



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for adults (18-65 years)

Name:	386 Lower Broughton Road
Address:	386 Lower Broughton Road Salford Gtr Manchester M7 2HH

The quality rating for this care home is:

two star good service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	Date:
Kath Oldham	1 5 0 4 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. 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.

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

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	386 Lower Broughton Road
Address:	386 Lower Broughton Road Salford Gtr Manchester M7 2HH
Telephone number:	01617377339
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	Pendleton Care Ltd
Type of registration:	care home
Number of places registered:	3

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	3	0
Additional conditions:		
All service users are aged between 18 - 65 on admission and have a learning disability.		
The maximum number of service users accommodated shall be 3.		
The service should at all times employ a suitably qualified and experienced manager who is registered with the Commission for Social Care Inspection.		
The staffing arrangements in the home must be maintained in line with the minimum levels set out in the guidelines for published by the Residential Forum in `Care Staffing Homes for Younger Adults` .		

Date of last inspection								
Brief description of the care home								
386 Lower Broughton Road is a residential care home offering support to three adults. Two residents were accommodated at the time of the visit. The home is registered to provide care to adults with a learning disability and related autism and provides personal care and support to residents in all aspects of day-to-day life.								
The home is registered in the name of Potens T/A Pendleton Care Ltd. The home is managed by Mr John Russell.								

Brief description of the care home

The property is a large semi-detached building, which blends positively into the residential area of Lower Broughton. The adjoining house is also owned by Potens T/A Pendleton Care Ltd and is a separately registered care home, although the two homes are managed by the same person and do share some resources and activities. The home is within easy reach of shopping areas, such as Salford Precinct, and other community facilities, public houses and local shops. The range of fees is between 1000 and 2241 pounds per week.

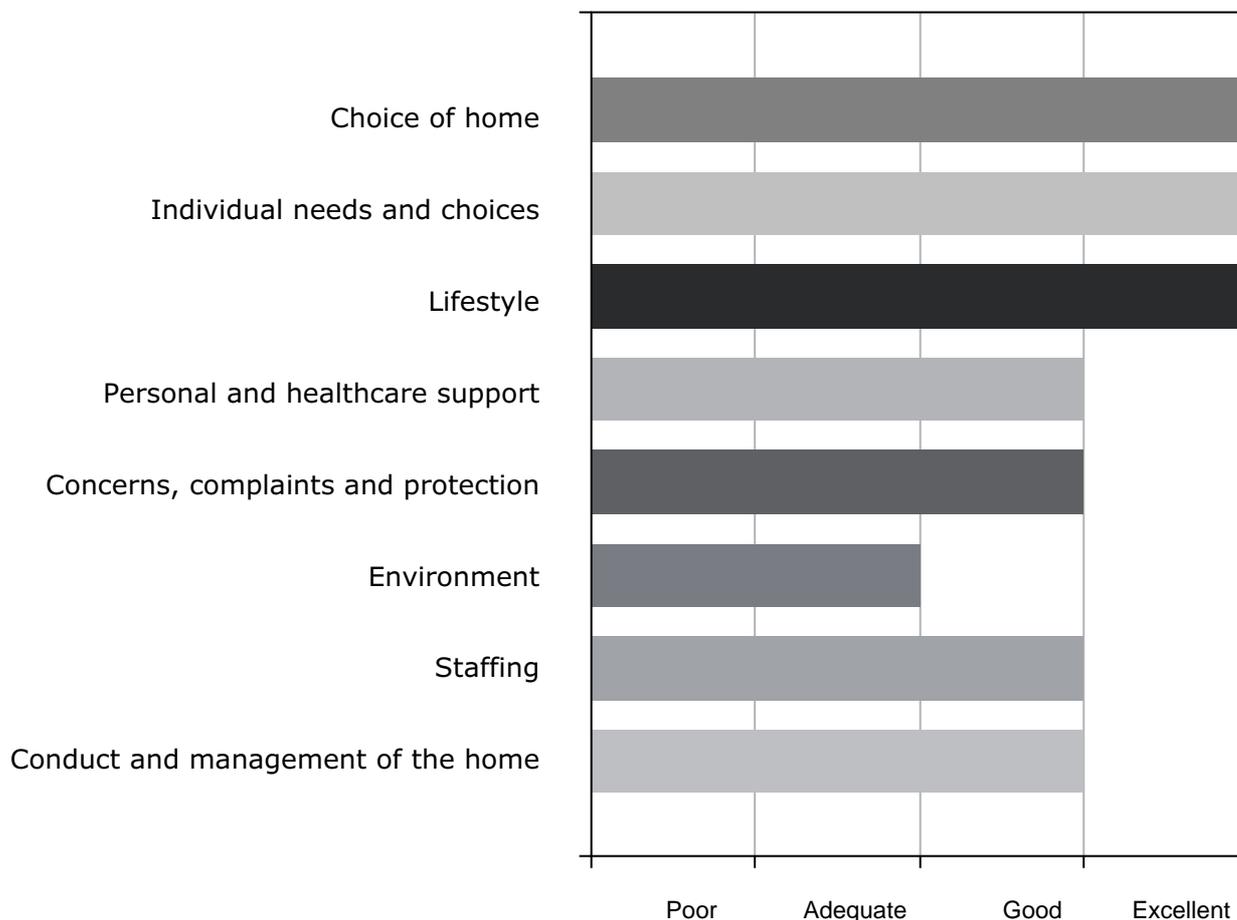
Summary

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:

This visit was unannounced, which means that the manager, staff and residents were not told that we would be visiting, and took place on 15th April 2009 commencing at 8:50am.

The manager was available on the visit. The manager and deputy provided us with a lot of detail, information and support during the visit. The manager has a wealth of knowledge about service users and their needs and support.

The inspection of Lower Broughton Road included a look at all available information received by the Care Quality Commission (CQC) about the service since the last inspection. We also sent the manager a form before this visit for them to complete and

tell us what they thought they did well, and what they need to improve on. We considered the responses and information the manager provided and have referred to this in the report. We call this form the Annual Quality Assurance Assessment (AQAA).

Lower Broughton Road was inspected against key standards that cover the support provided, daily routines and lifestyle, choices, complaints, comfort, how staff are employed and trained, and how the service is managed.

Comment cards were sent prior to the inspection for distribution to people staying and working at the home, the views expressed in returned comment cards and those given directly to the inspector are included in this report.

We got our information at the visit by observing care practices and talking with the manager and staff.

A tour of the home was also undertaken and a sample of care, employment and health and safety records seen.

The main focus of the inspection was to understand how the home was meeting the needs of residents and how well the staff were themselves supported to make sure that they had the skills, training and supervision needed to meet the needs of residents.

The care service provided to two residents were looked at in detail to help form an opinion of the quality of the care provided.

The term preferred by people living at Lower Broughton Road was residents. This term is, therefore, used throughout the report when referring to people living at the home.

A brief explanation of the inspection process was provided to the manager at the beginning of the visit and time was spent at the end of the visit again with the manager to provide verbal feedback.

We have received no complaints about this service or had any safeguarding referrals.

What the care home does well:

There was a relaxed and informal atmosphere, and residents appeared comfortable in their environment. Families spoke highly of the staff team and the way in which they supported their relatives. Staff were observed as they engaged in meaningful conversations with residents and where appropriate they offered support in a sensitive and caring manner.

Encouragement is given to residents to develop and maintain relationships with family and friends and to be involved in the local community. This provides residents with a feeling of self worth and belonging.

There are procedures in place that enable residents, their families and friends to make their views known and there are policies and procedures to protect people from abuse.

What has improved since the last inspection?

The manager is now more actively involved with the assessment process from the initial referral to the prospective resident coming to stay at the home. This enables new residents to recognize someone when they visit the house for a trial visit or when they come to stay. The staff continue to encourage frequent and closer contact with residents families. Especially with families that do not live locally.

The manager and staff have introduced a communication system using photographs so residents without verbal communication can use these to let staff know their needs.

Since our last visit the manager has introduced a medication care plan for each person living at the home. This indicates the medication they take, any side effects and how they like to take their medication. This ensures that residents are supported in their preferred way of taking medication and staff are aware of possible side effects and recognize any symptoms so they can contact the relevant health care professionals when needed.

Staff now meet on a one to one basis with their line manager monthly. This enables them to discuss any training needed and enable them to contribute to their own development.

The manager is now the registered manager of 384 Lower Broughton Road as well as 386 and has been successful in obtaining NVQ 4 course in leadership and management.

What they could do better:

A representative from the company should in line with regulations visit the home once a month and undertake specific tasks to check that the home is being managed appropriately. This is in accordance with the regulations. A report should be made of the visit which is sent to the home and made available to the Commission.

To ensure staff are able to recognise potential abuse and are aware of what to do in this situation, all staff need to be provided with training on the protection of vulnerable adults.

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

Detailed assessments are undertaken before people come into the home and information is provided to people so they can feel confident that their needs can be met.

Evidence:

The care files for two people were looked at in detail. Comprehensive needs based assessments had been undertaken for both residents.

The manager explained that staff would go to see the person to assess what their needs were. In the past the area manager and behavior psychologist who undertake this visit however this is to change for new referrals so the manager goes with the behavior psychotherapist. Following this, the person would visit the home several times with the time spent at the home gradually increasing until they were having meals at the home etc. Staff would also take the prospective new resident out to a range of places in the local area to assess their abilities and care needs in different settings.

Evidence:

The home is very clear about the criteria under which it can admit people to live there and only admits new residents following a thorough assessment

Staff have the skills and knowledge to communicate effectively with residents and adapt how they communicate to suit each residents abilities and needs.

Residents had a contract or terms and conditions of residency. Residents at the home are not able to sign the contract personally. We were told that families and friends had not been willing to sign as there were some anomalies in the terms and conditions that they were not happy to sign up to. The manager said that the new company will be sending out new contracts and it is hoped that the wording within the contract enables people to sign on behalf of service users.

Residents should have a contract so it is clear what the terms and conditions of residency are and that they are provided with some degree of protection.

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.

The home has a plan of care that the person, or someone close to them, has been involved in making. People are supported to make decisions, giving them choice and control in their lives.

Evidence:

Two people's care files were looked at in detail. Both contained comprehensive care plans and risk assessments to address all their identified care needs. The care file also contained key worker information, a person centred plan and a health action plan. There was a lot of information within the care files some of which was duplicated. The manager said that they are continually reviewing the content of the files and will continue to do this so that they are easily used by staff.

The care files and risk assessments contained enough detail and information to provide staff with clear guidance on how to meet individual residents' needs.

Evidence:

Risk assessments are carried out for all activities that are undertaken by the residents. Many of the residents receive one to one supervision as this has been identified as necessary as part of their risk management. Records showed that residents led full and active lives taking part a wide range of activities and social events.

The staff review residents needs on a monthly basis. However some people, need their care reviewed more regularly, for example weekly. A more formal review is undertaken every three months. The three monthly reviews include looking at activities, health, diet, behaviour, education and outstanding issues. The outcome of these reviews are sent to each residents key relative and care manager.

Some of the residents are not able to verbally communicate and a variety of differing communication techniques are used. For example the use of picture boards and observing body language. One resident is able to communicate by placing themselves at different points within the house to communicate their needs. For example standing by the fridge when they want food or drink and pointing to what they want. Relatives are encouraged to contribute to the care plan for those residents who are not able to communicate.

Staff act as advocates for the residents but are aware that residents ideally need independent advocates as well. Some relatives or next of kin undertake this for residents.

Residents independence was promoted and concise and thorough risk assessments were in place to promote and encourage this. Risk assessments included accessing the bathroom and the community and the kitchen and the things that can be done to minimize the identified risks and enable residents to take part in everyday challenges.

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.

People are supported to develop their life skills and a wide range of activities and social events means that residents social and recreational needs are met.

Evidence:

Staff explained that a programme of activity was in place which had been devised to meet the preferences of residents and in accordance with their interests and hobbies. Each resident undertook different activities during the day or week dependent on what they liked to do. Staff make sure that the residents know about social events being held and support residents to go to these events if they are interested or want to go.

A pathway to independence is in place which is supported by "session plans" which detail a residents progress in completing tasks independently. These daily activities include personal care and daily living skills.

Evidence:

We were told that residents routinely have a holiday each year which has been traditionally to Pontins and such like. Plans are that individual holidays will be arranged for residents so they can go somewhere which is right for them as an individual.

Examination of the menu showed that a varied range of meals was offered in keeping with residents tastes and age. A record is kept of what individuals have eaten and support is provided to residents to assist them eat a healthy diet. This enables if needed for people such as dietitians to look at what a person has eaten to check that they are having all the nutrition that they need.

Residents likes and dislikes are known by the staff team. We were told that family contact and support is encouraged and supported so residents can go to see their relatives. One resident went to visit a relative a couple of times a week and the relative came also to visit the home to see them.

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

The health and personal care that people receive is based on their individual needs. The principles of respect, dignity and privacy are put into practice so people living at the home can be confident they will be well cared for.

Evidence:

Residents have an individual health action plan which details their needs and choices. Every three months a health check is completed. This includes reviewing residents health needs in relation to medication, body weight and diet. All residents attend a three month review with a psychiatrist and any other health care professional are included in the review dependent on their involvement with the individual. We looked at the medication records which are used to record when residents have received their prescribed medication. In the main the records were completed as they should be on two occasions one of the residents medication was not recorded as administered and no explanation was indicated as why this was. We were told that when ever practicable two staff administer medication and check one another so they can be confident that residents get the right medication when they should . This is very good practice. There are occasions when this is not practicable as one of the staff members may be busy

Evidence:

with other residents or may be out with residents. But when they can two staff do sign. We saw that on most of the medication records two staff had signed.

We were told that for one person there medication was to be administered when it was needed. The medication records did not have this printed on the medication records as it should be. The manager needs to talk further with the residents doctor to ensure that if this is how the medication should be prescribed then this is clearly printed on the medication records.

Medication is sometimes prescribed after the medication records have been printed by the pharmacist. This is perhaps when the residents has been to the doctors when not well or if something hasn't been printed on the record by the pharmacist.

Best practice indicates that handwritten medication should be signed as being verified by a second member of staff to ensure the accuracy of the detail. The medication records were not signed or verified by two people, as is best practice. This would make sure that the entries have been written correctly and offer an additional safeguard to people living at the home.

The medication administration records for several people were examined and had in the main been completed properly in accordance with procedures.

Staff were observed to be reassuring and respectful towards residents and to take the time to explain their actions resulting in reduced anxiety for residents.

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.

Complaints procedures ensure residents or their representatives have a means to raise views about the service they receive. Adult protection training needs to be arranged for all staff.

Evidence:

Two staff said they knew what to do if a service user or relative, advocate or friend has concerns about the home.

There have been no complaints from residents their family, friends or staff since the last inspection. We were told that residents or their families are able to identify any comments or complaints as they happen. A record could be made of these comments raised. This would be beneficial to the manager to further demonstrate that they take on board all comments and compliments and it will also help them to see at a glance if there are any patterns to the comments that might need further investigation or changes to practice or routines.

The home has received some comments from a neighbour in relation to noise levels in the garden during the day in the summer months on 2008.

Discussions and training records did not confirm that all staff had attended training in adult protection. Some staff have taken part in training seminars in the definitions of

Evidence:

abuse and how to identify abuse. The remainder of the staff team need the training to ensure they are able to recognize potential abuse and know what to do if abuse is 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 **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The standards of cleanliness was good providing residents with a clean place to live. The lack of replacement of the furniture and furnishings and the omission of regular redecoration does not promote the respect of residents.

Evidence:

The home is a large semi detached building with its own grounds. The adjoining property is also a care home which is owned by the same people (Potens T/A Pendleton Care Limited) and both are managed by John Russell. Accommodation is provided on three floors. All bedrooms are single. The home does not have a passenger lift.

During this visit we had a look around the building. This included communal areas and a selection of residents bedrooms.

There was evidence that a number of residents had chosen and had been supported to personalise their rooms with their own belongings reflecting their tastes and interests. One residents bedroom carpet was stained and needed replacement. We were told that one resident has had a new bed which offered them more comfort and support.

Evidence:

We noticed that there were no plugs in the sink in the bathroom. This does not enable people to wash independently. We were told that a previous resident had flooded a bathroom in the past. This may be the case however peoples independence and respect should not be compromised because of this. There was no suggestion that there were plugs somewhere which were used to support residents to wash in the sink.

The doors to all the rooms in the house are fire doors. This is how it should be. These doors are designed to, in an emergency situation act as a barrier in the event of fire. So they need to be kept closed. Some doors in the house are held or wedged open and would not act as a barrier in the event of such an emergency. We accept that some people may want them open to support their mobility or well being. The manager needs to undertake a risk assessment and also take advice from the Fire Authority about this practice and routine to ensure the health and safety of residents and staff is safeguarded. This needs to be done quickly so as not to increase the risks to residents and staff. One bedroom door had its locking mechanism missing leaving a hole in the door. This makes this fire door inoperable.

A number of the doors in the house would not close sufficiently into the door rebate to act as a barrier in the event of fire. The manager needs to get all the fire doors checked and adjusted or refitted so that they close from any angle and act as a barrier in the event of fire. This then needs to be undertaken regularly when checking the fire safety practices so that they can be identified and remedied sooner.

We were told by the manager that they have in recent days been allocated a budget for the replacement of furniture and fittings and staff were starting to put together a list of the furniture and furnishings that are needed in each of the two houses. An additional budget for carpets and decoration has also been allocated to the two property's. Which should address the current shortfalls in the homes appearance.

The appearance of the house suggests that it hasn't had any money spent on furniture and fittings for a long time. Second hand furniture has been obtained through contacts staff have had. The sofas being one piece of furniture. The sofas were showing signs of wear and tear. The laminate flooring in the lounge was coming away from its self which could result in someone having a fall or tripping.

The conservatory is used as the dining room. There was an old sofa in the conservatory which looked as though it was discarded. We were told that one resident enjoys sitting in the conservatory. The dining table is another piece of furniture donated by someone who was replacing theres at home. We were told it was better than the dining furniture they had previously.

Evidence:

The kitchen worktops, some of which have been covered with formica, in an effort to improve their appearance are scuffed and scratched which could increase the risk of infection. The kitchen units looked like they were needing replacement.

There was a sensory room within the house which is no longer used for this purpose. The decoration in this room has been spoiled when pictures and fittings were taken down.

The paint on the shower room wall was peeling off. We reported this on the last visit and we were told by the manager that the shower room had been repainted since then, but, the same thing has happened again. The source of the problem needs to be found and rectified.

We identified on our last visit that the carpet on the stairs and ground floor was worn and residents or staff could have tripped. The manager told us that the carpets had been replaced on the stairs with carpet from the lounge as it matched and new carpet had been bought for the lounge.

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

Residents were protected by training arranged by the home. People receive care and support from staff who have the skills to support them correctly.

Evidence:

Two staff said they felt that they had the right support, experience and knowledge to meet the different needs of people who use the service in relation to disability, age, race and sexual orientation. One staff said the induction "mostly" covered everything they needed to know to do the job when they started. Another staff responded, "very well" to the same question.

Examination of three staff files identified that they had been part of a recruitment and selection procedure, that ensured they had the necessary skills and knowledge to perform their role. All the information and documents required to confirm their suitability was available.

The manager said that previously he hadn't been involved in the recruitment of staff and this was arranged by head office. Since the new ownership of the home any new recruitment will be undertaken by the manager and deputy.

Evidence:

Examination of the staff duty roster identified that there were sufficient staff on duty to meet the needs of residents. The skills of the staff team ensures that they are able to communicate and understand residents and their ways of communication.

Staff were reported to meet with their line manager regularly to discuss their practice, identify any training needs and to develop the service provided at the home.

Induction training is undertaken with all new staff. Some staff have not had updates to their mandatory training. The training provided to staff needs to be arranged in a timely manner to ensure staff have the skills they need to support service users. Staff receive physical interaction training. The documents we saw on the visit said that staff have updates to this training annually. When we looked at the training records it identified that six staff hadn't been recorded as having had the training and 3 had received this in 2006 or 2007.

In the AQAA the manager confirmed that 12 of the 14 staff employed between the two homes had obtained NVQ Level 2 or above in care. This exceeds the standards of a minimum of 50%.

Staff were, mainly, satisfied with the training made available. They said, " there are many learning opportunities given, we get encouragement to start and complete training ".

Staff were enthusiastic about working at the home. One person said , "I enjoy it, you can always go to the manager and he takes on board suggestions." " There's normally good training and also a supervision period for any new skills".

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

The management of the home is based on openness and respect. This ensures that the home is run in the best interests of the people who live there.

Evidence:

The manager supports staff and there was evidence of an ongoing supervision programme for staff. This ensures that senior staff monitor the performance of staff and any training needs are identified. The sample of staff files looked at provided evidence that staff received supervision and appraisals, which looked at staff performance in delivering care and identified any training needs.

The homes certificates of registration and public liability insurance were available for examination. These were up to date.

A representative from the company should in line with Regulations visit the home once a month and undertake specific tasks to check that the home is being managed appropriately. This is in accordance with the Regulations. A report should be made of

Evidence:

the visit which is sent to the home and made available to the Commission. These visits have not always taken place or a report received by the manager.

We were told the fire risk assessment had been reviewed and updated to reflect the development of the home and the changes made to fire safety. Fire equipment had been regularly maintained and we were told all staff had received fire drill practice training.

The checks to the fire alarm system had been recorded as having been undertaken. These checks are completed weekly to make sure if an emergency occurs staff are alerted by the fire alarm. These checks are recorded as having taken place at the regularity prescribed by the fire authority.

Staff were recorded as having attended fire training and updates to this training. This is necessary to ensure staff are aware of what to do in an emergency situation. Staff need to be confident in what they do in an emergency and this training provided to staff supports this.

Staff meetings are arranged which provides staff with an opportunity to influence how the home is run and contribute to its effectiveness.

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
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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
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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
1	24	23	<p>Replace the sofas in the conservatory and in the lounge.</p> <p>Replace the dining table and chairs</p> <p>Provide residents with furniture and fittings within their rooms which is fit for purpose, provides them with comfort and promotes respect for them as individuals.</p> <p>Redecorate the house promoting residents respect and individuality and self worth.</p> <p>Repair or replace the kitchen ensuring that the risk of infection is minimized.</p> <p>To promote the respect comfort and safety of residents.</p>	01/06/2009
2	24	23	<p>The manager needs to get all the fire doors checked and adjusted or refitted so that they close from any</p>	01/06/2009

			angle and act as a barrier in the event of fire. To promote the safety of residents and staff	
3	38	26	A representative from the company should in line with Regulations visit the home once a month and undertake specific tasks to check that the home is being managed appropriately This is in accordance with the Regulations A report should be made of the visit which is sent to the home and made available to the Commission In line with regulations and to ensure the home is being managed appropriately and residents are looked after properly.	31/05/2009

Recommendations

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

No.	Refer to Standard	Good Practice Recommendations
1	23	To ensure staff are able to recognize potential abuse and are aware of what to do in this situation all staff need to be provided with training on the protection of vulnerable adults
2	24	So it clear that all areas that do need repair or replacement of furniture, furnishings, carpeting and decoration are identified.The manager must provide to the Commission an action plan detailing all the planned work included in the refurbishment including timescales for completion.
3	35	The manager needs to arrange for all staff to attend training in, food hygiene, protection of vulnerable adults, moving and handling, first aid and physical interaction training annually to ensure they are updated in practice and knowledge.

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