



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for adults (18-65 years)

Name:	Limber Oak
Address:	Crookham Common Nr Newbury Berkshire RG19 8DH

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, 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:
Stephen Webb	2 6 0 2 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

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- 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

Document Purpose	Inspection report
Author	CSCI
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Limber Oak
Address:	Crookham Common Nr Newbury Berkshire RG19 8DH
Telephone number:	01635871213
Fax number:	01635871213
Email address:	mary.eales@btconnect.com
Provider web address:	

Name of registered provider(s):	Mrs Pamela Mary Eales
Name of registered manager (if applicable):	The registered provider is responsible for running the service
Type of registration:	care home
Number of places registered:	7

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	7	0
Additional conditions:		
The maximum number of service users who can be accommodated is: 7		
The registered person may provide the following category/ies of service only: Care home only - PC to service users of the following gender: Either whose primary care needs on admission to the home are within the following categories: Learning disability - LD		

Date of last inspection								
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Brief description of the care home
Limber Oak is registered to provide accommodation and care for up to seven Service users who are aged between eighteen and sixty-five years and have a learning disability and some associated physical disability.
Limber Oak is a privately owned spacious split-level bungalow. The home is situated in an unnamed country lane that has no through traffic. The grounds are extensive and include an orchard and an area of woodland. The property is not sign- posted on the main road and is difficult to find. The amenities of Thatcham and Newbury are a few

Brief description of the care home

miles away; there is a public house within walking distance. There is a bus service from the main road.

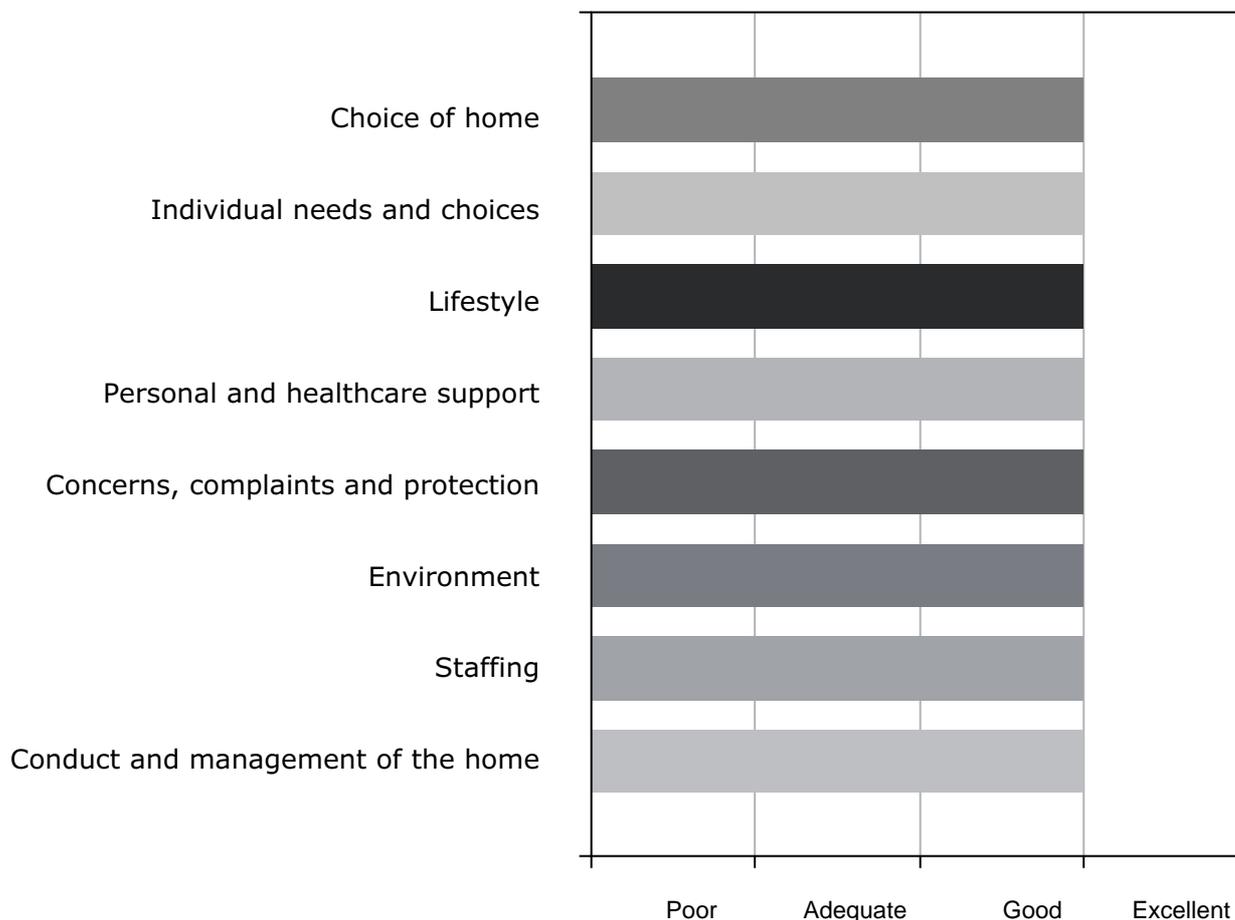
Summary

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 inspection included an unannounced site visit from 9.45am until 6.00pm on the 26th of February 2009. This report also includes reference to documents completed and supplied by the home, and those examined during the course of the site visit.

The report also draws from conversation with the manager and senior staff members on duty during the day. Residents were unable to provide verbal feedback but one communicated some of her positive thoughts through her communication book. The inspector also observed the interactions between residents and staff at various points during the inspection. Inspection surveys were also completed on behalf of three residents by keyworkers and by one relative and one external healthcare professional.

The inspector also examined the premises.

Feedback from the relative and healthcare professional was very positive about the service provided by the home.

The current fees range from thirteen hundred and twenty eight pounds to two thousand and forty five pounds per week, based on individual assessed needs.

What the care home does well:

The representatives of prospective residents are provided with information about the home to help them decide if it meets their relative's/client's needs. Prospective residents are assessed prior to the offer of a place to establish that their needs can be met by the home.

Residents physical, emotional and health needs are identified in their care plans and met, with due regard to their wishes and preferences, where these have been identified. Residents are supported to make day-to-day decisions about their lives.

Residents have opportunities to take part in appropriate activities and to access events in the community as well as to have their spiritual needs met. Contact with family and friends is supported and encouraged wherever possible. Residents rights are protected and they are encouraged to take part in day-to-day household tasks and decisions. They are provided with a varied diet and there are opportunities for the residents to take part in food shopping and preparation.

The home has an appropriate system in place to manage resident's medication on their behalf.

An appropriate complaints procedure is in place and is also available in pictorial format to support a resident to try to identify any concern. The home has appropriate systems in place to safeguard residents from abuse, neglect and self-harm.

The environment provided for residents is safe and pleasantly furnished. Standards of hygiene are good and the home is equipped with appropriate laundry facilities to meet the needs of residents.

Residents are supported by a competent staff team with clear lines of accountability and are protected by the recruitment system operated by the home.

The health, safety and welfare of residents and staff is promoted within the home.

What has improved since the last inspection?

There has been a significant improvement in the proportion of permanent staff working in the home over the past year, and more recently there has been no usage of agency staff.

Along with the above there has also been an improvement in the level of NVQ take-up and attainment.

The regularity of team meetings and staff supervisions has also improved.

The two previous requirements from the last inspection have been addressed.

What they could do better:

Further work to develop accessible versions of more of the information documents about the home might help to enable their discussion with residents.

The identified behavioural guidelines need to be amended to clarify the current guidance.

It is suggested that any issues raised informally about the home are logged as informal complaints in order to demonstrate the effective operation of the complaints procedure.

The separation of the home into two by the secured staircase and the use of keypad locks elsewhere do not enhance its homeliness, and restrict residents' freedom of movement about the home. The manager should review the current arrangements to ensure they are the least restrictive option, consistent with meeting residents' needs.

The manager should ensure that any training shortfalls are addressed as a priority to ensure that all staff are equipped to meet the needs of residents.

There is currently insufficient evidence of a coordinated quality assurance cycle, to demonstrate that the views of residents and relevant others are taken into account in planning the home's development. The manager/provider needs to improve this system.

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

Prospective residents or their representatives are provided with information about the home to help them decide if it meets their needs, though further work to develop accessible versions of more of these documents, might help to enable their discussion with residents.

Prospective residents are assessed prior to the offer of a place to establish that their needs can be met by the home.

Evidence:

The home has a detailed Statement of Purpose and a Service User Guide comprising various documents, including the complaints procedure. Some but not all of these documents are available in a format supported with pictures to assist with explaining the content to residents. Consideration should be given to the benefits of creating accessible versions of more of these documents.

Pre-admission assessments were carried out on all of the residents to establish their

Evidence:

needs and confirm that the home could meet these. A copy of one of these assessments was seen on one of the files sampled during the inspection.

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

The needs and preferences of residents are addressed within their care plan to ensure staff are aware of the support needed and how it should be offered.

Residents are supported to make day-to-day decisions about their lives as part of encouraging their independence, and are supported to take some risks, following risk assessment, as part of supporting them to live as independently as possible.

Evidence:

Each resident has an individual case file containing their care plan and other relevant records and documents. A sample of three files was examined in the course of this inspection, which indicated that they were indexed and maintained in an orderly fashion, with documents properly secured. The files contained evidence of care plans being reviewed with appropriate frequency, though the home struggles to involve the residents themselves in their reviews for significant periods. Instead the care manager and next of kin will see the resident ahead of the review and explain it to them using a version in symbol format, plus pictures and photos. It was noted that the review

Evidence:

summary includes the identification of goals for the future. The care plans also identify any preferences about carers, or how the individual is supported in their daily routines and address individual likes and dislikes, temperament, community involvement, choice and autonomy. The communication methods used by individuals are also detailed in the care plan. The plans include details of how to support the individual and identify self-caring aspects, within detailed procedural guidance for specific times of day or individual care tasks. A few documents were undated, and staff should be reminded of the importance of signing and dating all documents and records to enable effective review. Individual records of the personal care and support provided are maintained via the completion of tick-lists.

Residents are encouraged to make decisions about their daily lives about such things as activities, meals, clothes etc. and are all on the electoral roll. One resident is able to make free choices from a full range of options while others may be offered two alternatives from which to choose. Photos are used to support menu choices for some residents. The care plans record any specific choices made by individuals and where they like to be involved in the daily routines of the house.

None of the residents is able to manage their own funds. The home maintains individual records of any expenditure of residents personal allowance on their behalf, including maintaining a running balance and the retention of receipts for any expenditure. The manager would seek approval for the spending of anything over fifty pounds, from the proprietor. Each resident has a small purse with a limited amount of cash over which they retain control. The manager is appointee for one resident, a further one has a relative as appointee, but the others have no appointee in place.

Appropriate individual risk assessments are in place where a potential hazard has been identified, including such areas as outings in the community, shopping, travelling in a vehicle, and specific residents being in the company of particular others. They incorporate detailed guidelines where necessary, including any necessary additional staffing needs, and indicators of possible distress.

The risk assessments were indexed and included review sheets evidencing their regular review. It was noted that the more recently designed risk assessments were more detailed and informative.

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

Residents have opportunities to take part in appropriate activities and to access events in the community as well as to have their spiritual needs met.

Contact with family and friends is supported and encouraged wherever possible to maintain social networks.

Residents rights are protected and they are encouraged to take part in day-to-day household tasks and decisions where possible.

They are provided with a varied diet and there are opportunities for the residents to take part in food shopping and preparation.

Evidence:

Each resident had an activities plan, detailing their regular planned activities, though some were in an older format which the manager said was due to be updated. This updating was reported to be in progress and would lead to an increase in the level of

Evidence:

activities for all residents. The new timetable was more detailed and structured and included space to log any instances where an individual refuses to take part in a planned activity. The home's activities coordinator, (who is shared with other homes in the group), runs a club in a local village hall one morning a week which three of the residents regularly attend, and runs activities in the home one day per week.

Examples of community based activities include shopping trips for toiletries, clothes etc. visits to garden centres, supermarkets, the local pub, swimming trips, walks and visits to the local Mencap sensory room. One resident used to attend an art course at college previously, though the home were experiencing difficulty finding new courses for them. The home are seeking another suitable course for this individual and another resident. One resident is taken out to watch speedway racing. Two of the residents attend a friendship club run by another home in the group, supported by staff, two go horse-riding once a fortnight, and two choose to attend church, though the others have no known spiritual needs. The manager indicated that they planned to re-examine the spiritual needs of the remaining residents to establish whether their views had changed. Residents have been on a variety of holidays, individually with staff or family, and in small groups. The home has suitable vehicles to enable residents to access activities in the community. One resident has purchased an adapted vehicle for her personal use, and the appropriate usage of this was clarified in discussion with the manager.

Existing links with family are supported wherever possible. Residents all have links with family of varying regularity. Some go home to visit them, while others are visited at Limber Oak or taken out by their family.

As already noted, residents are encouraged to take part in the household routines in so far as they wish and are able.

Residents are offered a varied diet, and are consulted to some degree about the menus using pictures to support choice in some cases, though some are not able to make such choices. The home employs a cook who works Tuesday to Friday, and prepares and freezes meals which staff then cook on other days. The manager indicated that some residents do get involved in some meal preparation with the cook, while others will help to lay and clear tables or load the dishwasher. Some residents will make their own sandwiches with support from staff.

Residents do not usually eat all together but individually or in small groups.

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.

Residents receive personal support to address their physical, emotional and health needs, with due regard to their wishes and preferences, where these have been identified.

Though none of the residents is able to manage their own medication, the home has an appropriate system in place to do this on their behalf, which safeguards residents.

Evidence:

The care plans identify the support needs of individuals and also detail any known preferences and specific guidance about how to approach individuals to provide the identified support. Where a gender preference of carer is known this is also recorded.

Where specific behavioural issues require definite approaches to manage behaviour effectively, there are guidelines in place to help staff adopt a consistent and effective approach. These guidelines are supported by records of instances of the identified behaviours to enable monitoring and review of the effectiveness of the planned intervention. It was evident from one resident's file that a considerable reduction in physical aggression had been achieved through the specific care and support

Evidence:

arrangements that had been put in place. The input of an external psychologist had appropriately been sought in devising the guidelines.

Where steps have been taken to limit the risk of injury/self-injury, for specific individuals; due regard had usually been given to the dignity of the individual and the minimum level of limitation of freedom or environmental impact, has been adopted, which is consistent with addressing the issue. However, in more general safety terms the existence of bolted gates at the top and bottom of the stairs and the use of keypad locks in various locations could perhaps be reviewed to ensure that these steps are the least restrictive and most appropriate methods, consistent with balancing the risks to residents with their rights and dignity. This matter is also addressed later within the premises section of this report. One file contained behavioural guidelines which originated some time ago, and contained details of a restraint technique, which was no longer relevant, and for which current staff had not been trained. It should be made clear on this document that this technique is no longer to be used.

Care plans included information on the individual communication strategies of residents, which included use of objects of reference leading, pointing, facial expressions, use of pictures and Makaton and other symbols as well as some vocalisation. One resident had an individual communication book which she was able to use effectively to convey her wishes to staff. There may be scope to expand this approach further for other residents. Three staff have received some training on communication previously and it is suggested that some further input for all staff might be beneficial in further developing this aspect. The home has received support from a speech and language therapist in the past.

The health needs of residents are also identified within care plans, and there was evidence from health appointment records that healthcare needs are addressed appropriately with external healthcare professionals. However, consideration should be given to the separation of healthcare appointment records by healthcare professional, as it was hard to track specific interventions within the current combined recording system. Weight charts were also in use where appropriate. Where relevant, records of seizures were maintained and guidelines for responding to seizures were also on file.

The home manages the medication on behalf of all residents and has a dual signatory system, with one staff member administering and one signing as witness. The incoming shift also checks the medication to ensure that any errors are picked up in timely fashion.

The medication is managed through a monitored dosage system.

The system provides an audit trail for medication through the logging of the quantities of medication received, of its administration and of any returns.

Evidence:

With respect to resident dignity, the home is exploring the possibility of changing to orally administered emergency medication for epilepsy for the 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.

In the absence of any recent complaints records it was not possible to evaluate the procedure in practice but an appropriate procedure is in place and is also available in pictorial format to support a resident to try to identify any concern.

The home has appropriate systems in place to safeguard residents from abuse, neglect and self-harm.

Evidence:

The home has an appropriate complaints procedure including a copy available in pictorial form to make it more accessible to residents. However, there had been no complaints recorded in the complaints log since January 2006 so it was not possible to evaluate the actual operation of the procedure. The manager was clear that part of the staff role could be to advocate on behalf of a resident and register a complaint where they felt that the person was indicating they were dissatisfied about something. All of the current residents also have regular contact with family who could also raise any concerns on their behalf. The manager explained that they have a close relationship with residents' families and respond quickly to any issues raised informally, so this might prevent them becoming complaints as such.

The home has an appropriate vulnerable adults safeguarding procedure in place and there have been no safeguarding issues in the last year. Staff have received training

Evidence:

on safeguarding at induction and also on responding to behaviour which may be challenging, and carry cards with details of their role and the contact number for the provider, should a member of the public have any concerns about any incident they have seen.

Five of the Staff were identified as needing to attend a safeguarding update course and the manager undertook to address this.

Service users finances are protected through individual bank accounts and detailed records of any expenditure.

As noted earlier appropriate steps have been taken to safeguard individuals from injury where they may endanger themselves.

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

The environment provided for residents is safe and pleasantly furnished, though the separation of the home into two by the secured staircase and the use of keypad locks elsewhere do not enhance its homeliness and should be reviewed.

Standards of hygiene are good and the home is equipped with appropriate laundry facilities to meet the needs of residents.

Evidence:

The home operates in a building which is a split-level bungalow, with a large garden and various gated entrances. There are areas of patio, a rockery, a vegetable patch, a sloping lawned area, and beyond an orchard and a wooded area which is on a steeply sloping site and is fenced off. There are plans to widen the garden paths to improve accessibility for residents who use wheelchairs and this would be a positive step. There is a covered patio area whose potential is not currently being maximised. The provision of rubberised matting to the concrete patio area outside of one resident's bedroom, is also being considered to reduce the risk of injury from falls.

The building is decorated and furnished well and has a homely appearance in most areas. The individual bedrooms are all personalised to reflect the interests of their occupant. There is a large lounge in the upper part of the home and a smaller one

Evidence:

downstairs.

The layout of the building presents some limitations on the mobility of residents due to its split-level design. Only two of the residents have risk assessments enabling them to use the stairs which link the two parts of the home. As a result the home is effectively divided into two separate units by the staircase, which is secured with bolted gates top and bottom. This is not an attractive or homely solution, but does reduce the risk of falls. In other parts of the home there are doors secured by keypads which restrict access into certain areas. The manager should review these aspects in the light of the new Mental Capacity Act, Deprivation of Liberty (DOL) guidance to ensure that the steps taken can be justified, and could not be achieved through the use of less restrictive approaches or changes to staff practice.

One resident, who does not always relate well to some of the other residents, has his own large room with ensuite facilities and spends most of his time within the unit in this area supported or monitored by staff. He does spend limited time periods with other residents with supervision. This arrangement had been discussed and agreed at reviews.

Two residents share the main area in the lower part of the home, having individual bedrooms and sharing a light and airy lounge and bathroom/toilet facilities. Upstairs the four other residents each have their own bedroom with a further shared lounge, dining room and bathroom/toilet facilities. One resident had been supplied with a hoist which was too large to be used effectively and the home were seeking a more appropriate replacement. The possible benefits of installing a ceiling-track hoist system are being explored with the local authority to better support bathing for one of the residents.

At present the office also doubles up as the staff sleep-in room, for which it is already barely adequate. It is understood that the possible benefits of providing a separate office by building a chalet in the garden, are under consideration. This and any other possible alternatives should be given serious consideration as the absence of a practical office or meeting space could impact upon the rights of residents, when meetings, reviews or interviews have to be held within one of the communal areas.

The laundry, which is one of the areas secured with a keypad, is accessed by residents only with staff support, when they are doing their personal laundry. The facilities meet the needs of the home.

Standards of hygiene in the home were found to be good.

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 are supported by a competent staff team, with a recently much improved proportion of permanent staff, with improving NVQ participation.

Residents are supported and protected by the recruitment system operated by the home.

There remain some shortfalls in training and training updates, which need to be addressed in order to ensure that all staff are fully equipped to meet the needs of residents.

Evidence:

Staffing levels in the home are satisfactory and the proportion of permanent staff has improved over the last few months. There is a senior staff member on duty on both the early and late shifts. Night staffing is one staff member on waking night duty and one sleeping in, who is on call if needed. There is a clear staff hierarchy with a manager, a deputy, an acting deputy, senior carers and carers. Although the home had lost eleven staff over the past year, it is understood that this was for a variety of reasons, including the relative isolation of the home from public transport routes. It was also reported that several staff who have left have subsequently returned to work at the home. Agency staffing levels had been high a year ago owing to high vacancy levels but recruitment had since improved and the home now only has two vacant

Evidence:

posts and is advertising to recruit to these. No agency staff have been used recently. Where possible the home uses bank staff, some of whom have been working for the provider for a long time and are therefore familiar with the operation of the home and the residents themselves. Levels of NVQ attainment are now also improving with four staff undertaking level 2, one already having level 2, and six with NVQ level 3. The deputy and one of the seniors are undertaking level 4, and one senior is now an NVQ internal assessor.

A sample of two recent recruitment records was examined as part of the inspection. Although the contents of the recruitment files were not yet all properly secured, this was in progress and files were now indexed to a consistent format. The required evidence of a thorough recruitment process was present and staff complete a detailed induction which is signed off and dated, then complete a practical care induction alongside the completion of a Skills For Care workbook which had been tailored to the needs of the home. All staff were reported to be given a copy of the General Social Care Council Code of Conduct. The manager reported that one resident had sat in on interviews for new staff in the past but that they had yet to successfully integrate residents into the process on a consistent basis.

One of the senior carers is responsible for maintaining an overview of staff training. There was no overall training spreadsheet available but one was produced during the inspection to evidence the current training position.

The information provided indicated some gaps in mandatory training and some overdue training updates, of which the manager was aware, which will need to be addressed as a priority. The manager must ensure that any training shortfalls are addressed.

The manager reported that training on managing challenging behaviour was due soon for eight staff, and that this was not a restraint-based training as the home did not use restraint.

The frequency of team meetings and supervision was said to be improving towards the target of monthly meetings in each case, now that the level of permanent staffing had been improved.

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 home is well run in the interests of residents on a day-to-day basis by a competent management team.

There is currently insufficient evidence of a coordinated quality assurance cycle, to demonstrate that the views of residents and relevant others are taken into account in planning the home's development.

The health, safety and welfare of residents and staff is promoted within the home.

Evidence:

The home has a clear management hierarchy and a designated management team to provide day-to-day management. The home manager has NVQ level 4 and the Registered Manager's Award and is appropriately experienced to manage the service.

At the time of inspection the home did not have a comprehensive quality assurance survey system in place. "Record of Observation" forms were available with the visitors book, for individuals to record any observations they might wish to make on an ad hoc basis but feedback was not routinely sought annually on a focused basis. A quality

Evidence:

survey form was in place which had last been used for feedback from next of kin only, in 2005. No method had been established to try to seek the residents feedback as part of this system although keyworkers meet regularly with residents and could pass on any issues they were able to pick up from residents. Having observed some of the residents communication methods and skills, it would appear possible to seek their views directly as part of the quality assurance process. Consideration should also be given to broadening the process to include seeking feedback from other interested parties such as care managers, GP's and other external healthcare professionals. A comprehensive quality assurance process is an essential part of a home's cycle of planning, action and review and provides useful feedback for inclusion within development plans. The provider undertakes regular Regulation 26 monitoring visits and provides reports of these to the home, as well as being a more regular visitor to the home on a weekly basis, attending all residents' reviews and being familiar to the residents. The home has an annual development plan for 2008/9 in place.

Examination of a sample of health and safety-related servicing records indicated that the fire alarm and extinguishers, electrical installation and electrical appliances had all been tested appropriately, and the home had a current fire risk assessment, dated November 2008. Fire drills had been held bi-monthly for the most part and detailed records kept of the participants and outcome.

Some further work with some residents around evacuation when the fire alarm sounds, might be beneficial.

The accident records indicated that there were eleven recorded accidents in the past year, with several relating to one resident whose health condition means she is prone to falls. Appropriate action had been taken to minimise the risk of serious injury.

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	13	<p>The manager should review the current use of bolted stair gates and keypad locks in the context of the Mental Capacity Act Deprivation of Liberty guidance.</p> <p>To ensure that the steps taken are the least restrictive, consistent with meeting the needs of residents, both individually and collectively.</p>	12/05/2009
2	39	24	<p>The Manager / Provider must establish an effective quality assurance process, to seek the views of relevant parties on the operation of the home, on a regular basis.</p> <p>In order to demonstrate that the views of residents and others are taken proper account of, in planning the development of the home.</p>	11/06/2009

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	18	The identified behavioural guidelines should be amended to make it clear that the restraint technique described should not be used.
2	35	The manager should ensure that any training shortfalls are addressed as a priority to ensure that all staff are equipped to meet the needs of residents.

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