment with comfortable communal facilities designed to maintain independence.

Evidence:

Risby Park is a purpose built building and the accommodation is on two floors, there are lifts that make the building accessible to everyone and each room has an en suite toilet and basin.

During a tour of the building we noted that the home was clean, well maintained, furnished comfortably and was safe. We were told that fresh flowers are bought into the home every week and we saw several flower arrangements throughout the building. We didn't identify any health and safety infringements on this occasion.

The AQAA says that. "There is an on going redecoration programme so rooms are in good condition. Attention is paid to the use of colour schemes to create a light, welcoming atmosphere and with suitable colour contrasts to guide those with visual or cognitive impairment."

The kitchen is large and appropriately appointed for a home of this size. The cook is responsible for maintaining hygiene standards in the kitchen and has a cleaning schedule. We were shown the records of the cleaning undertaken and other health and

Evidence:

safety checks.

The bedrooms we saw contained items of personal furniture and possessions that made them individual to the occupant. Some people have personal fridges in their rooms so that they can keep snacks and treats that are bought in for them. The kitchen staff are responsible for checking and recording the temperature of all the bedroom fridges as well as the ones in the kitchenettes that are on each floor. They also keep the refreshment area stocked with the necessary equipment for the residents and visitors to make themselves a drink. While we were at the home one of these kitchenettes was being completely refurbished.

The bathrooms and toilets are sufficient in number and were clean. They have specialist equipment and adaptations to meet the needs of the people living in the home and to prolong independence. The adaptations in the home include specialist seating, hoists, stand aids, grab rails and all the beds are designed to raise and fall to allow easy access and to enable staff to care for people while protecting their backs.

Personal protective equipment was available for staff use to enable them to maintain good infection control.

However, while it is good practise for care staff to wear gloves while supporting people with personal care if it is likely they may come in contact with bodily fluids, we saw that gloves are used in situations that aren't always appropriate. Unless staff are preparing and actually handling food it is not necessary to wear latex gloves while taking plated food to people or helping them to eat.

The two homes, Risby Park and Risby Hall, are close to each other in attractive grounds within a rural area and most of the bedrooms have views of the gardens. The garden is easily accessible to enable people to have free and safe access to it, there is outdoor furniture available so that they can enjoy the gardens.

We carried out random checks of health and safety records and found them to be in order, PAT testing has taken place to make sure portable electric equipment is safe to use and the hoists and lifts are serviced 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.

People can be confident that staff are aware of their roles and responsibilities and are qualified. The home has recruitment policies and procedures that are designed to safeguard them from abuse.

Evidence:

When we arrived at the home we found that the number of care and auxiliary staff on duty corresponded to the number that the home had calculated as being the minimum number of staff they would need to meet the needs of the residents. There were ten care staff on duty with a registered nurse, we also noted that the number and staff on duty corresponded to the rota, which showed that similar numbers are on duty every day.

In the Annual Quality Assurance Assessment (AQAA) the manager said, "We have a recorded staff rota in place. The staffing budget and allocation is regularly reviewed in consideration of the service users' needs. Staff are present at the key moments of the day and there is always at least one trained nurse on duty."

The 23 surveys returned to us by the residents, their relatives and staff were mainly complimentary, but ten of them had a common theme. The relatives talked about the staff being rushed and unable to carry out all their duties, especially when people were on leave or off sick. Residents talked about having to wait because there were

Evidence:

not enough staff on duty, one person told us that sometimes, when their visitors arrive between 11.30 and midday, they still haven't had a wash and their relatives had to wait.

None of the surveys were critical of the quality of care people were given, only that at times there didn't seem to be enough staff on duty, many of the comments were supportive of the staff and showed concern for them. Care staff told us that they are sometimes rushed and feel that residents suffer due to the lack of staff at times and they would feel better supported if staffing levels were higher.

We have spoken to the manager about this topic and she has agreed that sometimes their set optimum levels are not always met and has undertaken to reassess the level of care that each individual resident needs and check that she has enough people on duty to properly support them.

Staff personnel files are kept at the home and we examined four of them in detail. They held all the information and documents that are required to be kept as set out in schedule 2 and 4 of the care home regulations. Staff members we spoke to confirmed that all the checks that safeguard people are carried out before they started work at the home and that they took part in induction training when they first joined the workforce.

In the AQAA the manager said, "The home's recruitment procedure is thorough. Roles are clearly defined through job descriptions; the interview process respects equal opportunities and promotes an appropriate selection of candidates. References and CRB disclosures are obtained for all staff. "

The care staff we spoke with displayed a good knowledge of the people in the home and understood their needs, all the staff we spoke to and those who completed our survey told us that they felt well supported and that the training they were given was good and relevant to their role. Information given to us in the AQAA tells us that the home has just met the minimum of 50% of its staff having attained the NVQ 2 in care or it's equivalent, the manager told us that, "We encourage care staff to obtain their NVQ 2 in care. Those who do gain this qualification are recognised at an annual awards ceremony held by the company. Care staff are supported to go on to complete their NVQ 3 in care should they wish to do so."

Two carers are being supported to advance their study and are going on to do a foundation degree in continuing care after finishing their NVQ3.

Evidence:

The staff records show evidence that the home offers the mandatory training, and staff have access to specialist training suitable for the assessed needs of the people living in the home. We saw that staff have recently completed e-learning on the mental capacity act and other training received over the last year includes nutrition, wound care, infection control and catheter training from a continence specialist nurse, protection of vulnerable adults and fire training. The AQAA told us that the home supports staff to access literacy and IT support and training is available for staff who feel they need additional support in this area. The training coordinator has also completed the palliative care course and has attended further health and safety courses and plans to carry out training sessions in these areas.

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.

This home is well run and the ethos of its management is empowering to the people living in it. The policies and procedures are robust and health and safety is promoted.

Evidence:

The manager was not at the home when we arrived, she was on annual leave and the deputy manager came in on her day off to facilitate the inspection, which she did in an open and helpful way and was able to produce everything we asked for, she was well organised and comments we received indicated that she and the manager are well liked by the people living in the home and the staff.

The manager has been in place just over a year, although she had previously worked in the home for 12 years, during which time she has gained a lot of knowledge, experience and has completed her NVQ4 in management.

In the AQAA the manager tells us that, "We are supported by the company's management team, which consists of a clinical lead, resources director, human

Evidence:

resources manager and the manager director. As the home belongs to a group of six care homes, all the managers from the company meet regularly, every eight weeks to share ideas and discuss the introduction of new legislation and best practise."

Regular resident meetings are held, we saw that they are advertised in advance to give families an opportunity to attend, the manager says that she has an open door policy and that she is always happy to talk to people and is open to suggestions and constructive criticism. Regular regulation 26 visits are held, when the clinical or resource director visits the home and carries out an inspection which includes checking documentation, compliance to regulations and speaking to staff, visitors and the residents to canvass their opinion on the quality of care offered by the home.

We noted evidence in the staff files that staff get supervision and that regular staff meetings are held and that they are encouraged to add items to the agenda. Staff we spoke to confirmed that they received supervision and the manager told us that, "Staff are regularly supervised, care staff all have a named mentor, a system which fosters team spirit and encourages the development of favourable professional relationships."

The home has a quality assurance procedure in place that involves them sending annual surveys to staff, people in the home and their relatives. The information collected is collated and a report is produced and a copy made available so that people can see what areas need attention and what steps are going to be taken to rectify the problem.

The organisation's policies and procedures are comprehensive and are reviewed and updated as legislation dictates. The AQAA lists the policies that are in place and confirms that they have all been reviewed in the last couple of years. Records are kept up to date and are stored appropriately. Personal details are stored away from public gaze and are kept confidential. Computers that hold personal information are not connected to the internet and are security protected. staff are asked to read and sign the organisation's policy on confidentiality when taking up their post.

A sample of health and safety records were inspected and were found to be in order. During September 2009 the Suffolk Fire and Rescue Service carried out a fire safety audit in the home. Some deficiencies were identified and the home was required to carry out a risk assessment and to complete work to eliminate any risks that are identified. Since our inspection the manager has told us that she has met with the person responsible for health and safety in the home and has made arrangements to carry out the risk assessment and has undertaken to action any deficiencies that are identified.

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	9	It is recommended that the manager should review the way medication is ordered and should take steps to ensure that staff are aware of how to get medication if it needs to be obtained quickly due to an oversight. Also, the manager must make sure that medication records are completed in full, they should take advice if they are unsure of the proper procedure.

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