

# **Key inspection report**

**CARE HOMES FOR OLDER PEOPLE**

**Roxburgh House**

**Warwick Road  
Kineton  
Warwickshire  
CV35 0HW**

*Lead Inspector*  
Justine Poulton

*Key Unannounced Inspection*  
1<sup>st</sup> September 2009 09:00

This report is a review of the 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.

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).

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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.

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# SERVICE INFORMATION

<b>Name of service</b>	Roxburgh House
<b>Address</b>	Warwick Road Kineton Warwickshire CV35 0HW
<b>Telephone number</b>	01926 640296
<b>Fax number</b>	0871 9940289
<b>Email address</b>	
<b>Provider Web address</b>	wolston@pinnaclecare.co.uk
<b>Name of registered provider(s)/company (if applicable)</b>	Pinnacle Care Ltd
<b>Name of registered manager (if applicable)</b>	Mrs Shelly Ann Porter-Good
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	36
<b>Category(ies) of registration, with number of places</b>	Dementia (36), Old age, not falling within any other category (36)

# SERVICE INFORMATION

## Conditions of registration:

1. The registered person may provide the following category of service only:  
  
Care Home Only (Code PC)  
  
To service users of the following gender:  
  
Either  
  
Whose primary care needs on admission to the home are within the following categories:  
  
Dementia (DE) 36  
Old age, not falling within any other category (OP) 36
2. The maximum number of service users who can be accommodated is:  
36

**Date of last inspection**      2nd July 2008

## Brief Description of the Service:

Roxburgh House is in Kineton, which is a village on the public transport route to Stratford-upon-Avon and Leamington Spa. The original building dates back over 150 years. Accommodation is provided on two floors and there is a passenger lift. The home has 22 single bedrooms, nine of which have ensuite facilities, and five double rooms, one of which has ensuite facilities. An extension has recently been added but is not in use.

The home has gardens to the front and rear and car parking to the side. It is within easy walking distance of local amenities such as churches, doctors' surgeries, the post office, pubs, banks and shops. The home is registered to provide specialist care to elderly people who have dementia. It does not provide nursing care, but residents have access to the community nursing service, as they would if they were living in their own homes.

The range of fees for this service are available directly from the manager.

# SUMMARY

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

The quality rating for this service is **2 stars**. This means the people who use this service experience **good** quality outcomes.

This inspection was carried out to establish the outcomes for people living in this home, and to confirm whether they are protected from harm. Identified key standards were looked at, along with a review of the organisations progress towards meeting any requirements made at the previous inspection of this service.

The pre fieldwork inspection record was completed, as well as a site visit to the home, during which time staff, people living in the home, relatives, and the manager were spoken with.

A completed annual quality assurance assessment was received from the service prior to the inspection.

Three people were identified for close examination by reading their care plans, risk assessments, daily records and other relevant information. This is part of a process known as 'case tracking' where evidence is matched to outcomes for residents. Records, policies and procedures were examined and the environment was looked at.

## **What the service does well:**

Pre admission assessments completed by the home ensure that they will be able to meet the care and support needs of new residents once they move in.

Care planning documentation is comprehensive and detailed, and also includes pertinent risk assessments. All of this information is reviewed regularly and updated as necessary to ensure that the staff have the most current information to work from. Relatives are also involved in this process if the resident wishes.

Relatives are free to visit the home at any time and are made welcome by friendly and courteous staff.

People are offered activities based on their history of what they like and dislike. Some formal activities are available throughout the course of a month for people to participate in if they wish.

Meals are wholesome, nutritious and tasty, and enjoyed by the residents.

Residents and relatives can be sure that any concerns or complaints that they have will be treated sensitively and resolved as far as possible. The homes policies on complaints and protection from abuse safeguard the residents, as does the homes staff recruitment procedures.

The environment is comfortable, homely, hygienic, clean and tidy, and is appreciated by both residents and visitors alike.

An annual quality survey ensures that residents' views are listened to and kept at the forefront of service delivery.

Health and safety is managed well.

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

The manager and staff have worked hard to address the requirements made at the previous inspection of this home.

- Care plans and risk assessments are now reviewed and amended as necessary on the regular basis
- Offensive odours have been eliminated and staff are quick to respond to anything that could potentially introduce an odour to the home
- The manager ensures that staffing levels are acceptable to meet peoples needs
- Hazardous substances are stored securely
- Fire safety measures have been introduced and safeguard people from any potential fire hazard

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

The home needs to ensure that the system used for transporting medicines from the medication room to residents is safe.

A method of safely securing medicines in the event of an emergency is not available within the current system of transporting medication around the home. This increases the risk of harm to the people who live in the home.

The medicine cupboard must be secured when left unsupervised so that residents are safeguarded and their medicines protected.

A means of ensuring that the kitchen is a safe and hygienic place in which to prepare food at all times would ensure that people are not put at unnecessary risk form harm through poor food hygiene practices.

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 INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

## Choice of Home

### The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

### The Commission considers Standards 3 and 6 the key standards to be inspected.

This is what people staying in this care home experience:

### JUDGEMENT – we looked at outcomes for the following standard(s):

3

People using the 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 residents can be confident that their assessed needs will be met by the home should they decide to move in.

### EVIDENCE:

The care files of three people living in the home were examined to assess the pre admission assessment process. One of these was the most recently admitted person. All three included Pinnacle Care admission assessments, carried out by the manager of the home, personal profiles completed by a family member and a placement agreement between the placing authority, the home and the individual concerned. The assessments were comprehensive and covered essential information.

The home does not provide intermediate care.

# Health and Personal Care

## The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

## The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

This is what people staying in this care home experience:

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

7, 8, 9 and 10

People using the 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 living in this home can be confident that comprehensive, detailed care plans and risk assessments ensure that their well-being and safety is promoted.

The medicine management was overall good but problems still remain transporting the medicines safely throughout the home.

### **EVIDENCE:**

All three people chosen for case tracking purposes had care plans, risk assessments and key support records in place. These were all looked at to determine whether and how their assessed needs were being met. Overall they contained satisfactory levels of information which informed staff about what

support was needed and how they were expected to provide it for people. The care plans covered areas of care and support which included pressure area care; nutritional screening; sensory needs; eating and drinking "Y requires a pureed diet and thickened fluids"; continence care; social, spiritual and cultural needs, " X loves listening to classical music, staff should ensure classic FM is turned on every morning"; mobility and palliative care "at all times staff will handle Y with care, compassion, dignity and respect... staff should communicate with Y in the manner they always have..." .

In addition to the care plans in place each person case tracked also had a number of risk assessments mainly covering their health needs. Current moving and handling assessments were in place, as well as assessments covering medication management, eating, drinking and nutrition, pressure area and skin viability and challenging behaviour amongst others. The information contained within the risk assessments in place was detailed and clearly informed staff of the action to be taken to ensure that the risk was minimised. Records of review dates and any amendments made were also in place, and confirmed that they had all been reviewed within the last six months. Throughout the inspection visit various staff members were observed using moving and handling equipment with people. They all appeared confident and competent in what they were doing, and the residents did not appear distressed in the use of this equipment.

The pharmacist inspection took place on a different day to the main inspection. Three peoples medication, Medicine Administration Record (MAR) charts, care plans and daily records were looked at.

The home still transports medication from the medication room to the person individually. There would be nowhere to secure these medicines if an emergency occurs. We were told that it was company policy that a medicine trolley would not be purchased. Various other options were discussed but the manager felt that a locked medication trolley was the only safe option. This would also have the added benefit of speeding up the whole process, as currently the senior care assistant prepares each persons medicines individually and walks to and from the medication room, which was very time consuming. In addition the large cupboards were not locked during this process, so anyone gaining entry to the medication room would have access to the medicines within.

This results in a high risk to the people who use the service because they cannot be confident that medicines are held safely and securely at all times.

The manager has installed a good system to check the prescriptions before they are dispensed to ensure that the doctor has prescribed what they require for the following month. They also check the medicines received and the MAR chart for any discrepancies'. The quantities of all medicines received into the home are recorded enabling audits to take place to demonstrate that they

have been administered as prescribed. In addition a daily count takes place to ensure that medicines dispensed in traditional boxes and bottles are administered correctly.

Audits indicated that the medicines had been administered as prescribed and records reflected practice. This was commended.

Medicines that had been prescribed on a when required basis had supporting protocols detailing their use. These were easy to read and for staff to understand exactly when they should be administered.

The care plans supported people's clinical conditions. These detailed information, for example, how staff could recognise symptoms when a person suffered from certain clinical conditions and what to do about it. The majority of healthcare professional visits had been recorded. One medicine had been recorded on the MAR chart but there was no record when it had been administered by the district nurse. The manager was taking steps during the inspection to find this information.

All controlled drugs (CD) were stored in a cabinet that complied with current regulations and all balances were correct. Further good practice was seen where the balances on the MAR chart matched those of the CD register. Extra information had also been recorded, for example, the site of a patch to be applied on a regular basis, so reducing the risk of skin irritation.

Comments both by people resident in the home, and visitors spoken to during the course of the inspection visit indicated that they find the staff to be friendly, courteous and kind. Staff were generally seen to approach people in a respectful manner and to be responsive to their requests for support and advice. Staff were seen to knock before entering people's bedrooms and all personal care tasks were carried out behind closed doors indicating a suitable regard for people's privacy and dignity.

One area of poor practice that was observed during the inspection visit was over lunchtime, where a member of staff was seen to be "feeding" two people at the same time, thus not affording them the attention and respect that they deserved. Another was by a member of staff who clearly ignored a request for help from a resident after lunch by saying that she "wasn't on duty yet", and was "going to get a cuppa", leaving the person concerned sat at the dining table, clearly needing assistance. Both of these incidents were discussed with the manager during the visit feedback, and she undertook to address them via individual supervision sessions with the staff concerned.

## Daily Life and Social Activities

### The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

### The Commission considers all of the above key standards to be inspected.

This is what people staying in this care home experience:

### JUDGEMENT – we looked at outcomes for the following standard(s):

12,13,14 and 15

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

A variety of activities are available for people to choose from if they so wish. Peoples' relationships with families and friends are promoted and encouraged and they are made to feel welcome in the home.

People can be confident that a healthy, nutritious diet is provided, however they maybe at potential risk if the hygiene standards of the kitchen are not maintained at an acceptable level.

### EVIDENCE:

The home does not have a formal activities plan in place for the people that live there, as the philosophy of the home is that people are free to make choices about what they want to do and when they want to do it. Any activities that are planned are displayed on the homes notice board, and people can join

in if they so wish. During the morning of the inspection visit there was very little activity going on for people to participate in, however, this changed in the afternoon with a change of staff group, and people were offered manicures, or group interaction with a giant ball, both of which people appeared to enjoy. Planned activities that are available for people to join in if they choose include a monthly reminiscence session, music and movement every Tuesday, a visit by 'Musical Mick' once a fortnight, a weekly visit to the pub for lunch and an occasional visit by a local vicar. One lady spoken with during the visit said "I look forward to my visit to the pub each week", another said "the music sessions are good, I enjoy those". Information provided within the homes AQAA states that "It is difficult to do activities with many of our residents due to the advanced level of their dementia, however we do lots of sensory activities such as hand and foot massages with scented creams or oils". Staff spoken with confirmed that the female residents appear to like this in particular.

Continued contact with families and friends is seen as being of paramount importance for the people living in the home. As such the manager and staff strive to ensure that people are supported with this as they wish. A policy pertaining to contact with family and friends is available, and is provided to families when their relative moves into the home. People are free to receive visitors at any 'reasonable' time, and they can see them in either private or more communal areas as they so choose. One lady was visited by her husband and daughter during the inspection and they chose to sit in the dining area. Another was visited by his wife, and they spent time in his bedroom.

Given the varying levels of dementia experienced by the people living in the home, their abilities to maintain control; and exercise choice are limited, however the staff work hard at ensuring that people are encouraged to do as much for themselves as they are able. Simple choices such as what to have to eat each meal time, how to spend their time and whether to participate in planned activities are encouraged, as are decisions about when to get up or retire to bed, what to wear and whether to have a bath or a shower. Staff spoken with said that encouraging people to make these simple decisions about their daily lives helps provide them with "a sense of purpose which may otherwise be lost because of their dementia."

Information contained within the AQAA states that the "home offers a varied and nutritious diet". Menus rotate over a four week period and are in line with the seasons of the year. It also states that special diets can be catered for such as diabetes, coeliac or vegetarian, and can accommodate specific cultural or religious dietary needs by prior arrangement. Meals are freshly prepared on site and a choice is provided each meal time. Over lunch staff were observed to offer each person a choice of meal by showing them the plated food so that they could choose based on what they could see and smell. Two people spoken with commented that the food was nice, and plentiful; "It's ok here, the food is lovely..."; "the food is nice and very tasty". It was clear that mealtimes are

seen as a time for people to gather socially, and there was plenty of chat and banter going on both between residents and between residents and staff.

The home employs one qualified chef and two cooks who work on a rota basis in the kitchen each week. On the day of the inspection visit the chef was on duty. A cursory inspection of the kitchen found it to be in a poor state of cleanliness. The floors were dirty, the microwave was in need of cleaning, the cooker required cleaning, the windows were wide open with no means of preventing entry by flying insects, subsequently a cricket was hopping around on one of the work surfaces. An open tin of cat food was on one windowsill, and a piece of mouldy fruit was on another. Scrutiny of the kitchen cleaning schedules revealed that they had not been completed for four days including the day of the visit. In addition there was poor food storage in the fridge and the freezers which required addressing. This was all discussed with the manager who undertook to address the state of the kitchen with the chef. We have subsequently been informed that the chef has been disciplined in regards to the above. We contacted environmental health following our inspection visit, who went out along with the health and safety executive. Both of these bodies found the kitchen and food storage to be of an acceptable standard.

# Complaints and Protection

## The intended outcomes for Standards 16 - 18 are:

- 16. Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17. Service users' legal rights are protected.
- 18. Service users are protected from abuse.

## The Commission considers Standards 16 and 18 the key standards to be.

This is what people staying in this care home experience:

## JUDGEMENT – we looked at outcomes for the following standard(s):

16 and 18

People using the 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 people living in this home can be confident that the homes policies on complaints and protection from abuse ensure that their views are listened to and acted upon, and that they are safeguarded from harm.

## EVIDENCE:

The home has a complaints policy and procedure in place, which is available both in the statement of purpose and on the notice board.

A number of people who live in the home were asked if they knew how to make a complaint should they need to. The answers were mixed, ranging from "yes I would speak to the staff", "I am very happy" to "no I don't". One visiting relative was asked if she was aware of the homes complaints procedure. She advised that she was but as yet had not had to use it. There has been one complaint made to the home which was recorded in the complaints log. The records show that the complaint was investigated and appropriately responded to. We have received one complaint about the home since the last inspection, which was referred to the provider for investigation. The local authority have

received concerns about the cleanliness of the home, which they made us aware of, however they have worked with the home separately from us to address the concerns raised.

The home has policies and procedures in place to protect vulnerable adults from abuse. Two staff spoken to during the inspection visit said they had received training in protecting vulnerable adults and would feel confident in recognising any suspicion of abuse and would know who to report any allegations, suspicions or disclosed incidences of abuse to. Staff training records, provided by the manager demonstrate that staff are being provided with this training.

## Environment

### The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

### The Commission considers Standards 19 and 26 the key standards to be inspected.

This is what people staying in this care home experience:

### JUDGEMENT – we looked at outcomes for the following standard(s):

19 and 26

People using the 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 live in clean, comfortable good quality accommodation.

### EVIDENCE:

Roxburgh House is in Kineton, which is a village on the public transport route to Stratford-upon-Avon and Leamington Spa. The original building dates back over 150 years. Accommodation is provided on two floors and there is a passenger lift. The home has 22 single bedrooms, nine of which have ensuite facilities, and five double rooms, one of which has ensuite facilities. An extension has recently been added but is not yet in use.

On the day of this inspection visit the home presented as clean and tidy with no unpleasant odours apparent in the communal areas. One bedroom had a smell of urine, but this was addressed immediately. Since the previous inspection some of the communal areas used for the lounges and dining room have been switched around, to create a large comfortable dining area, and smaller more homely lounge spaces. These areas were comfortable and homely and well used by the people who live in the home. The majority of the bedrooms were looked at and were all clean and comfortably furnished with individuals' personal items, pictures and ornaments in place to help them to feel at home.

As recorded earlier in this report the kitchen was in an unacceptable unhygienic state on this visit, but this has subsequently been addressed.

## Staffing

**The intended outcomes for Standards 27 – 30 are:**

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

**The Commission consider all the above are key standards to be inspected.**

This is what people staying in this care home experience:

**JUDGEMENT – we looked at outcomes for the following standard(s):**

27, 28,28 and 30

People using the 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 people living in this home benefit from sufficient numbers of competent and knowledgeable staff, thus ensuring that their needs are met.

### **EVIDENCE:**

Information contained in the homes completed AQAA says that 16 permanent care workers and five ancillary staff are employed. Of these 13 members of staff have completed an induction programme as recommended by Skills for Care and eight have achieved their NVQ II in Health and Social Care. Duty rosters looked at indicated that the home generally functions with four care staff on duty for the morning and afternoon shifts and two staff overnight. On the odd occasion where this drops to three for whatever reason, the manager is clearly rostered on duty to cover the gap. Staff spoken with confirmed that this is the case.

People spoken with during the inspection said that they find the staff to be "nice and caring", "available when I need someone" and "very good to me". Two relatives spoken with said that they were happy that the staff appeared

very caring, and that their relative was obviously “very comfortable with them”.

Two staff files were checked to determine the robustness of the homes staff recruitment procedures. Both files contained evidence to indicate that Criminal Record Bureau checks are undertaken to ensure that any risks to vulnerable adults is minimised. Each file also contained two written references, identification documents and, where necessary, proof of eligibility to reside and work in the United Kingdom as evidence that the home is seeking information to check that staff are suitable to work at the home.

As well as induction and NVQ training staff are provided with training in the mandatory areas of food hygiene, first aid, fire safety, moving and handling and medication administration. In addition staff are provided with non mandatory training in areas such as health and safety, safeguarding adults, dementia awareness, equality and diversity, dealing with challenging behaviour, deprivation of liberty safeguards, continence training, bereavement training and diabetes care, thus ensuring that the staff team are equipped and able to provide appropriate care and support to the people resident in the home.

# Management and Administration

## The intended outcomes for Standards 31 – 38 are:

31. Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
32. Service users benefit from the ethos, leadership and management approach of the home.
33. The home is run in the best interests of service users.
34. Service users are safeguarded by the accounting and financial procedures of the home.
35. Service users' financial interests are safeguarded.
36. Staff are appropriately supervised.
37. Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
38. The health, safety and welfare of service users and staff are promoted and protected.

## The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

This is what people staying in this care home experience:

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

31, 33, 35 and 38

People using the 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 living in this home benefit from good management systems. Peoples' views are sought via an effective quality monitoring system which ensures that their views are at the forefront of service development. People can be confident that that they are safe via effective health and safety management.

### **EVIDENCE:**

The manager of the home advised in the AQAA that she holds an NVQ IV/Registered Managers Award, certificate and diploma in management/business studies and is working towards a BSc (HONS) in dementia studies, as well as having considerable experience of working within the care sector.

Observations made throughout the inspection visit demonstrated that both staff, residents and visitors to the home appeared at ease with the manager. Staff spoken with said that "the manager is approachable and available when we need to speak to her"; "you can always talk to the manager".

The home operates a quality review process that involves seeking the views of residents, relatives and other key stakeholders. Surveys are sent out and information from the completed ones is then collated in to a report that then generates an action plan for continued development of the home. The annual quality assurance survey was undertaken in July of this year, and the manager was in the process of collating all of the information received. In addition the quality of the service provided is monitored via staff supervisions, staff meetings, monthly visits by the organisations' area manager under regulation 26, regular audits such as medication or health and safety and chatting to the people who live in the home.

The home does not hold responsibility for peoples' finances which is in line with organisational policy. Risk assessments are in place for those people who manage their own monies along with an audit trail to ensure that there is no risk for potential abuse. The majority of people have their finances looked after by a relative or family member however.

Information in the AQAA records that all of the necessary routine health and safety monitoring and checks are in place and up to date. A sample of these which included the landlords' gas certificate, fire alarm testing, hot water testing and lift servicing confirmed this. A health and safety policy is in place, and staff are provided with health and safety training. Cleaning materials are stored safely and associated control of substances hazardous to health (coshh) data sheets are in place, which ensures that everyone that lives in, works in or visits the home can be confident that they are as safe as practicably possible.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	X
3	3
4	X
5	X
6	X

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	3
9	2
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	3
14	3
15	2

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	3
18	3

ENVIRONMENT	
Standard No	Score
19	3
20	X
21	X
22	X
23	X
24	X
25	X
26	2

STAFFING	
Standard No	Score
27	3
28	3
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	3
34	X
35	3
36	X
37	X
38	3

Are there any outstanding requirements from the last inspection? NO

**STATUTORY REQUIREMENTS**

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1	OP9	13(2)	All medicines must be held in a locked facility at all times if left unsupervised.	15/11/09

**RECOMMENDATIONS**

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1	OP9	It is recommended that the MAR chart records exactly when a district nurse is due to visit to administer medication, so staff are aware of all medicines administered.
2	OP9	It is recommended that a risk assessment for the transportation of medicine around the home is undertaken. The outcome of the risk assessment should be used to determine how medicines can be safely transported around the home to guarantee the safety of the people who use the service.
3	OP15	A system for ensuring that the kitchen is maintained in a clean and hygienic manner at all times be introduced.

4	OP15	Food should be stored in line with basic food hygiene principles at all times.
5	OP27	Sufficient numbers of staff should be made available to support residents with their meals, and to ensure they are respected and their dignity is promoted and maintained.

## Care Quality Commission

West Midlands Region  
Citygate  
Gallowgate  
Newcastle Upon Tyne  
NE1 4PA

National Enquiry Line:  
Telephone: 03000 616161  
Email: [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)  
Web: [www.cqc.org.uk](http://www.cqc.org.uk)

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