

# Key inspection report

## Care homes for older people

<b>Name:</b>	Kings Lodge
<b>Address:</b>	Main Road Cutmill Chidham West Sussex PO18 8PP

<b>The quality rating for this care home is:</b>	two star good 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.

<b>Lead inspector:</b>	<b>Date:</b>
Lesley Webb	2   0   0   7   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](http://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](http://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
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## Information about the care home

Name of care home:	Kings Lodge
Address:	Main Road Cutmill Chidham West Sussex PO18 8PP
Telephone number:	01243573292
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	London Residential Healthcare Ltd
Name of registered manager (if applicable)	
Mrs Michelle Shann	
Type of registration:	care home
Number of places registered:	91

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	91	0
old age, not falling within any other category	0	91

### Additional conditions:

The maximum number of service users to be accommodated is 91.

The registered person may provide the following category of service only: Care home with nursing - (N) to service users of the following gender: Either Whose primary needs on admission are within the following categories: Old age, not falling within any other category - (OP) Dementia - (DE)

Date of last inspection	2	8	0	1	2	0	0	9
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### Brief description of the care home

Kings Lodge is a 91 bedded nursing home registered to provide accommodation to people of old age and dementia. The homes registered providers are London Residential Healthcare Limited. With Mr Ronald Alan Dixson registered as the Responsible Individual representing the company. Mrs Michelle Shann is the registered

### Brief description of the care home

manager who oversees the day to day management of the establishment. Kings Lodge is situated in a quiet residential area of Chidham, West Sussex. The care home consists of two separate buildings. One is a large, three-storey, purpose built establishment with the parking facilities to the front of the building and a garden area to the rear. There is a lift providing access between all the floors. There are large communal lounges and dining rooms along with separate kitchen and laundry facilities. The second building is currently not being used to accommodate residents. The current fees for staying at the home range between three hundred and thirty seven pounds and seven hundred and fifty pounds per week.

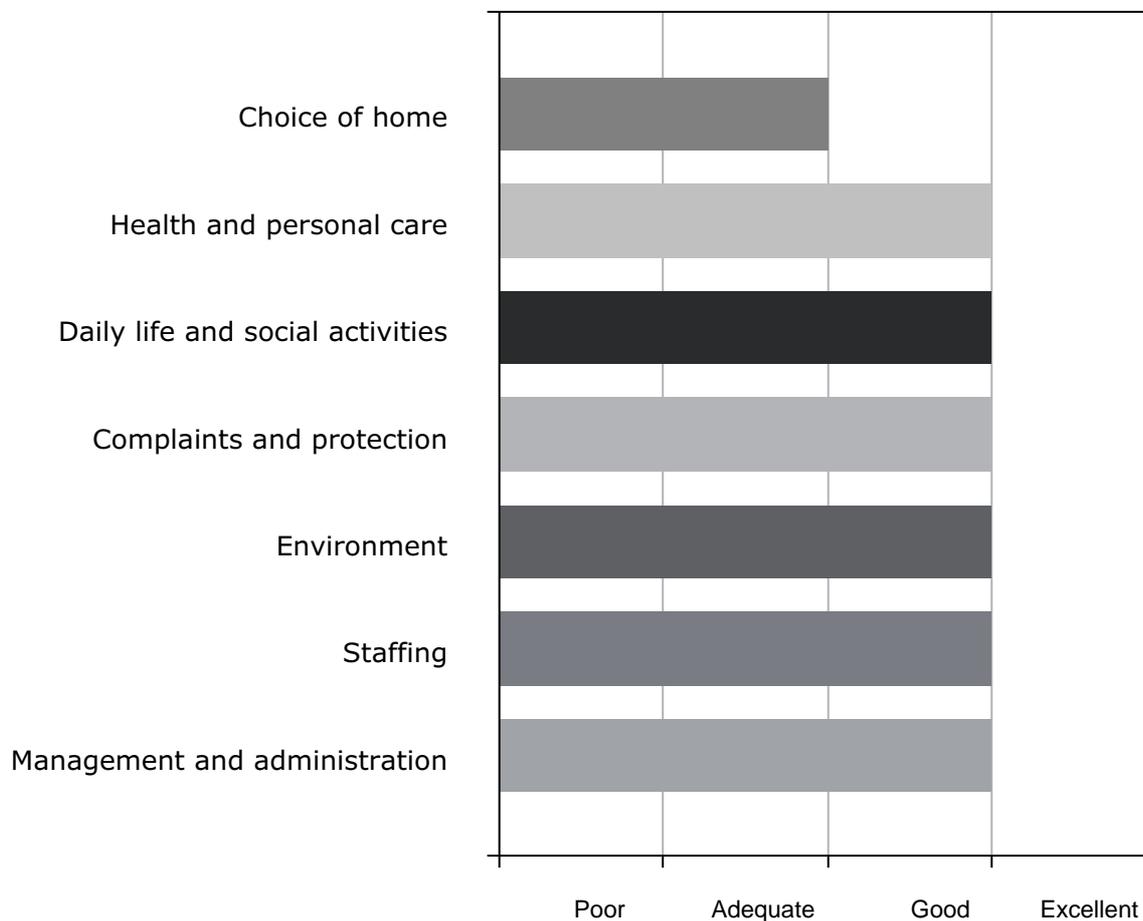
## Summary

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:

We visited this home on Monday the 20th July 2009, arriving at 8.15am and staying until 5pm. The purpose of this inspection was to assess how well the home is doing in meeting the key National Minimum Standards and Regulations. We also looked for evidence that the home has met Requirements made at our last key inspection undertaken in January 2009.

The registered manager was present during our visit and assisted us throughout by providing documentation and answering any questions we raised. During our visit to the home we had conversations with five residents and four staff. We examined the care records of four residents and recruitment records of three staff. We also looked at other documentation maintained in the home such as staff recruitment records, training and complaints. In addition to this we sat and ate lunch with residents, looked around the home and indirectly observed interactions between residents and staff.

Prior to our visit the home supplied us with an improvement plan describing the actions undertaken to address the Requirements made at our last key inspection.

Seventeen residents completed questionnaires and returned them to us before our inspection.

Information from all of the above sources was assessed and used to help us form judgements on the quality of service people living at the home receive.

### **What the care home does well:**

Residents are treated with respect and their rights to privacy upheld.

The health needs of residents are managed safely. As one resident explained in a survey form 'the homes does well by getting the doctor called in when I'm unwell'.

Residents are aware of their rights to complain and who to speak to informally if they are not happy.

Residents have a pleasant, clean and homely environment to live in. As one resident explained, "this is a very nice home, I have a nice corner room, with little garden area".

Staff are approachable. Compliments by residents about staff include 'staff always kind and helpful' 'staff are always welcoming' and 'staff listen to me when I talk, when I ring my bell they always come'.

Recruitment practises offer safeguards to residents.

### **What has improved since the last inspection?**

Assessment documentation is now maintained with the residents care plans so that staff have access to all information regarding the needs of individuals.

New care planning documentation has been introduced that gives detailed information about the needs of residents and the actions staff should take to meet these safely and consistently.

Medication records are now being completed in full and sufficient medication is now available to ensure this can be administered as per the dispensing instructions.

Residents now have the opportunity to participate in a greater variety of in house activities.

The registered manager has introduced comment cards that are in the dining room for residents to complete. These are reviewed weekly and feedback given to kitchen staff if changes required.

Staff have been provided with training in areas including safeguarding adults, moving and handling, fire, the mental capacity act, deprivation of liberty, food hygiene and dementia awareness. This supports them to care for people living at the home.

Monitoring processes have been introduced to ensure residents receive a consistent and safe service.

### **What they could do better:**

No Requirements were made as a result of this inspection.

Care plans have been signed by the resident or their representative and the home was unable to evidence if care plans have been discussed and agreed with residents. The

registered manager agreed to take action in this area.

The home accesses the services of a Church of England Reverend but not of other religious denominations. The registered manager said that she would look into this.

With regard to specialist training relevant to meeting the needs of people living at the home the registered manager informed us further specialist training would be prioritised as action to be undertaken in order to continue improving services to people living at the home.

Systems should be reviewed to ensure residents laundry does not get mixed up and consideration to notices for staff about good hand hygiene should be given.

The availability of emergency pull cords should follow a risk assessment process.

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](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line 0870 240 7535.

## Details of our findings

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## Choice of home

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

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them 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 **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

In the main residents have their needs assessed so that staff understand what areas individuals require support.

Evidence:

As a result of our last inspection in January 2009 the home agreed to voluntarily suspend admitting any new residents until improvements had been achieved in the service provided. We wrote to the home in February 2009 to confirm that the home agrees with this arrangement. From the date of our last inspection to that when we wrote to the home the home admitted four residents but none after this date.

During this visit to the home we sampled assessment records for the four residents who moved into the home before the voluntary suspension was agreed. All contained assessments that identify personal care, health, social and medication needs.

We found that some sections of the needs assessment forms have not been completed

Evidence:

in full. For example one persons assessment did not include their next of kin details.

Another persons needs assessment form did not include their weight on admission and their personal profile was incomplete.

At our previous inspection assessment documentation was not maintained with the residents care plans. This has now changed with all documentation relating to individual residents maintained in the same file.

The registered manager informed us that if the quality rating given to the home improves and the voluntary suspension is lifted the home will admit a maximum of two new residents per week and that all assessments will be undertaken by herself and the head of care.

Seventeen residents surveys were completed and sent to us before our inspection. Fifteen state they received enough information to help decide if the home was right for them before they moved in. Two state they did not.

The registered manager informed us that new assessment documentation has been devised and will be implemented for any new people considering moving into the home.

Intermediate care is not provided at this home.

## 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.

Care planning and risk management systems ensure that the personal and health care needs of residents are being met consistently and safely. Medication practises offer safeguards to residents. Residents are treated with respect and their rights to privacy upheld.

Evidence:

At our last key inspection in January 2009 two Requirements were made with regard to care management. These being that residents must have clear individual care plans describing the support that staff must give to meet identified needs and that the home must be able to demonstrate through records that residents receive where necessary, treatment, advice and other services from any required health care professional.

We received an improvement plan from the home that informed us that 'the current Standex system has been reviewed and removed from the home. In its place the care plan package that had been started prior to inspection has been put in its place. Every resident in kings lodge has a completed care plan that has been reviewed monthly. An audit tool has been put in place and a selection of care plans are being audited

## Evidence:

weekly. Within the new care plan documentation there is a medical services received form that indicates any visits or treatment from any required health care professional. This will be checked by head of care on regular basis and will be reviewed as part of the weekly care plan audit'.

We sampled six residents care plans and associated documentation, all of which had been produced on the new care planning documentation as described in the homes Improvement Plan.

Care plans now describe individual residents needs, objectives and actions that staff must undertake to meet individual needs. All those sampled were detailed, informative and had been reviewed on a monthly basis. We did note that none of the care plans have been signed by the resident or their representative and the home was unable to evidence if care plans have been discussed and agreed with residents. The registered manager agreed to take action in this area.

Risk management forms part of the new care planning system that has been introduced. These include falls assessments, moving and handling and pressure care.

Seventeen residents surveys were completed and returned to us prior to our inspection. Sixteen state they 'always' and one they 'usually' receive the medical support they need. An additional comment was recorded of 'the homes does well by getting the doctor called in when I'm unwell'.

All files that we examined contained evidence that residents have received the required treatment from relevant health care specialists such as general practitioners, opticians and chiropodists.

At our last key inspection two Requirements were made that related to medication. These being that a record must be maintained of all medication when it has been administered to a resident and that sufficient stock of medication must be maintained in the home.

During this inspection we sampled six residents medication records and medication. All records had been completed in full and sufficient medication was available to ensure this can be administered as per the dispensing instructions.

A medication fridge is in place. A record of fridge temperatures is maintained. Systems for the management of controlled drugs are in place, including a controlled drugs cabinet and register. Stock that we sampled accurately reflected records in place.

Evidence:

As at our previous inspection staff were observed speaking and assisting residents with dignity and respect. It had been seen on care plans that the preferred choice of name had been recorded and staff were heard to speak to individuals by the name they wished.

Seventeen residents surveys were completed and returned to us prior to our inspection. Sixteen state they 'always' receive the care and support needed and one they 'usually'.

## 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.

In the main activities are available that are varied and meet the needs of residents. The opportunity for residents to participate in off site activities will enhance this further. Dietary needs are catered for with a balanced and varied selection of food available.

Evidence:

At our last key inspection in January 2009 a Requirement was made that activities must be offered that are varied, flexible and meet the preferences and expectations of residents. We received an improvement plan from the home that informed us that 'the activities co coordinator has completed her induction, full programme now been implemented. All activity boards have been redesigned and include up to date activities weekly programme. In addition to this a variety of outside entertainers have been sourced and a full social assessment has been undertaken on each resident. A record of individual activities and social assessments have been implemented for all residents'.

Evidence gained at this inspection finds this Requirement has been met. However evidence indicates further work with regard to off site activities will enhance the new programme that has been implemented.

## Evidence:

When looking around the home we saw that activity boards advertise events including board games, hair dressing and pampering, card games, dance and singing, reminiscence, cooking and bingo. Posters also advertise the services of a Church of England Reverend. The registered manager confirmed that no other religious denominations are available and agreed to look into this.

We noted that minutes of a residents meeting that took place on the 18th June 2009 state that day trips have not yet taken place.

The home has a separate activity room. This includes a small selection of books and puzzles, hand held instruments and games. A trolley was seen that sells a selection of sweets and toiletries to residents.

We viewed six residents records, all of which included a social care plan, assessment and individual records of activities they have participated in, as described in the homes improvement plan.

Seventeen residents surveys were completed and returned to us prior to our inspection. Ten state the home 'always', five 'usually' and two 'sometimes' arranges activities they can take part in. Under what could the home do better comments have been recorded of 'a weekly programme on nursing floor of daily activities to stimulate residents' 'outside regular activities' 'I would love to have a piano as I am always singing and it would be good to sing along with a piano playing' 'do more outings, visiting places or going into Bosham'.

We discussed our findings with regards to activities and the contents of the residents surveys with the registered manager. She agreed it would benefit residents if the home had its own transport to facilitate day trips and other outings in the community. She agreed to explore this further.

Residents that we spoke with confirmed that visitors are made welcome.

Seventeen residents surveys were completed and returned to us prior to our inspection. Six state they 'always' and eleven they 'usually' like the meals provided. When asked the question 'what does the home do well' comments have been recorded of 'the food is always lovely' and 'can have anything food or drink when I ask'. When asked the question 'what could the home do better' one comment has been recorded of 'mum is not a big meat eater she only likes lean beef, we were assured there would be a vegetarian alternative, but when I am here and they are doing menu for Sunday

Evidence:

the alternative seems to be an omelette, one Sunday she had an omelette for lunch and poached egg for tea, today I have asked if she can have a piece of fish, I hope this will be possible'.

With regard to vegetarian options the registered manager informed us that a new menu has been introduced and that everyday a vegetarian option is included in addition to two other hot options. The registered manager also informed us that she has introduced comment cards that are in the dining room for residents to complete. These are reviewed weekly and feedback given to kitchen staff if changes required.

We sat and ate lunch with residents in the ground floor dining room. Staff were observed offering a choice of juices and wine with lunch and hot drinks after. Residents appeared to enjoy the meals offered. The atmosphere in the dining room was relaxed and welcoming, with residents chatting to one another.

## 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 able to express their concerns and have access to a robust, effective complaints procedure and are protected from harm.

Evidence:

Seventeen residents surveys were completed and returned to us prior to our inspection. All state there is someone they can speak to informally if they are not happy and that they also know how to make a formal complaint. When asked the question 'what does the home do well' one comment was recorded of 'management acts upon any concerns and reports back'.

The registered manager informed us that two complaints have been received by the home since our last inspection. We examined the records for these and found that they demonstrated that the registered manager has investigated and responded to the complainants appropriately.

We saw that the complaints procedure is displayed in the home.

At our last key inspection in January 2009 a Requirement was made that arrangements, by training staff or by other measures, to prevent residents being harmed or being placed at risk of harm or abuse must be put in place. The improvement plan that we received from the home informed us 'training that is required has been booked for 26th and 27th March. In the meantime it has been

Evidence:

reinforced to staff of the importance of safeguarding. Each office has been issue with copy of no secrets and CSCI guidance'.

During this inspection the registered manager informed us that the planned training did not take place as described in the homes improvement plan but that all staff had received in house training.

The homes training matrix informs us that six nurses and twenty two care staff are employed at the home, twenty seven of whom have received safeguarding adults training.

We spoke with three members of staff, all of whom demonstrated understanding of their responsibilities with regards to safeguarding residents. For example one person explained, "we have to be aware of the residents, do simple risk assessments, tell senior if notice anything. Deprivation of liberty impacts, we have to give best care without depriving of liberty. If any resident was unhappy I would go through the formal complaints process with them".

## 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.

Residents have a pleasant, clean and homely environment to live in.

Evidence:

We looked around some of the home and we were able to see communal areas such as dining rooms and lounges. We also viewed four bedrooms and bathrooms. As at our previous inspection residents are encouraged to furnish their rooms with personal belongings such as furniture and pictures, to make it feel like home.

The home was seen to be very clean throughout, with no offensive odours. We did note that some toilets did not include hand washing instructions for staff as is a good infection control practice as advised by the Health Protection Agency and that only one emergency call lead was in place in the ground floor lounge. The registered manager said that the head of care would complete an audit of toilet and bathing facilities to ensure signage is in place. With regard to the emergency call leads the registered manager informed us that a resident "likes to go round collecting them".

Residents that we spoke with confirmed their satisfaction with the environment. For example one person said, "this is a very nice home, I've been to three or four others, staff here are very caring. I have a nice corner room, with little garden area".

As at our previous inspection in January 2009 the original building that has fourteen

## Evidence:

bedrooms is not used by residents. We did not inspect this part of the building during this inspection, as it is technically dormant. The home has agreed to inform us in writing if this part of the home is used again for residents so we can take opportunity to visit if we wish.

Seventeen residents surveys were completed and returned to us prior to our inspection. Sixteen state the home is 'always' fresh and clean and one that it is 'usually'. Under 'what the home does well' comments have been recorded of 'maintenance of a pleasant environment' and 'clean and tidy'. Under 'what could the home do better' comments have been recorded of 'the place is far too big' 'I would request more cushions for the chairs in the lounge, my mother is very small and the chairs are big, she often looks uncomfortable' and 'laundry as my clothes keep getting mixed up'.

We discussed the contents of the residents surveys with the registered manager who produced documentary evidence that she had discussed residents clothing with laundry staff. She also took note of the comments regarding cushions and said she would look into this.

The homes training matrix informs us that twenty seven of the twenty eight nursing and care staff have received infection control training.

## 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 supported by sufficient numbers of staff who are suitably qualified. Recruitment practises offer safeguards to residents.

Evidence:

As at our previous inspection the staffing structure at the home consists of the registered manager, head of care, nurses, care assistants, kitchen staff, housekeeping and maintenance. The rota indicates that there are qualified nurses and care staff on duty throughout the day and night. In addition to this housekeeping and kitchen staff on duty seven days a week.

Seventeen residents surveys were completed and returned to us prior to our inspection. Fourteen state staff are 'always' available when needed and three that they are 'usually' available. Under what does the home do well an abundance of comments were recorded including 'staff always kind and helpful' 'staff are always welcoming' 'staff are very friendly, I have never seen them lose patience with any of the elderly residents, they understand each resident needs and are very kind' and 'staff listen to me when I talk, when I ring my bell they always come'.

No comments were recorded regarding staffing under what could the home do better.

At our last key inspection in January 2009 a Requirement was made with regard to

## Evidence:

staff training. We received an improvement plan from the home that informed us 'the staff rota is to be altered to show the manager on the rota and all qualified staff are highlighted, rotas will be addressed so that suitably trained staff are on duty at all times. Additional training that is identified and required will be sourced and booked for the coming month if possible'.

Evidence gained at this inspection finds that the Requirement has been met.

We viewed four staffs individual training and development records and the homes training matrix. The training matrix details six nurses and twenty two care staff employed at the home. It states twenty four hold up to date training in moving and handling, all have received fire training, twenty six mental capacity act, twenty one deprivation of liberty, twenty one food hygiene, twenty three health and safety, eighteen first aid, twenty five dementia awareness and eight also in the process of completing level two accredited dementia training.

The matrix also states that seven staff hold a National Vocational Qualification (NVQ) at level two or three and that for staff are currently undertaking level 4.

With regard to specialist training relevant to meeting the needs of people living at the home it states four staff have undertaken training in pressure care, one person centred plans, two nutrition, nine challenging behaviour, eleven Parkinson's, five continence, two catheter care, three falls awareness and two equality and diversity.

The registered manager informed us further specialist training would be prioritised as action to be undertaken in order to continue improving services to people living at the home.

We examined the recruitment records for three of the newest staff to commence working at the home. All contained the required documentation including completed application forms, references, satisfactory POVA first and or Enhanced Criminal Records Bureau (CRB) disclosures.

All files sampled also contained evidence that new staff have received an induction when commencing employment at the home.

## 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.

Management of this home is meeting the needs of residents safely. Residents financial interests are safeguarded. Residents health, safety and welfare is promoted and protected by the homes monitoring systems.

Evidence:

The registered manager was present during our inspection and demonstrated knowledge and understanding of her role and responsibilities. Evidence gained at this inspection show that improvements have been made to care planning documentation, medication, activities, staff training and monitoring systems.

At our inspection in January 2009 a Requirement was made that a system for monitoring and improving the quality of care provided to residents must be established. We received an improvement plan from the home that informed us 'audit tools, have been devised for a number of subjects including medication, care plans, staff files, accident, falls analysis, incident analysis and residents financial files. These have been placed in a managers audit file and a plan has been established for regular

Evidence:

auditing'.

Evidence gained at this inspection finds that the Requirement is met and systems have been introduced as described in the homes improvement plan.

For example we viewed accident records and found that these now include analysis for identifying trends. We also saw that audits have been completed for medication, care plans and staff files.

The registered manager has also completed an analysis of resident surveys for November 2008 to April 2009. Reports in line with Regulation 26 of the Care Home Regulations 2001 were viewed. These evidence that visits take place on a monthly basis and that discussions with residents and staff take place.

We viewed residents financial records held by the home. These detail transactions for monies spent and entering the home. In addition individual receipts were in place along with records of financial audits undertaken by the registered manager.

Records indicate staff receive regular, formal one to one supervision. In addition to this staff meetings take place on a regular basis.

At the inspection we completed in January 2009 we sampled a number of maintenance records, with these evidencing appropriate checks are being undertaken with regards to gas, electric, water and fire. The timescales for servicing of these facilities are not yet due for renewal and did not require our examination at this inspection.

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

## Helpline:

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