

Key inspection report

Care homes for adults (18-65 years)

Name:	Natal Road (36)
Address:	36 Natal Road Ilford Essex IG1 2HA

The quality rating for this care home is:

two star good service

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:
Harbinder Ghir	2 4 0 8 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 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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- 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:	Natal Road (36)
Address:	36 Natal Road Ilford Essex IG1 2HA
Telephone number:	02085148689
Fax number:	
Email address:	mgauri@hotmail.com
Provider web address:	

Name of registered provider(s):	Mrs Sumiran Sharma, Mrs Veena Mehta
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:		
The maximum number of service users who can be accommodated is: 3		
The registered person may provide the following category of service only: Care Home only - Code PC to service users of the following gender: Either whose primary care needs on admission to the home are within the following categories: Learning disability - Code LD		

Date of last inspection								
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Brief description of the care home
36 Natal Road is a residential home registered to care for three younger adults with learning disabilities. The service currently has one vacancy. The home is a terraced house in a residential area close to Ilford town centre, with good public transport links, and other community facilities. The house is an ordinary domestic property, which is adequately maintained and appropriately furnished. All the residents occupy single bedrooms. Shared facilities include a lounge and dining room. A small garden is also available for residents' enjoyment. One bedroom is located on the ground floor as well as a toilet and shower. There are two bedrooms upstairs plus a staff sleeping in room and a bathroom and toilet shared between the residents upstairs. The manager and

Brief description of the care home

staff ensure that people who use the service enjoy an active social life via membership of various groups and organisations. Fees in the home, currently, range from £820 to £865 per week, dependent on individual staff support levels.

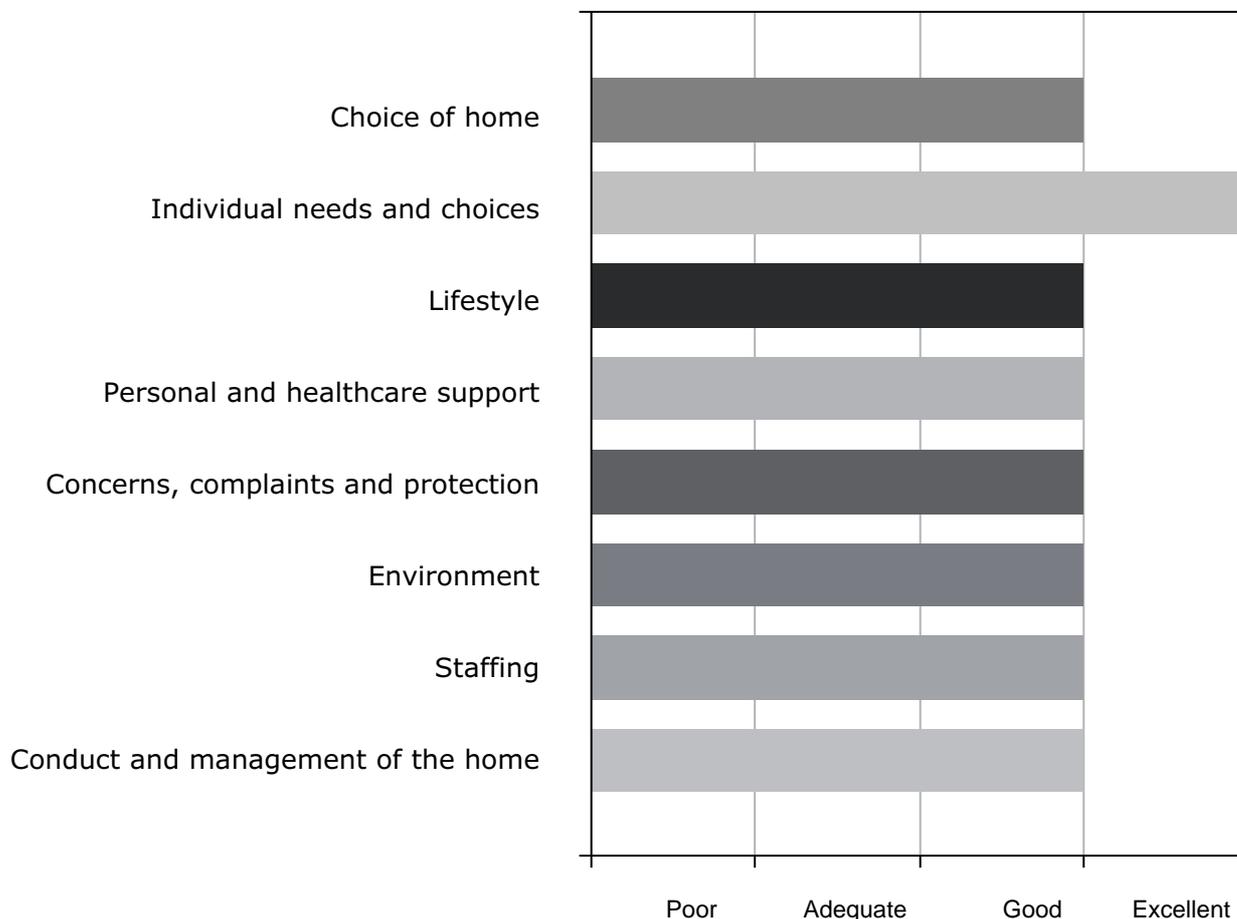
Summary

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 was an unannounced inspection undertaken by Regulation Inspector Harbinder Ghir. The inspection took place on the 19th August 2009 and a second day was spent contacting relatives and representatives by telephone seeking their views on the service. Unfortunately, we were unable to make contact with them, due to them being unavailable. Feedback at the end of the inspection was provided to the deputy manager of the home.

As part of the inspection the inspector toured the home, read records of people who use the service and examined documents in relation to the management of the home.

The inspector would like to thank everyone involved in the inspection process.

What the care home does well:

The service has a comprehensive activities programme, to ensure they can meet all the needs of residents. There is a good selection of meals provided at the home. Pre-admission assessments are completed before prospective residents move into the home, ensuring that the service will meet their needs and to ensure that they receive a personalised service. Trial visits are offered to all prospective residents, to ensure residents have information on the services and facilities provided at the home. Care planning is very comprehensive and person centred with particular attention given to meeting residents personal preferences and respecting their individuality. All residents could also be assured that at the time of their death, staff would treat them and their family with care, sensitivity and respect. The home has a clear complaints procedure, which includes timescales within which a complaint is to be investigated. The management of the home operate a open door culture welcoming complaints and feedback. The health and safety of staff and residents is promoted by the home's policies and procedures. The service has robust recruitment procedures ensuring the safety of residents and there are enough members of staff on duty to meet the needs of residents at all times.

What has improved since the last inspection?

At the last inspection seven requirements were made in the areas of providing individual written contracts for all residents residing at the home; to ensure care plans and risk assessments were reviewed to reflect the changing needs of residents; to review medication practises; to ensure the wishes of residents in the event of their death were recorded; to ensure all complaints regardless of source were fully recorded and investigated; to ensure any environmental risks were eliminated.

At this inspection all the above requirements have been met.

What they could do better:

At this inspection we have made two requirements in areas of medication storage and to ensure further maintenance of the environment.

Failure to act on requirements that relate to the care provided for the people living in the home impacts on the welfare and safety of service users and may lead to the Commission taking enforcement action against the registered person.

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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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.

At this inspection we looked at standards 2, 3, 4 and 5

The service completes comprehensive pre-admission assessments, to ensure they can fully meet the needs of prospective residents.

Trial visits are offered to all prospective residents, to ensure residents have information on the services and facilities provided at the home.

All residents residing at the home have an individual written contract to ensure they are in agreement with the statement of terms and condition of the home.

Evidence:

There are currently two residents residing at the home, who have resided at the home since 1997/98. The service has one vacancy. There have been no new admissions to the home since the last inspection. The service had obtained care management assessments from the placing authorities at the time of residents' admissions. For new prospective residents, the service has a comprehensive pre-admission policy and

Evidence:

assessment procedures in place. It was evident that significant time and effort would be spent planning to make the admissions to the home personal and well managed.

Assessments forms asked for very personalised information and also included information on the life history of the individual and their likes and dislikes.

Prospective residents would also be able to undertake various trial visits to the home to provide familiarity. Residents would be able to see their rooms with their family or representatives.

A requirement was made at the last inspection the the service ensures all residents have an individual contract, which all parties must sign, to ensure they are all in agreement to the service provided at the home. This requirement has been met at this inspection as both residents had a contract on file which they had signed.

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.

At this inspection we looked at standards 6, 7, 8, and 9.

There is a comprehensive care planning system in place, which provides staff with the information needed, to meet the needs of residents.

The right for residents to exercise choice and control is promoted by the service and they are actively consulted on, and participate in, all aspects of life in the home.

Risk assessments are undertaken routinely, to ensure residents are supported to take risks as part of an independent lifestyle, and are always updated according to residents' changing needs.

Evidence:

The care plans for both residents residing at the home were closely examined. Care plans within organisation are focused on person centred planning, which aims to identify and provide person centred care. The key principle is that people who use the

Evidence:

service are in control of their lives and they direct the service. It was evident from examining the care plans that staff are fully committed in supporting individuals to lead purposeful and fulfilling lives as independently as possible. Care plans seen evidenced that the service involves individuals in the planning of care that affects their lifestyle and quality of life. Care plans were comprehensive; person centred and clearly set out residents' health, personal and social care needs. Information was found specific to the religious, cultural and social care needs of residents and how the service was to meet these needs. The information provided in care plans was very detailed and individualised, and clearly recorded and described how residents wanted their needs met. This information was also provided in pictorial formats. For example one resident's care plan informed that 'P enjoys shopping for handbags and jewellery.' On case tracking daily case recording notes, evidence was seen of the staff supporting P to go out shopping to purchase a handbag. Care plans were written from the residents' point of view and concentrated on promoting the independence and aspirations of residents. The document also included information in picture formats on residents' likes, dislikes, how they communicate and what they are able to do independently and tasks they require assistance with and their life history. A key worker system also allows staff to work on a one-to-one basis and contribute to the care plan for the individual.

Care plans were working documents and are reviewed on a six monthly basis or as and when required. Evidence was seen of reviews taking place with care managers also involving the resident and their representatives and family. Both care plans had been reviewed on a six monthly basis and had last been reviewed in February 2009.

Risk assessments were completed for residents and identified risk areas in care plans included risks areas that were pertinent to each resident that may be presented by the building, mobility, falling and presenting challenging behaviour. Assessments included clear guidelines for staff to follow in managing risks posed to people who use the service. Risk assessments were reviewed regularly and amended.

Daily case recording notes were examined which were linked to the care plan and focus on the specific needs of residents. Each resident has a personalised case recording sheet which may focus on their challenging behaviour, their diet or the risks they are posed to, which provided specific information about each resident which is used to monitor their care needs or their behaviour on a on-going basis. Information was also found on the times residents actually got up or went to bed and their moods during the day.

Evidence was seen through daily case recording, residents participating in the daily

Evidence:

running of the home. Residents laid the table, or did the washing up. They were supported to do their laundry and go out shopping.

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.

At this inspection we looked at standards 11, 12, 13, 14, 15, 16 and 17.

Residents are provided with support to maintain their independence and in areas of personal development according to their needs and wishes.

Residents are engaged in community life, promoting their opportunities to be part of the local community.

Residents are offered meals that promote their choices and respect their individual preferences.

Residents are supported to maintain family links and relationships inside and outside the home.

Evidence:

The service has a commitment to enabling residents to develop and maintain their skills, including social, emotional, communication, and independent living skills. Individuals are supported to identify their goals, and work to achieve them. Residents are supported to go out on a daily basis with the support of staff to the local shops or sight seeing. Both residents also attend local day centres four days a week. Residents are also given a choice of visiting church once a week and are also given the opportunity to participate in festivals and celebrations throughout the year. Both residents will be going on a holiday to Butlins in September 2009 with the support of staff and with the residents from a sister home.

Residents also had the opportunity to develop and maintain important personal and family relationships. Residents were supported to see family at the home and visit them over weekends. One resident was supported to see their sister over weekends on a regular basis.

The home provides meals, which are varied and nutritious and meet the dietary needs of residents. There was plenty of fresh fruit and vegetables at the home. Staff sit with residents and they all devise a four weekly menu which was seen. Residents can also refuse their choice of meal on the menu on the day and staff prepared alternative meals specified by the resident. The meal choice and the amount each resident has eaten is recorded in their care plan to monitor their nutritional intake. This also evidenced the variety of meals residents were eating and the different meal choices they were making.

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.

At this inspection we looked at standards 18, 19, 20 and 21.

Residents receive personal support and care in the way they prefer and require.

Medication practises always ensure the safety of people who use the service.

The ageing, illness and death of service users are handled with respect and as the individual would wish.

Evidence:

Each resident has a devised health plan which identifies the health care needs of residents including specialist health, nursing and dietary requirements, which are clearly recorded and act as an indicator of change in health requirements. The plan also identified residents' daily routines including the type of support they need in relation to personal hygiene and according to their level of care needs. For example whether residents prefer a shower or bath.

Evidence:

Residents are supported by staff to attend appointments with health care professionals and their health is closely monitored and prompt referrals are made. There was evidence of staff taking female residents to well women checks and the involvement of multi-disciplinary health care professionals where required were made to dentists, chiropodists, general practitioners' and community psychiatric nurses.

Steps have been taken to find out the wishes of residents in the event of their death, including contacting relatives or representatives where the resident is unable to express their views. There are policies and procedures for staff to follow in the event of a death; to ensure the death of a resident is handled with respect and as the individual would wish. This information was included in each resident's care plan document. One resident had chosen the music she wanted played at her funeral, which cemetery she wanted the burial take place whether she wanted flowers or not.

Medication administration records (MAR) were closely examined. All medication was locked in a red medication box provided by the home's pharmacist. Although the box was kept in the locked staff room, the medication storage was not fixed to the wall. The medicines act 1968 requires storage in either an approved locked medicines cupboard fixed to a wall or a locked medicines trolley tethered to a fixed point. This will be stated as a requirement.

Medication was blister packed and no controlled or temperature controlled drugs were at the home. Medication records were fully completed, contained required entries, and were signed by members of staff. The medication file contained photographs of each individual, a medication pen picture and information about each medication. All of the residents have regular medication reviews conducted by the General Practitioner, which is very good practise. All medication practises were found to be in good working order.

The service does have a written policy on medication leaving the home. However, for one resident they are transferring medication out of its original packaging into a dossett box, for the resident to take with them when going to the day centre. The deputy manager informed that they have checked with their pharmacist for the medication to be placed in a dosset box who has agreed this procedure. However, there was nothing on file in writing from the pharmacist agreeing to this procedure. Therefore it is recommended that the registered manager consults with their pharmacist and obtains written agreement for any medication to be secondary dispensed.

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.

At this inspection we looked at standards 22 and 23.

People who use the service can be assured their views are listened to and acted on.

All staff have received up to date training in safeguarding adults, which ensures the protection of residents.

Evidence:

People who use the service are supplied with a complaints procedure that they can understand. This is also provided in picture format which was displayed around the home and in residents' bedrooms.

A complaints log book is kept by the home, which was viewed. No recent formal complaints have been received by the service. Residents' concerns and 'niggles' were also recorded in this book which were actioned promptly and feedback was given to each resident to regards to how their concern was going to be resolved.

Since the last inspection the Care Quality Commission has been informed of two safeguarding alerts. The London Borough of Redbridge was notified by the home who lead on the investigations. For both alerts strategy meetings were held and the service was asked to complete their own investigations. The reports compiled by the manager and deputy manager were very comprehensive and it was decided at both meetings

Evidence:

that the issues had been investigated, discussed and actions had been put in place to ensure the safety of people using the service. No further action was taken.

All staff had recently attended safeguarding adults training which is also covered in the induction programme. The service has comprehensive safeguarding adults procedures and protocols in place. There was also comprehensive guidance for staff on how to record incidents of abuse.

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.

At this inspection we looked at standards 24, 25, 26, 27, 28, 29, 30.

Residents live in a comfortable environment and decor is of a good standard and provides a homely and pleasant living environment enhancing residents' comfort, but further environmental safety checks would minimise risks presented to residents.

Evidence:

During a tour of the building it was identified that residents live in a physical environment that is appropriate to the specific needs of the people who live there. The home provides a main lounge, kitchen and a dining room. One bedroom is situated on the ground floor and a further three bedrooms are situated on the first floor, one of which is used as an office and a sleep in room for night staff. The home has recently undergone a re-decoration programme, which residents were consulted and involved in. One resident chose the paint colour for the lounge. The ground floor has been re-painted and new communal furniture has been provided and the kitchen units have been replaced with new units. The furnishings and the paint colour now provide a much lighter and airy feel to the room.

One resident's bedroom was seen during the inspection, who had personalised their room with pictures, photographs, personal furnishings and belongings. All rooms were

Evidence:

lockable and can be overridden by staff in an emergency. One resident held a key to their bedroom, promoting their independence.

The kitchen was clean and was equipped with suitable cooking appliances and kitchen equipment. There was a wide range of fruit and vegetables and meats. Food was correctly labelled with the date of opening. Fridge and freezer and hot food temperatures had been taken consistently.

On touring the home's communal bathrooms on the ground and first floor it was also identified that the toilet was leaking in the walk in shower room on the ground floor and the wall paper in the main communal bathroom upstairs was peeling off. The gas boiler was also housed in this bathroom and the pipes going into the boiler had not been boxed and were on display, which was unsightly and a risk to residents. All parts of the home to which residents have access to must be so far reasonably practicable made free from hazards to their safety and unnecessary risks to residents are identified and so far as possible eliminated, this will be stated as a Requirement.

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.

At this inspection we looked at standards 32, 33, 34, 35 and 36

Recruitment practises are robust and ensure residents are in safe hands at all times.

Comprehensive staff training is provided to all care staff, to ensure they are equipped with the skills and are competent to do their jobs.

The service has a good skill mix of staff, ensuring adequate numbers of staff are on duty to meet the needs of residents.

Staff are supervised at least six times year to ensure they are equipped with the skills and knowledge to meet the needs of people who use the service.

Evidence:

Three staff files were closely examined. No new members have been recruited since the last inspection. These staff files were in good order. References and Criminals Records Bureau checks had been obtained, application forms had been completed in full and two references had been obtained. All new staff complete comprehensive induction programmes and the service sees this as vital to the success of staff recruitment and retention.

Evidence:

The service has made a commitment to staff training that is focused on delivering improved outcomes for people who use the service. Staff training included training in first aid, food hygiene, manual handling, health and safety, fire training, safeguarding adults, medication and infection control. The deputy manager has also completed training with staff in report writing and care plan training. All three members of the staff team have received recent refresher training in all the above mentioned training.

All three members of the staff team hold a National Vocational Qualification. .

The staff rota included all the members of staff on duty. The service has a permanent staff team and sometimes uses staff from its sister home to cover staff sickness or annual leave.

The latest supervision records were viewed for all staff. A supervision programme is in place and staff files evidenced that staff members are supervised formally on a regular basis (at least six times a year). This ensures that staff are provided with the skills, training and knowledge to perform the tasks required by their employment role.

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.

At this inspection we looked at standards 37, 39, 42.

Residents benefit from an experienced registered manager and deputy manager who recognises their needs and adequately manages the home.

The systems for service user consultation ensure the home is run in the best interests of residents.

The welfare of staff and residents is promoted by the home's policies and procedures.

Evidence:

The registered manager has a level 4 National Vocational Qualification. The deputy manager has also been closely working with Skills for Social Care Council and has recently achieved an ILM award with them for Action learning for Social Care Leaders and another ILM Award for Successful Supervisory Management Development Award. Both managers communicate a clear sense of direction, leadership and openness.

Evidence:

The deputy manager is commended for her organisational skills as all documentation required for inspection purposes was easily accessible. The management also demonstrates through their management practises, robust operational systems.

Quality assurance systems have been developed and surveys for people who use the service have been devised in picture format. Surveys for relatives, care managers and other professionals had just been completed and the results of surveys had been analysed and incorporated a graph form, which was displayed in front hall way of the home.

The home works to clear health and safety policy. Health and Safety records were inspected. All documentation was in order and appropriately completed. Certificates viewed included certificates verifying up to date portable appliance testing, electrical installation, gas safety, employers liability insurance and records of fire drills and fire alarm testing and water temperature testing.

Regulation 26 visit reports were examined during the inspection which are undertaken by the registered proprietor of the organisation. These reports were completed monthly and were very comprehensive and also included action points where any areas for improvement had been identified and were reviewed to check for compliance.

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
1	19	13	The Registered Persons must in compliance with The medicines act 1968 require all storage of all medication in either an approved locked medicines cupboard fixed to a wall or a locked medicines trolley tethered to a fixed point.	30/09/2009
2	24	13	The Registered Persons must ensure that all parts of the home to which residents have access to must be so far reasonably practicable made free from hazards to their safety and unnecessary risks to residents are identified and so far as possible eliminated.	30/09/2009

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	20	It is recommended that the registered manager consults with their pharmacist and obtains written agreement for any medication to be secondary dispensed.

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

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