

Key inspection report

Care homes for adults (18-65 years)

Name:	Sunnyhill Road 99
Address:	Sunnyhill Road 99 London SW16 2UW

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

Lead inspector:	Date:
Sonia McKay	1 3 1 1 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 Adults (18-65 years) can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

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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:	Sunnyhill Road 99
Address:	Sunnyhill Road 99 London SW16 2UW
Telephone number:	02086775369
Fax number:	02086775369
Email address:	clifford.mobile6@fsnet.co.uk- allcorrespondencebypost
Provider web address:	

Name of registered provider(s):	229 Mitcham Lane Ltd
Type of registration:	care home
Number of places registered:	5

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
mental disorder, excluding learning disability or dementia	5	0
Additional conditions:		

Date of last inspection	1	5	1	2	2	0	0	8
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Brief description of the care home
<p>99 Sunnyhill Road is an ordinary terraced house in a residential area, with nearby on-street parking. It is located within five minutes walk of a main shopping centre which has full community facilities, including bus and rail transport. It is owned by a private company which specialises in mental health provision for males of African/Caribbean descent and which has three other homes locally. The appearance of the home conforms to normalisation principles and there is nothing that would mark it out from any other house in the road. The ground floor has a lounge, one bedroom, toilet and shower, kitchen-diner and a very large rear garden. The first floor has the office, three bedrooms and a bathroom with toilet. The second floor has one bedroom and a bathroom with toilet. The home is not suitable for people with mobility problems.</p> <p>Prior to admission, prospective service users are given a brochure and verbal information about the home. On admission they are given the service user guide. A</p>

Brief description of the care home

copy of the most recent inspection report is made available in the office for staff, service users and visitors. The weekly charge is from £1,150 to £1,220 per week.

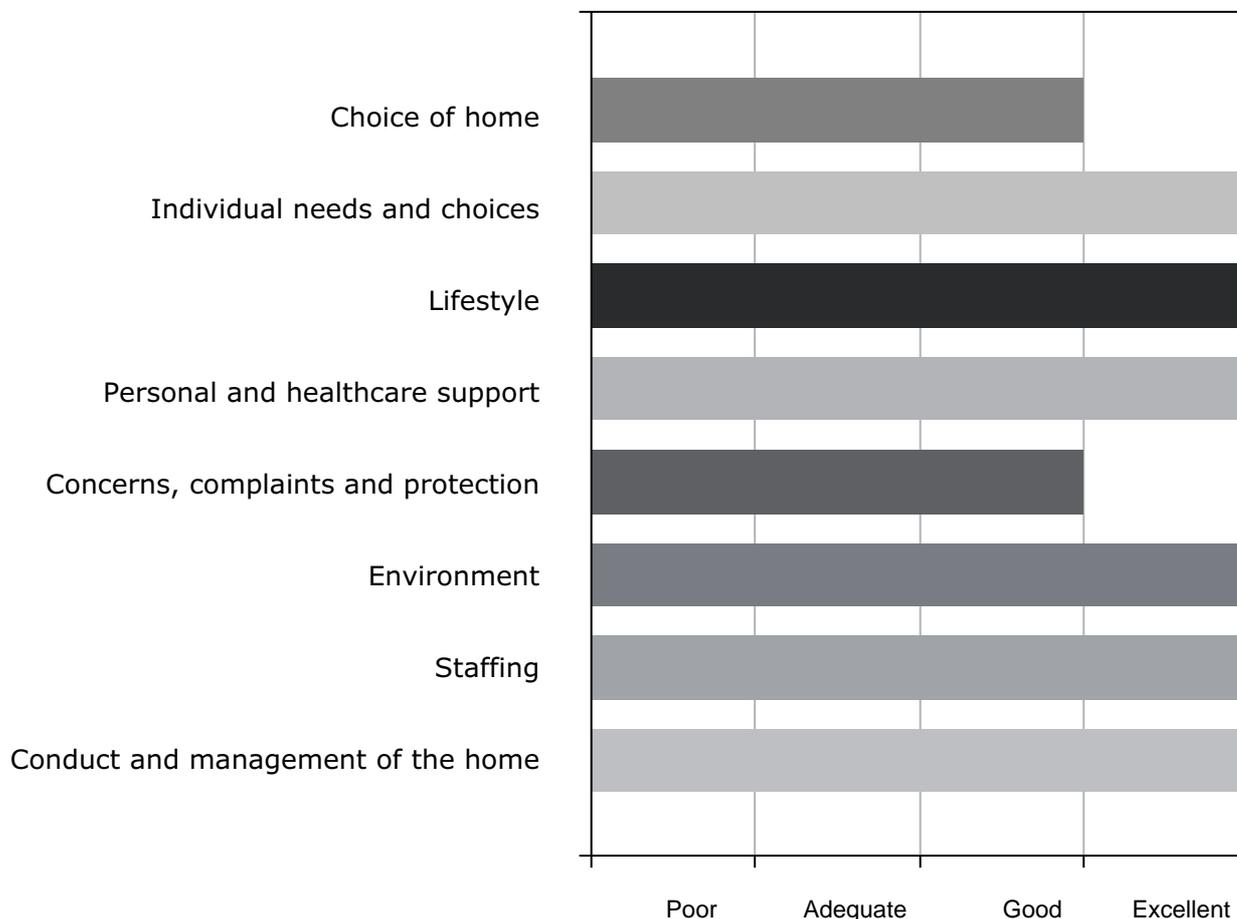
Summary

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

The quality rating for this care home is:

three star excellent service

Our judgement for each outcome:



How we did our inspection:

This unannounced inspection took place on the two half days of 12 and 13 November 2009. The first day of inspection was facilitated very well by a support worker, and the second day was facilitated very well by the Registered Manager and the Proprietor. The inspector would like to thank them all for their openness and honesty.

At the time of the inspection there were four service users resident at the home, with the fifth service user having been admitted to hospital. The inspector spoke to three of the four service users, one privately and in depth. The inspector also toured the building and looked at documentation and records.

What the care home does well:

The service is designed for a specific client group, males of African or Caribbean descent with mental health needs, and the experience and cultural background of all staff employed in the service meets this aim. The home provides a high standard environment, thorough assessment and care practices, good risk management, flexible routines, comprehensive physical, mental and emotional healthcare, and good documentation and working practices. The atmosphere at the home is open, friendly and relaxed and service users said that they were happy at the home and had no complaints. One service user who had been at the home for just over two years had improved to the point where he was able to form a permanent relationship and move out of the home to live independently in the community. Service users have the freedom and support to personalise their rooms exactly how they wish and said they were happy with them, with staff and with living at the home.

What has improved since the last inspection?

The two requirements arising from the inspection report of 15 December 2008 were implemented immediately after that inspection, and all relevant recommendations arising from the inspection were also implemented.

What they could do better:

There are no requirements and no recommendations arising from this report.

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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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, what they hope for and want to achieve, and the support they need.

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

This is what people staying in this care home experience:

Judgement:

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

Prospective service users have the information they need to make an informed choice about the home. A full assessment is undertaken on all new service users prior to admission to ensure that the home can meet their needs. Prospective service users are encouraged to make several visits to the home, to meet with staff and other service users, and to have a trial stay in order to make a decision about whether the home will meet their needs.

Evidence:

Two service users had been admitted to the home within the last six months and one of their files was examined to check the admission assessment process followed by the home. It was found to be thorough and detailed, including obtaining several documents from the previous placement, reports from relevant healthcare professionals. and a detailed pre-admission assessment by the home. The latter included an initial plan for the service user's primary needs, plus an undertaking by the service user to keep to certain restrictions such as smoking in designated areas only, complying with medication and keeping all mental health appointments. Verbal evidence of trial visits was given, and the full involvement of relevant health professions in the assessment

Evidence:

and trial process.

Individual needs and choices

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Service users have individual care plans which reflect their assessed and changing needs and personal goals. Service users are encouraged and supported to make decisions about their lives and are supported to take assessed and monitored risks as part of an independent lifestyle.

Evidence:

Two care plans were looked at in detail. They contained needs and goals which were tailored to the individual, and regularly reviewed. Each goal had an action or interaction, which was very detailed and clear, so that it was easy for staff to find out exactly how they were to fulfil the plan of care for each service user. All care plans are devised with the input of the service user, key worker and care manager and signed. The service user spoken with fully understood his care plan and was in agreement with it. Care plan files also contained daily reports written by staff which give a very detailed picture of the service users' moods, activities, and any other relevant information. Care plans are evaluated monthly and altered or updated as relevant.

Evidence:

The aim of the home is for service users to attain independence and to this end there are very few rules and service users are encouraged and supported to make as many independent choices and decisions about their daily lives as possible. This was evident from speaking with service users and staff, and observation at the inspection. For example, each service user chooses his meals each day, three of the four service users manage their own finances, each service user chooses which day or activities centre he wishes to attend and which hours, each service user has their own room and front door key and come and go as they please, and each service user's post is given directly to them (with the exception of one service user who has poor eyesight and has to be assisted). When a previous service user's mental health was deteriorating and he no longer wanted any of the external professionals in his life, the home had his social worker, general practitioner and community psychiatric nurse all changed in order to ameliorate his condition. This shows the extent to which staff will go in order to accommodate and implement service user's choice and independence. In addition, service users now participate in the recruitment process by being introduced to potential support workers at interview stage, and being invited to give their opinion of the candidate.

Risk assessments were seen in care files. They were very thorough, giving the background and risk history and reason for the risk so that a support worker reading it could clearly understand the reasoning behind the risk and the subsequent action plan formulated. Risk assessments are regularly reviewed as well as being reviewed any time that circumstances change. As the most qualified and experienced practitioner, the Registered Manager always undertakes the assessment of potential service users, including risk assessments, and is the key worker for the initial period of the new service user's placement. In this way, risk can be carefully monitored during the period when the service user is new and relatively unknown to the home.

Lifestyle

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

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They can take part in activities that are appropriate to their age and culture and are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

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

This is what people staying in this care home experience:

Judgement:

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

Service users are encouraged and supported to develop social, spiritual, emotional and independent living skills, and to participate in the local community. Appropriate personal and family relationships are supported and residents are provided with a healthy diet of their choice.

Evidence:

The home provides service users with a range of opportunities to maintain and develop social, emotional, communication and independent living skills. Service users undertake a variety of activities of their choice each day, including attending various drop-ins and day centres, visiting family and friends, having friend visit them, cooking, shopping, bike riding, visiting the cinema, museums, parks and West end, or watching television and relaxing in their rooms. One service user, who was very unfamiliar with this area of London, kept getting lost when returning to the home so the home bought him a mobile phone so that he could ring them and be confident in maintaining his

Evidence:

independence. Service users are supported to explore and practice their spiritual interests and needs, by attending churches if they wish or representing their beliefs with religious objects in their rooms. Service users confirmed that there are no fixed routines at the home and that they can get up and go to bed as they please. For example, one service user currently goes to bed late, watches television during the night, and gets up late. Another goes to bed relatively early, wakes up early and is usually out of the home by 9 a.m. Currently no service user is employed, but two service users who lived in the home up till last year both had paid employment. At the inspection service users were observed to freely choose where to spend their time and to access snacks and drinks whenever they chose. The home supports and encourages service users to have an annual holiday if they wish to, and also provides opportunities for them to have awaydays or long weekends at the coast. One service user confirmed to the inspector that he enjoyed the independence and self-responsibility he was given at the home.

Service users are able to eat what and when they choose. The home provides the bulk of the food chosen by service users who devise the shopping list with the manager fortnightly. The home also provides fresh fruit on a regular basis. In addition, all service users are given money by the home to buy their own individual preferences if they fancy something not provided by the fortnightly shop, and each Sunday all service users have a take away meal together, the home giving them the money to buy their individual take away choice and bring it back to the home to eat with each other. All service users cook for themselves with the exception of one, who is unable to cook safely for himself due to limited vision and cooking skills, This service user chooses his food but is then assisted by staff or another service user to cook. He is encouraged to carry out simple tasks independently, such as making tea and toast and staff ensure that they are present if he wishes to undertake more complicated tasks so that they can provide support and encouragement. The home continues to employ a female domestic staff who visits the home for two days each week, undertaking some communal cleaning and providing culturally appropriate meals of service users' choice. One service user has his own kettle and mini fridge in his room and is able to make drinks whenever he wishes and to offer hospitality to his friends, with having to use the communal kitchen.

Personal and healthcare support

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

People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way.

If people are approaching the end of their life, the care home will respect their choices and help them to feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

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

Appropriate personal support is provided and service users' physical, mental and emotional healthcare needs are met. Medication is stored, administered and recorded safely and service users are supported to self medicate as appropriate.

Evidence:

Service users do not need physical assistance with personal care but prompting is given as necessary and staff demonstrated that they do this in a way that maintains dignity and respect. Staff spoken with demonstrated a good knowledge of individual service user's needs, preferences and characteristics, and how to encourage and support them in a way that is sensitive to their personalities. This was observed on the first day of the inspection when the support worker changed the agreed plan for the day to suit the mood/mental health of the service user when he woke up. On the second day an example was given by the manager of this same support worker working so well with a new service user that at the first three months CPN meeting the psychiatrist commented on how impressed he was at the progress that had already been made. All service users were well groomed and dressed, with clothing and appearance that reflected their ages, individuality and choices, and one service user showed a much improved appearance in regard to hygiene and clothing since the

Evidence:

inspector met him over a year ago.

Verbal and documentary evidence showed that service users are supported to access the full range of healthcare professionals and facilities as necessary, such as community psychiatric nurse, psychiatrist, general practitioner, optician, dentist and specialist hospitals such as Moorfields and the Maudesley. Two service users sort out their appointments and check ups themselves, and others have support from the home. Community psychiatric nurses visit service users in the privacy of their own rooms, and if a CPA meeting is to be held at the home this is done in the front room, with the permission of all service users. The care file of a previous service user, who had been at the home for two years and had just moved out to independent accommodation, showed that the home had helped him to progress from someone who could not go out without having panic attacks to someone who could self-medicate, go out by himself, have a permanent personal relationship and finally move out into independence in the community.

The storage, administration and recording of medication was checked, including a tablet count, and found to be in good order with no problems found. The home has devised its own medical administration recording sheets, which are superior to the usually used ones as theirs also notes the exact time that the medication is given, which is good practice. The home is keen for service users to self medicate, as long as it is safe for them to do so, and there was evidence that this is monitored carefully and will be rescinded should the service user stop complying. As good practice, the decision for a service user to self medicate is always taken as a multi-disciplinary decision with other relevant professionals. Staff have undertaken external training in the administration of medication and the manager is a registered nurse.

Concerns, complaints and protection

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

If people have concerns with their care, they or people close to them, know how to complain. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

Service users know that their views are listened to and acted upon. Service users are protected from abuse, neglect and self-harm.

Evidence:

The home has a clear complaints procedure which is published in the statement of purpose and the service users' guide. The home has a complaints book but has received no formal complaints to date. There was one informal complaint that staff had recorded in the book, and this had been dealt with, documented and signed. Staff are fully aware of the complaints procedure and how to support service users to access it. Service users are also aware of the complaints procedure but the service user spoken with said that if any of them had problem, they would speak directly to a support worker, the manager or the proprietor and were confident that it would be dealt with.

There have been no adult protection issues at the home and both the manager and staff have a good knowledge of the Protection of Vulnerable Adult procedures. All staff have abuse training as part of the induction programme at the home. The support worker spoken with was fully aware of the many different types of abuse, of what to do if abuse was suspected and the procedures that would be followed should abuse be alleged.

Environment

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

People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.

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

This is what people staying in this care home experience:

Judgement:

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

Residents live in a homely, comfortable and safe environment, which provides sufficient privacy and promotes an independent lifestyle. Service users' bedrooms suit their needs and lifestyles and promote their independence. Shared spaces complement and supplement service users' individual rooms, and the home is clean and hygienic throughout.

Evidence:

The home's premises are suitable for its stated purpose and fully blends in with the residential area in which it is located. There are five single bedrooms, all above double bedroom size and therefore exceeding minimum size standards, and there is a lounge and a kitchen diner, both of which are large enough for five residents and staff to sit comfortably. The home is decorated, fitted and finished to a high standard throughout, and was completely redecorated following the last inspection of December 2008.

Service users' bedrooms have been personalised according to their individual tastes and preferences. All are lockable and all have double beds and good quality bed linen. Three service users' bedrooms were seen, and all were well fitted and furnished, and personalised according to the choices of the individual. One bedroom was particularly outstanding. The service user had been allowed to furnish and fit it fully according to his tastes and beliefs and he had made it into a beautiful and luxurious haven. The

Evidence:

room was meticulously clean and tidy. A second service user bedroom was completely different. It was well furnished, fitted and personalised but fairly untidy, reflecting the behavioural characteristics of the service user. This was further evidence of the flexibility of the support provided by the home, which is tailored to individual service user's needs and choices.

There are three bathrooms in the home, one on each floor, so that service users have a choice of which to use. The bathrooms on the first and second floors have baths and shower facilities, and the facility on the ground floor is a shower room with toilet. As there are only five service user places at the home, the number of bathrooms exceeds minimum standards.

The lounge has been provided with a television, Sky receiver, radio and books, and service users also have their own televisions/audio equipment in their rooms. As stated above, there is a kitchen/dining room on the ground floor, which is of suitable size to accommodate five service users. Each service user has their own lockable cupboard in the kitchen/diner for use as they become independent in regard to catering.

The home was found to be of a high standard of hygiene and cleanliness throughout.

Staffing

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

People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

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

This is what people staying in this care home experience:

Judgement:

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

Service users are supported by competent and qualified staff, and an effective staff team that reflects their gender and cultural composition. There are suitable and thorough recruitment, induction, training and support procedures to ensure the home has a staff team that is able to meet service users' individual and joint needs.

Evidence:

Staff are not employed at the home unless they have prior knowledge and experience in mental health and also have NVQ Level 2 or an equivalent qualification. The manager also ensures that staff have suitable personalities and characteristics for the work they are to undertake, such as reliability, humour, tact, trustworthiness and a suitable temperament. All of the support workers, including the bank worker, have NVQ Level 2 and three of them are currently undertaking NVQ Level 3. The home has therefore exceeded the recommended NVQ Level 2 training target.

The staffing structure is one manager, three full time support workers and two part time support workers (one of whom is a bank staff), which allows for the manager and one support worker to be at the home each day, with additional support worker hours when necessary. The support worker spoken with had worked for the organisation for eight years. He demonstrated a good understanding of the particular mental health issues, behavioural characteristics and needs of the service users at the home. The

Evidence:

staff turnover rate at the home is very low, and no agency staff are used, thereby ensuring continuity of care. The home employs only black male management and support staff, in keeping with the stated aims and objectives of the home. Staff therefore reflect the cultural and gender composition of service users. The proprietor, registered manager and support worker were observed to have open, friendly and positive relationships with service users, and service users were relaxed in their presence and fully able to express their views. Staff were observed to be sensitive to service users' feelings and moods, and to adapt their approach suitably.

The inspector checked the recruitment files of the two members of staff who had joined the home since the last key inspection of 15 December 2008. They were found to be in good order with all of the required information present, correct and thoroughly checked out.

New staff are given 5 days induction training, which covers all relevant basic areas, and then shadows an experienced member of staff on each shift, with the Registered Manager working with the staff member in the mornings. The new worker then works alongside an experienced worker for some time and only when the manager is satisfied that they are competent to work alone do they undertake a full shift as the main support worker. Training and development is valued by the proprietor and manager and subsequent to induction training, staff follow a comprehensive training programme. This includes support to attain NVQ Level 3 via the proprietor paying the fees and the manager ensuring that the rota gives them time to study. The proprietor and manager encourage staff to attain NVQ Level 3 rather than Level 2 as Level 3 has several mental health components. Once a year staff undertake refresher courses in food safety and hygiene, health and safety, first aid, Protection of Vulnerable Adults, safe manual handling, COSHH, infection control and RIDDOR. In addition, training is provided in specialist areas depending on the needs of service users, for example in asperger's syndrome. In addition the manager trains staff on a daily basis by explaining the diagnoses and conditions attributed to service users and further supports staff by regular, minuted staff meetings.

Staff also confirmed that they are given formal supervision every 2 to 3 months, at which they discuss care practice, keyworker issues and training needs, and which are minuted and signed with a copy given to them. Supervision notes were seen.

Conduct and management of the home

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

People have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

This is what people staying in this care home experience:

Judgement:

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

Service users benefit from a well run home and the ethos, leadership and management at the home. Service users' views are regularly sought and acted upon to inform the self monitoring, review and development by the home, including formal service users' surveys. Working practices promote and protect the health, safety and welfare of service users.

Evidence:

The Registered Manager is suitably qualified, competent and experienced to run the home. He is a registered general nurse, a first level registered mental health nurse, an NVQ Assessor, had a teaching qualification in nursing and has many years experience of managing registered homes for the client group. He has City and Guilds qualifications in management and is in the process of obtaining NVQ 4. He demonstrated a comprehensive understanding of mental health issues and managing people, and a thorough insight and understanding of the mental health and individual characteristics of each service user. He is also aware of the individual strengths of his staff.

Evidence:

The atmosphere at the home was open, friendly and inclusive and it was evident that both service users and staff found the manager and proprietor approachable. Service users said they would not hesitate to speak directly to the manager or proprietor if there was a problem, and staff said that the manager is very supportive and that there is subsequently good team work at the home. It was evident from documentation seen that staff are able to contribute fully to the care plans of service users, as well as to staff meetings, with the knowledge that their suggestions and concerns are listened to and acted upon.

Service users views are sought on a continuous basis at the home, and also through formal annual surveys, which were seen on file. The manager is at the home on a daily basis, and as the home is small, he is in continuous communication with service users and staff. The proprietor visits the home at least once each week, speaking to service users, staff and the manager at each visit. He also completes monthly Regulation 26 reports, which were seen and showed that any problems are noted and sorted out. Community meetings take place monthly in the form of two meetings. The first meeting is attended by service users and staff and the second meeting follows immediately and is attended by staff only. At the first meeting service users express any problems, concerns or needs and at the second meeting the manager and staff discuss how the issues raised can be developed or resolved. Each current service user has family who visit them and their views on the care provided are also sought by the manager and proprietor. In these ways the proprietor and manager continually seek the views of service users and interested parties in order to inform the self-monitoring, review and development of the home.

A variety of documentation relating to health and safety and safe working practices were seen and found to be in good order. These included gas certificate, COSHH cupboard, fire alarm and emergency lighting services, fire evacuation book, call point checks, weekly thermostatic valve checks, accidents and incidents book, complaints book, menus, medication records, safety procedures poster and boiler/central heating servicing. Fire drills take place 3 monthly and as good practice, the time of the drills is also recorded. The home was in the process of obtaining the five yearly electricity safety certificate.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

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

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action

Recommendations

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

No	Refer to Standard	Good Practice Recommendations

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