

Key inspection report

Care homes for older people

Name:	Hampden Hall Care Centre
Address:	Tamarisk Way Weston Turville Aylesbury Buckinghamshire HP22 5ZB

The quality rating for this care home is:	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.

Lead inspector:	Date:
Joan Browne	0 9 1 2 2 0 0 9

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

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

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

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

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

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

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

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

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

Reader Information

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Information about the care home

Name of care home:	Hampden Hall Care Centre
Address:	Tamarisk Way Weston Turville Aylesbury Buckinghamshire HP22 5ZB
Telephone number:	01296616600
Fax number:	
Email address:	lazarus@westgatehc.co.uk
Provider web address:	

Name of registered provider(s):	Westgate Healthcare Ltd
Name of registered manager (if applicable)	
Type of registration:	care home
Number of places registered:	120

Conditions of registration:								
Category(ies) :	Number of places (if applicable):							
	Under 65	Over 65						
dementia	0	40						
old age, not falling within any other category	0	40						
physical disability	0	40						
Additional conditions:								
Date of last inspection	0	5	0	3	2	0	0	9

Brief description of the care home
Hampden Hall Care Centre is a purpose built nursing home, registered to provide nursing care for up to 120 service users within the category of elderly frail, physically disabled and dementia.
The home is owned and managed by Westgate Healthcare Ltd. Accommodation is provided in single rooms. Each room has its own en-suite facility and is fitted with television and telephone points. Internet access is available if requested. The home is divided into three units, each with its own sitting room, dining room and kitchenette. There are safe accessible gardens including a sensory garden to the rear of the property and car parking to the front.

Brief description of the care home

The home is situated in a residential area of Weston Turville approximately 1.8 miles from Aylesbury town centre and has good commuter links.

Service users are registered with a general (GP) practitioner practice and all have access to local national health services through GP referrals.

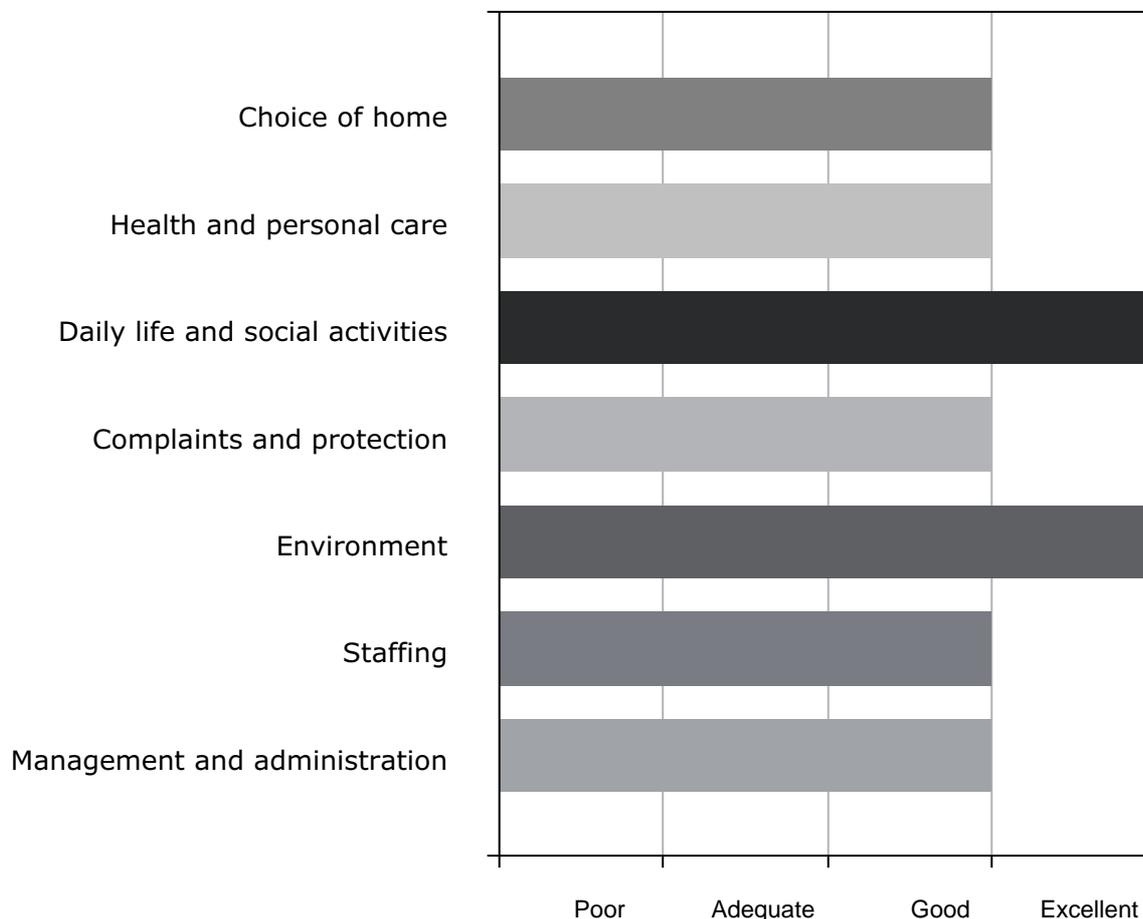
Summary

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 unannounced key inspection was carried out on the 9 December 2009 and covered all of the key National Minimum Standards for older people. The inspection lasted for approximately nine hours, commencing at 09:30 am and concluding at 18:30 pm. The last key inspection on this service was completed on 5 March 2009.

Prior to the inspection a detailed self assessment questionnaire known as the annual quality assurance assessment (AQAA) was sent to the manager for completion and surveys were sent to service users, staff and visiting professionals. The AQAA was returned by the due date and contained detailed information demonstrating how the home had listened to service users and their relatives and recognising the areas that it still needs to improve in and how it was planning to do this. Ten service users, fourteen staff members and a health care professional completed surveys and their replies have helped to form judgments about the service. The manager, deputy manager, staff members, service users and four relatives were also involved in the inspection process.

and their responses and views of the home have been incorporated into the report. Further information was gained by observing staff's practice, examination of care plan documentation, staff's records, health and safety records and a tour of the premises.

Feedback was given to the home's director, manager and deputy manager on the inspection findings. There were no requirements made on this visit.

We (the Commission) would like to thank service users, relatives and staff who made the visit so productive and pleasant on the day.

What the care home does well:

Service users said that the 'home was warm and welcoming.'

Service users said that 'staff were polite, kind, cheerful and respected their privacy and dignity.'

Before agreeing admission the home carefully considers the needs of the prospective service user and its capacity to meet their diverse needs. Prospective service users and their families are encouraged to visit and get familiar with the home and its surroundings.

The home provides a range of activities to enable service users to enjoy a full and stimulating lifestyle.

The home provides a safe and comfortable environment for service users to live which is able to meet their changing and diverse needs.

The home's recruitment is robust to ensure that only staff that are suitable to work with vulnerable people are appointed.

What has improved since the last inspection?

The food menu has improved to ensure that more choices are provided. A second chef has been employed and there is now adequate cover in the kitchen throughout the day.

Three activity personnel are now employed and the activity programme has increased to ensure that more outings are provided to meet service users' interests.

The care planning system has improved to ensure that staff are provided with adequate information to satisfactorily meet service users' needs. The medication system has improved to ensure that medicines are given safely and correctly and staff preserve service users' dignity and privacy when administering their medication.

The home has made arrangements with a local general practitioner (GP) surgery who visits the home twice weekly thus ensuring continuity of care.

Boosters have been added around the building to improve the cordless telephone system in the home which enables service users to receive calls from relatives without interference. A new computer for the nurse call system has been purchased to monitor and ensure that call bells are answered promptly.

The home has appointed a new manager and deputy manager to ensure that the service delivery is consistent and the home is run effectively in the best interests of service users.

What they could do better:

The manager is aware of areas in the home that need improving. Consideration must be made for a separate account to be maintained for service users' funds which should be separate from the home's general account. A record must be maintained of all fire drills carried out in the home to ensure that best practice guidance is complied with.

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

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

Details of our findings

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Requirements and recommendations from this inspection

Choice of home

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Service users' needs and wishes are assessed before they move to the home. This is to ensure that their diverse needs can be met.

Evidence:

The care files of seven service users were examined. All had been visited by the manager or deputy manager before they moved to the home and a comprehensive assessment of their care needs and wishes had been undertaken. This formed the basis of their initial care plan which was developed when they moved to the home. Three family members and one service user were asked about their experience when they moved to the home. They all said that they had visited the home before their family member moved in. One relative said that they had visited the home without making an appointment. They all confirmed that they had been made to feel welcome, shown around and had been given written information about the home. They said that the staff had been welcoming and had tried to make the transition from home or hospital to the care home as easy as possible. One said her husband's named nurse

Evidence:

had been 'very supportive' and another person said that 'staff responded quickly to any issues that were raised in the early days'.

The home does not provide intermediate care.

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.

Service users' diverse personal, health and medication needs are met in a manner which protects their dignity and maintains their wellbeing.

Evidence:

The care of six service users was followed through. All had care plans which had been updated regularly. Evidence seen indicated that the service users and family members were involved in the development of the care plan. Individuals' diverse health care needs were recognised and recorded. Family members were involved in the development of the care plan and individuals' diverse health care needs were recognised and recorded.

Individuals at risk of developing pressure damage had been identified. The care of two service users who had developed pressure damage before they moved to the home was looked at. They had detailed care plans and were assessed by the specialist nurse. The records indicated that the pressure damage was healing. The appropriate mattresses and chair cushions to prevent deterioration were provided. Individuals at

Evidence:

risk of becoming malnourished was assessed using a recognised tool and a care plan was developed. The tool was not always completed in full. It was noted that one care plan had not been updated following a visit from the dietician and there was a change in the specialist feed for this particular individual. Care staff however, were aware of the change and the service user's fluid and food record showed that the dietician's advice had been followed. Service users' weights were monitored carefully. It was noted that none of the service users whose care was followed through had lost a significant amount of weight.

At the previous inspection a requirement was made for service users with challenging behaviour to have a care plan in place detailing how needs should be met. It was noted that some service users may behave unpredictably due to their dementia. This was recorded and monitored. Any identified risks were supported with a plan detailing how risks should be managed. Records were kept of any unpredictable behaviour and the triggers which may precipitate it.

The care files demonstrated that service users see a general practitioner and other members of the local primary health care team regularly and are supported to visit hospital outpatient departments when necessary.

Service users are supported to maintain their personal hygiene and to wear clothing of their choice. Staff spoke to individuals politely and gently. They were not seen to hurry them and gave them time to express themselves. No one was restrained and everyone was able to move about the home and to go into the garden if they wished. Care staff said all personal care is given in service users' rooms.

Service users and visitors spoken to were complimentary about the care provision. The following comments were noted: "We have been very happy with the care offered". "The care staff are very helpful and kind". "I have been contacted regularly if my husband needs anything". "My mother moved from another care home which was not meeting her needs, she is much happier and staff have supported both of us".

There are medication policies and procedures in place and the staff spoken to were aware of these. The storage facilities were satisfactory. Controlled medication was stored and recorded correctly. Records are kept of medication delivered and disposed of by the home. Service users' individual medication administration records were completed in full and appropriate steps were taken to ensure that supplies were received regularly. None of the service users on the day of the visit were managing their medication. The home has policies and procedures in place to support service users if they wish to manage their medication. The staff spoken to said that

Evidence:

medication was never given covertly. If a service user did not wish to take their medication, this would be recorded. If the medication was essential and the individual lacked capacity, the doctor and family would be told and a way forward agreed.

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 **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 an activity programme in place which means that individualised and meaningful activities are provided to service users. Meals provided are of a high standard and served in pleasing surroundings.

Evidence:

The home employs three activity co-ordinators to manage the activity programme. The weekly activity programme was displayed in each unit to enable service users and their relatives to be aware of what was on offer. We were told that service users and their relatives were involved in planning the activity programme based on individuals' assessed needs, preferences and cultural beliefs. Activities provided included board games, various crafts, bingo and reminiscence therapy. We were told that one to one activities are provided to those service users who were not able to participate in group activities. There is a sensory room and a licensed cinema room with a loop system for the hearing impaired. There is also a sensory garden with raised flower beds and a water feature. We were told during the summer months those service users with an interest in gardening had planted tomatoes, runner beans and flowers with staff support. Outside entertainers visit the home at least monthly to entertain service users. Regular outings to garden centres and the local museums are arranged. A hairdresser visits the home twice weekly for a small fee and on the day of the

Evidence:

inspection she was visiting. Church services are arranged on a monthly basis to enable those service users who wish to promote their spiritual needs to do so. Staff and service users spoken to confirmed that the home always arrange activities. A respondent to the Commission's survey said that 'the home provides a variety of activities and quizzes.'

The home does not have any restrictions on visiting. Family and friends can visit at any time and there are tea making facilities for visitors to make drinks. Service users can entertain their visitors in their bedrooms in private or in the spacious communal areas of the home. Visitors spoken to during the inspection confirmed that the home's staff 'always' make them feel welcome and provide them with refreshments.

Service users spoken to said that they choose their own clothes. On the day of the inspection all service users were dressed appropriately for the weather with attention to detail. The manager informed that service users are made aware of their entitlement to bring personal possessions with them if they wished to. There were no service users on the day of the visit using the services of an advocate.

The home operates a four week menu and there is a choice of continental or English breakfast daily. Special diets can be catered for if required. Three meals are provided daily and hot and cold drinks and snacks are available at regular intervals. We noted that fresh fruits and chocolates were provided to service users on the ground floor mid-morning as a snack. The lunch menu consisted of a starter two choices of main course and dessert. The AQAA stated that the menus had been revised to provide more choices and a second chef had been employed to ensure that there was adequate cover in the kitchen throughout the day. Service users have a choice of a hot meal or sandwiches at supper time if they wished to.

Lunch was observed on the two units. We observed fruit juices and tea and coffee were provided to service users. Staff were sensitive to the needs of those service users who had difficulty with eating and provided assistance. However, more attention was needed to some service users on the ground floor. This was discussed with the manager during the inspection. A relative spoken to said that the meals provided were of a high standard. Service users spoken to said that 'they enjoyed their meals'.

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.

The home has a complaints and safeguarding policy in place. This should ensure that service users would be confident that their complaints would be investigated and they would be protected from any potential risk of harm or abuse.

Evidence:

A copy of the home's complaints procedure was displayed in the home and in service users' bedrooms. Seven service users who responded to the Commission's survey said that they were aware of how to make a complaint. However, four said that they were not aware. We noted that there were eight complaints recorded in the complaints folder, which included details of the investigation and actions taken. Visitors spoken to during the inspection said that they were aware of the home's complaints procedure and were confident if they had to raise a concern it would be looked into and action taken to put things right.

The home has a safeguarding of vulnerable adult policy which incorporates Bucks County Council's safeguarding protocol. At the previous key inspection a requirement was made to ensure that all staff undertake training in the safeguarding of vulnerable adults. The manager confirmed that all staff had undertaken safeguarding of vulnerable adult training. Arrangements were in place for a further four staff to attend a second training session. Staff spoken to on the day of the inspection said that they had undertaken training in the safeguarding of vulnerable adults. The manager said

Evidence:

that twelve safeguarding referrals had been made to Social Services who take the lead on safeguarding matters. Records seen supported this statement. Four referrals were investigated. The Commission had been notified by the service about the referrals. A discussion was held with the manager regarding a delay by staff to report a potential safeguarding incident. The manager reassured us that corrective action had been put in place to prevent the incident happening again.

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

The physical design and layout of the home is of a high standard and well maintained. This means that service users live in a home that is safe and able to meet their changing and diverse needs.

Evidence:

The home is purpose built and is suitable for its stated purpose and meets service users' individual and collective needs. The building complies fully with the requirements of the local fire service and environmental health department. It is situated on three floors and access to floors is via the stairs or two passenger lifts. One of the lifts is large enough to fit a bed or ambulance trolley. There is a selection of communal areas on each floor where service users can sit quietly if they wish to. Lounges are equipped with a television set, radio and CD player. There is suitable protection for the part of the home on the ground floor that is used for service users diagnosed with dementia. The manager and staff encourage service users to see the home as their own home. It presents as a comfortable attractive home, which has all the specialist adaptations needed to meet service users' diverse needs. There is an enclosed sensory garden accessible to all service users including wheelchair users. All the bedrooms are single occupancy with en suite facility and are fitted with television and telephone points. Internet facility is available in rooms if requested. It was noted that service users were able to personalise their bedrooms with family photographs and paintings on the wall. The AQAA informed that the call bell system was linked to a

Evidence:

computer which is used to monitor response times. We observed that call bells were left within reach of service users. A respondent to the Commission's survey said that staff responded quickly to the call bells in bedrooms but not in the lounges. Service users who responded to the Commission's survey said that the home was 'always' or 'usually' fresh and clean. The home provides separate staff changing rooms and shower facilities for male and female staff. Communal bathrooms and toilets were fitted with hoists and grab rails to promote independence and to ensure that service users' dignity is upheld. The height of the windows in bedrooms enables service users to see out of them when seated or in bed.

The home was clean, pleasant, hygienic and free from odours. Antiseptic hand gel solutions were situated discretely in areas of the home for staff and relatives to use to minimise the risk of cross infection. The laundry area which is situated away from where food is stored and prepared was clean and tidy and fitted with driers and washing machines with the specified programming ability to meet disinfection standards. The training matrix reflected that staff had undertaken updated training in infection control which was ongoing. We were told that service users who required hoisting were issued with their individual slings. However, some staff were observed using shared slings when transferring service users from armchairs to wheelchairs to the dining table at lunchtime. This practice must be reviewed to ensure consistency in staff's practice and to minimise the risk of cross infection.

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.

The home has a training programme. This means that staff receive relevant training which is focused on delivering improved outcomes for service users.

Evidence:

The home employs a multi-cultural staff team to meet service users' diverse needs. The manager said that he aimed to have eleven members of staff on duty on the ground floor and ten on the first floor. This number includes two registered nurses on each floor. Additional staff were on duty on the day of the unannounced visit to the home as several service users had hospital appointments and staff escorted them. It was noted that some staff were working five long days from 08:00 am to 20:00 pm. A discussion was held with the manager regarding the excessive hours staff were working. The manager reassured us that the reason why staff were working these excessive hours was to cover for annual leave because staff were expected to take their leave by the end of the financial year which was 31 December 2009. The new rota that was made available for the inspection purpose demonstrated staff rostered to work their normal shift patterns, which was three long days. We were told that some staff had opt out of the 48 hour working week limits as per the working time directive and were actively discouraged from working in excess of 48 hours per week under normal circumstances. Staff spoken to said that they enjoyed working at the home and felt supported and valued by the manager. Those staff who responded to the Commission's survey said that they were provided with relevant and up to date

Evidence:

training to help them understand and meet the needs of service users. The following additional comments were noted: "I enjoy working at Hampden Hall". "We provide a high standard of care to the residents." "Hampden Hall Centre is an excellent home."

Over 50% of care staff have attained the national vocational qualification (NVQ) at level 2. We were told that a number of staff from overseas who are trained nurses were currently studying NVQ level 3 and 4.

The recruitment files of four members of staff who had been recruited since the last inspection were examined. All contained application forms, evidence of the staff member's identity and a photograph. Interview records had been kept and gaps in employment history explored. A Criminal Record Bureau disclosure and two references had been received before the staff member commenced work. There was evidence in the files that an induction programme had been started and completed. Staff were supported through regular supervision and one had had a formal appraisal.

The training matrix reflected that all staff had undertaken mandatory training which was ongoing. It was noted that a considerable number of staff had not been provided with mental capacity act training and deprivation of liberty safeguarding (DOLS) training. It is acknowledged that the AQAA has identified this shortfall as an area that the home could do better in. The manager is advised to ensure that arrangements are made for training to be provided to all staff. The AQAA stated that the home had been selected by Bucks County Council to work with them on a dementia training pilot scheme. This means that staff would be provided with dementia training which should improve outcomes for service users.

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.

The home has developed a quality assurance and monitoring system to ensure that it is run efficiently and effectively and to improve outcomes for service users.

Evidence:

The manager is a registered general and mental health nurse and holds the registered manager's awards certificate. He has a diploma certificate in marketing and four years managerial experience working in large care homes. The manager has commenced the registration process with the Commission. He updates his knowledge and skills by undertaking periodic training and reading nursing journals. He confirmed that his job description enables him to take responsibility for fulfilling his duties and there were clear lines of accountability within the home. The manager reports to the Director of the organisation and is supported by a deputy manager, registered nurses, care and support staff. In discussion with the manager it was evident both the manager and the deputy manager were knowledgeable about the care needs of the service users and the training needs of the staff. Staff spoken to on the day of the inspection said that the manager was approachable and supportive.

Evidence:

The AQAA informed that regular staff, service users and daily heads of department meetings were held. An open and honest approach to all aspects of the running of the centre is encouraged allowing all involved to feel that concerns can be openly discussed and appropriate actions taken. Staff spoken to substantiated this statement and said that they are given the opportunity to raise concerns and make suggestions. Minutes of meetings held were made available for the inspection process. There is a suggestion box in the home for staff and relatives to volunteer suggestions on how the service could be improved. We were told that user satisfaction questionnaires were sent to service users, relatives and stakeholders to determine where changes needed to be made. The home has developed a business contingency plan covering any eventuality. The manager has developed his own monitoring processes to ensure the efficient running of the home and effective outcomes for service users. The information in the AQAA was clear, relevant and supported by a wide range of evidence. It informed us about changes the home have made and where there still need to make improvements

We were told that the home does not manage service users' money on their behalf. They or their families may leave money for safe storage in the home. This is banked in a general account and money is made available through a petty cash system to cover small purchases which are made on their behalf. Receipts are given and a record of individual transactions is kept and available for service users and their families. The manager was advised to have a separate account maintained for service users' funds which is separate from the home's general account.

The main kitchen and kitchenettes on the unit were clean, tidy and satisfactorily maintained. The training matrix reflected that staff had undertaken training in food handling and hygiene. The AQAA informed that the maintenance of equipment was up to date. A sample of records relating to health and safety were examined and found overall to be satisfactory. However, the record relating to fire drills was not accessible. The manager must make sure that a record is maintained of all fire drills carried out in the home. This is to ensure that best practice guidance is complied with.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

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

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action

Recommendations

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

No	Refer to Standard	Good Practice Recommendations

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