

Key inspection report

Care homes for older people

Name:	The Coombe House
Address:	The Coombe Streatley on Thames Berkshire RG8 9QL

The quality rating for this care home is:	three star excellent 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:
Kerry Kingston	0 3 1 1 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

The mission of the Care Quality Commission is to make care better for people by:

- 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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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	The Coombe House
Address:	The Coombe Streatley on Thames Berkshire RG8 9QL
Telephone number:	01491872174
Fax number:	
Email address:	suzwindy@hotmail.com
Provider web address:	

Name of registered provider(s):	Mrs M J Windebank RGN, Mrs Suzanne C Major
Name of registered manager (if applicable):	The registered provider is responsible for running the service
Type of registration:	care home
Number of places registered:	24

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	24

Additional conditions:

The maximum number of service users who can be accommodated is: 24

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: Old age, not falling within any other category - OP

Date of last inspection

Brief description of the care home

The Coombe House provides accommodation and care for up to twenty-four service users over the age of sixty-five, who have care needs associated with old age. The home is not registered to provide care to individuals who have dementia or require nursing care, over and above the care that can be provided by the community nursing team.

Brief description of the care home

The home is located in a rural village and is within walking distance of a range of amenities. Accommodation is situated on the ground and first floors of the home and five bedrooms are situated in an annexe, which is separate to the main building. There are twenty single and two double occupancy rooms.

The home and gardens are maintained to a high standard, with appropriate aids and adaptations to meet the care needs of service users. There is a registered manager in post.

The current fees charged at this home vary between £560 and £650 per week.

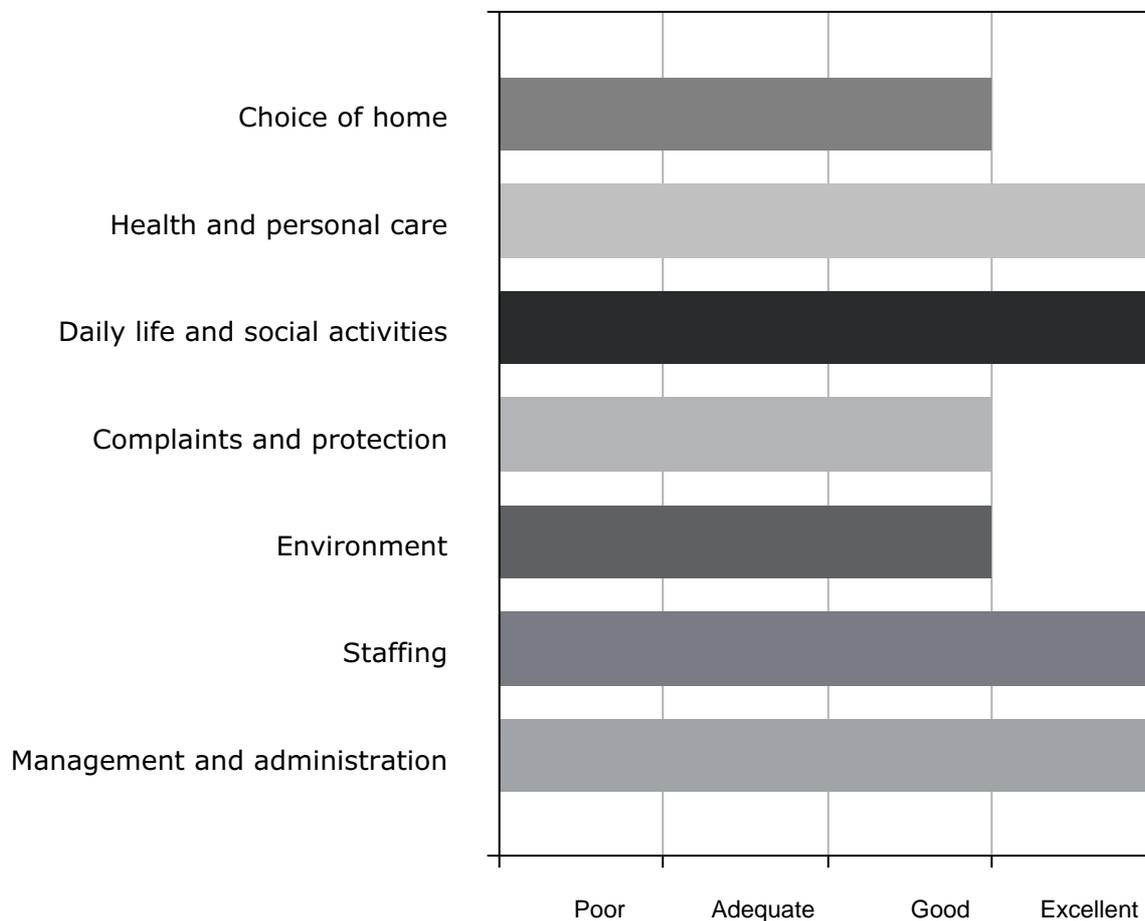
Summary

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

The quality rating for this care home is:

three star excellent service

Our judgement for each outcome:



How we did our inspection:

The last Key Inspection for this service was on the 19th December 2006. This is a report for the key inspection of the service, which included a routine unannounced site visit. This took place between the hours of 10:15 am and 3:15 pm on the 3rd of November 2009. The information was collected from the Annual Quality Assurance Assessment, a document, sent to the service and completed by the responsible individual, of the service. Ten surveys were sent to people who use the service, four were sent to other professionals and five were sent to staff. Ten were returned to us, by people who live in the home, three from other professionals and five from staff were completed.

Discussion with three members of staff, one of the two providers and approximately seven people who live in the home took place.

Observing the home, staff care practises and reviewing residents and other records,

were also used to collect information, on the day of the visit.

What the care home does well:

The home make sure that people are properly assessed so that they can be sure that they are able to meet their individual needs.

The home has very detailed plans of care so that staff know what help people need and how they like to be helped.

People are supported by good plans of care and risk assessments to stay as independent as possible, for as long as possible.

The home has a varied and interesting programme of activities that people can choose to participate in. People are also supported to pursue any individual interests and hobbies so that they can continue to enjoy their lives, as much a possible.

The home listens to peoples views and acts on what they say, as is appropriate.

People feel safe and protected by the staff and management of the home.

Although the home is an old house, not specifically designed for the purpose, best use is made of the space and it is a comfortable and homely environment to live in.

The home has an experienced, committed and well trained staff team who are able to meet the needs of and offer the best care to the people who live in the home.

The home is very well managed by a supportive management team, who run the home in the best interests of the residents. They make sure that they constantly monitor the quality of care they are providing so they can keep it to a high standard, at all times.

What has improved since the last inspection?

The home has completed some redecoration work and has provided steps to the road and a new conservatory to enhance the comfort of the residents.

What they could do better:

There are no requirements or recommendations as a result of this visit but the home have plans for further improvement of plans of care and accident reporting.

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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Outstanding statutory requirements

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.

The home make sure that people have a detailed and comprehensive assessment, completed by a senior member of staff, so that they and those who want to use the service know that it can meet their needs.

A review is held after approximately one month to check that the home and people who use the service are still happy that the individuals' needs can be met.

Evidence:

The assessments for two people , who have been admitted fairly recently, were seen. The assessments are completed by a senior staff member, one of the providers or the registered manager, usually with the help of the deputy manager. They are of very good quality, detailed and cover all aspects of peoples' lives and lifestyle choices. The assessment includes, independence, health, emotional well being, family contacts, hobbies and interests and background.

People are only admitted if the home is able to meet their needs. The assessment is then developed into a plan of care, which is very individually tailored to meet peoples'

Evidence:

diverse needs.

The home has a one month trial period with a review involving all parties at the end to see if people want to stay and to ensure that the home can meet their needs.

People are encouraged to come and visit, if possible, prior to moving in. Some people come for respite for a few weeks before they decide if they want it to be a permanent resident, if there are beds available.

The home does not have dedicated respite beds, and do not do rehabilitation programmes.

Currently there 21 people living in the home, 19 are self funding and two are partially funded by a local authority.

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 **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 detailed plans of care, which include personal, social and health care needs. Peoples' needs, as identified in the care plans are fully met.

People are treated with respect and dignity and the home support them to retain their independence, for as long as possible.

Medication is safely administered but people are also assisted to continue to take responsibility for their own medication, for as long as they are able to.

Evidence:

Plans of care for four people were seen. They are developed from the detailed assessments and include objectives so that people can easily identify whether people have achieved what they wanted to and develop future plans, for the individual.

Residents are involved in all aspects of the care planning process and sign risk assessments with regard to their choices and independence. There are several risk assessments that demonstrate that people really do make choices for themselves, even if others do not consider them to be the wisest.

Plans of care are reviewed monthly by staff, there are also two monthly reviews which

Evidence:

may involve families or friends, if residents wish and Local Authorities complete an additional annual review for the people they support. The monthly review includes a check list, which staff complete with people who use the service, that asks them if they are content with the care being received, that is, it covers all aspects of the care offered, such as room cleanliness, personal care and activities.

All aspects of peoples day to day life is included on plans of care and these focus, as far as possible, on assisting people to live as they want to, so that they can enjoy their life as much as possible. Plans of care include detailed advice on how to encourage people to stay as independent as possible and peoples' choices and preferences are clearly noted.

Health care plans are comprehensive and records included visits to the G.P, optician, eye clinic, department of dermatology, specialists and community nurses. People had advance directives for health care, nutritional screening and monitoring (as necessary) and any specialist health requirements. Risk assessments are developed to support people to stay as independent as possible for as long as possible, these could include more detail about how the home is minimising the risks for that person and what advantages they gain from taking the risk.

Approximately six residents self medicate to varying degrees, the home assess the risk and ask the G.P to sign that he agrees with their opinion that the individual is able to continue with this. They note carefully the amount and type of monitoring necessary to make it as safe as possible, this will depend on the medication, what its' for, how often its' taken and the ability level of the individual. Peoples' medication is monitored a minimum of monthly, even if they are administering completely independently.

Staff work closely with other professionals for instance a district nurse said 'I have supported the home to ensure that residents are able to remain at home at the end of life stage of illnesses', 'carers seek and adhere to advice given with regard to the health needs of their clients' Three health professionals returned surveys to us, some comments were, 'respectful and caring of all residents', 'appropriate support given to enable people to be as independent as possible', 'carers are very thorough, considerate and provide a high standard of care', 'fabulous atmosphere', 'people are always clean and encouraged to show their individuality'. Some comments from surveys returned to us by people who use the service were, 'all my medical needs are attended to', 'they really help me to look after myself'. These sort of very positive comments were re-iterated by people spoken to, on the day of the visit. All staff have received medication training, they do not administer medication until they have

Evidence:

completed training and have been assessed as competent by a senior staff member. Training records show and staff confirm that they have training up-dates, as necessary. They also have the opportunity to attend courses in particular areas of health needs such as diabetes, end of life care, dementia and eye conditions. The home try to provide specific training if people are admitted with specific medical conditions for instance, diabetes. The pharmacist visits annually and made no requirements at the last visit (report seen). The home stores, administers and records controlled drugs safely.

Staff were observed treating people with great sensitivity and respect and one staff member was able to describe, in detail how she ensures that she always respects people. The seven people spoken to said that they are always well treated, they are always treated with great respect and listened to. Some comments on surveys were 'we are made to feel that nothing is too much trouble', 'we are treated as individuals and with respect according to our needs and wishes', , 'we are treated with dignity, consideration and respect' and 'I am respected and treated very well' .

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 make sure that people have an interesting and rewarding lifestyle, remain part of the community and keep in contact with families and friends.

The people who use the service are offered varied and nutritional food, which they help to choose and which they enjoy.

Evidence:

The home has a monthly list of activities, they are published in advance so that people can see what is coming up. These include gentle exercises, a motivation group, music for health, the local church come to do some services across the year and people come to play the piano. People also attend activities in the community such as picture shows in the village hall, attending the W.I, going to a day centre, using the local pub and local shops. The home host special events such as a summer BBQ, a Christmas party and any other special occasions that people wish to celebrate. Residents can hold personal celebrations with their family and friends in the conservatory and the home will cater for them, if possible. People from the local area visit to play the piano, visit with individuals and do talks and other things of interest. Some people access the community independently such as walk to the local shops or pub, others might be taken and dropped off in the nearby town and then picked up. Residents said that staff will go with them if they want to do any shopping and need help. Families come and

Evidence:

visit regularly and take people out to the local community for meals and socialising. Families are also always welcome to come to the home for regular meals and any celebrations that are happening. Residents spoken to said that there are always activities going on that they can be involved with or not, as they wish but they are also supported to do any individual activities that they want to. People have access to a computer that they use for e-mailing family and friends, they have TVs/music and telephones in their rooms, if they want them. Residents met, on the day of the visit were very communicative, assertive and interactive with staff and visitors. The home has a part time activities co-ordinator who has contacts with the local community and arranges functions and some activities, such as quizzes and outings. People recently went on an outing to a large farm shop and garden centre where they had lunch, those who chose to participate said that they very much enjoyed the trip. The daily notes record the activities that people have participated in and the objectives in the plans of care describe what peoples' interests and hobbies are and how the home can try to motivate people who may not be enjoying life as much as they could. People also play whist, bridge and scrabble and develop their own groups with people who have the same interests. Residents survey comments included, 'the home provides companionship, stimulation and lovely meals', 'food good', 'excellent cook, good selection of food' Staff survey comments included, 'families' input greatly welcomed', 'the home tries to keep residents as independent as possible, they are given plenty of choice', 'we cater for the individual, we excel at meeting their needs', 'I consider we give excellent care, we always treat people with the utmost respect and dignity'. 'we try to give resident centred care at all times, choices are given over every aspect of their lives', ' it is a home from home with excellent care'. Health professionals comments included, 'there are lots of activities provided to improve residents health and well-being'.

Families are an integral part of the plans of care for the people in the home, people told me that their families are always welcome and feel comfortable in the home, the visitors book showed that there are lots of visitors in and out of the home on a daily basis.

Residents help to develop the menus at resident meetings and all said that the food was superb. Resident meetings showed that people are involved in decision making and their opinions are sought on all aspects of the running of the home.

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 listens to peoples' complaints and concerns and does something about them.

People feel safe and are kept safe from all forms of abuse or poor care practise.

Evidence:

The home has a comprehensive complaints procedure and a 'niggles' book, to encourage people to enter anything, however small, that they are not happy with. Residents confirmed that they know how to make a complaint, know where the 'niggles' book is and would not hesitate to complain if there was a need to. The home has not received any complaints in the last 12 months. Residents confirmed that they felt they had nothing to complain about, not even any 'niggles', they felt that staff noticed any concerns before they did and they are immediately rectified. People said that they feel strongly that their views are listened to and acted upon if possible, for instance one person suggested steps onto the road at the front of the building instead of having to negotiate a gravel slope, this has been done.

The home has received 27 compliments/positive comments as recorded in their comments book, the majority of these are complimenting the home on the high standards of care given to relatives.

All staff have safeguarding training and two staff spoken to (one new) were able to clearly explain their responsibilities and what action they would take to protect the

Evidence:

people they work with from any form of abuse. Two staff have completed the training for trainers course to enable them to keep peoples' safeguarding training up-to-date, it is also included in the induction process.

All but one person who lives in the home look after their own finances, the one person has a small amount of cash kept in a locked tin in the office. the provider advised that receipts and records of expenditure are kept , the persons son is their appointee.

Residents said they feel very safe in the home, they would not hesitate to talk to a staff member if they didn't and couldn't imagine ever being abused by anyone working in the home. Residents survey comments included , 'nice atmosphere', 'the home provides me with security and warmth in every sense', 'I like the staff and everyone is kind and friendly'. A health professional said that the home 'enable people to live in safety and comfort' Staff comments included, ' we welcome constructive criticism, with time to listen and act on residents concerns'

The manager, providers and staff have had training in the mental capacity act and the deprivation of liberties but neither are relevant to anyone in the home , currently.

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

People are provided with a pleasant, homely environment to live in, which meets their individual and group needs.

Evidence:

The home is an old house that provides some ground floor and first floor private accommodation. Corridors are narrow and the floors are not always even but best use is made of the space and the overall effect is a very homely well kept, clean environment. The location and size of rooms is chosen for individuals to best meet their needs and choices, wherever possible. One person said that they had moved rooms when the one that suited them best became vacant. Rooms are of different shapes and sizes but are equipped with any necessary aids to meet peoples' assessed and changing needs. People have their own furniture and belongings in their bedrooms, which are highly individualised. Residents described how they are involved with the choices of new furniture and fittings and can choose the style and colour. The home is decorated regularly, as needed. There is new flooring in some areas and a new conservatory completed early in the year, this is very well used by people who live in the home. The first floor is accessible via a stairway and a lift that is regularly serviced.

The grounds are not all usable as some garden is on a steep slope, this gives some people lovely views of the woodland and fields. People spoken to were very interested

Evidence:

in the wildlife that can be seen from the windows in the house. There are some flat areas of garden that can be used by people for sitting and strolling, in good weather.

The home has four new laundry machines , residents said that their clothing is very well looked after and returned to them promptly.

All staff are trained in infection control and this is discussed at most staff meetings, hand gel is available at the entrance along with requests for visitors not to enter if feeling unwell or displaying flu like symptoms.

Residents comments included, 'I like it very much here and am looking forward to getting new curtains', 'Coombe House makes us all very happy and is comfortable', staff commented that it is a 'happy and clean place to live and work'

Health professionals said, 'they provide a homely environment which doesn't feel institutional' and 'it provides residents with a beautiful home to live in safety and comfort'.

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

The home has a well trained and experienced staff team, who are able to meet the needs of the people who live in the home.

People who live in the home feel they are offered the best possible care and there are enough staff to assist them, as necessary.

Evidence:

There are a minimum of two staff on duty, during daytime hours, this is between the hours of 2 pm and 6 pm, in the mornings and late afternoons there are three people on duty. Few of the people who live in the home need physical help with personal care and additional staff are rota'd on if there are any special activities or people request to do things. The home does not use agency staff but use staff doing overtime or extending their hours to cover any staffing deficits. The providers and registered manager will also cover care shifts as and when necessary. The home provide extra staff support if someone is ill or health is deteriorating, so that people can stay at home if they wish and it is appropriate, until the end of their life.

Two staff files were seen, they contain all the necessary information, to ensure that applicants are suitable and as safe as possible to work with vulnerable people. The home keep a record of interviews and have a scoring of system, to ensure equality of opportunity for all candidates. There is one male staff member available to work with male residents if requested or judged as necessary. He is allocated to work with male

Evidence:

residents in areas to enhance their comfort and dignity.

Staff have excellent training opportunities, training records showed that all mandatory courses are completed.

12 of the 15 staff have NVQ 2 or above qualifications. Only qualified staff are left , unsupervised in the home. Staff without the formal qualifications are called care assistants and are supervised by a senior staff member at all times.

The registered manager, deputy manager and two joint providers have NVQ 4 and a Registered Manager's Award and one of the providers has a recent degree in geriatology.

Staff confirmed that they have ample opportunities to attend training courses and are encouraged to increase their knowledge whenever possible.

Staff are committed to the home and the people in their care, most staff have worked there for over two years with some completing over ten years service.

Comments on resident surveys included, 'staff are caring and understanding', 'we are very well looked after', 'every effort is made by staff to make us feel at home', 'the care at Coombe House is excellent', 'care staff are kind and attentive', 'staff are friendly and there's a happy atmosphere', 'everyone is very kind and friendly, I feel I am looked after and couldn't ask for better', 'if I need anything there is always someone I can ask', 'everything is very good, staff are kind and friendly'.

Staff survey comments included, 'staff are well trained and keep up-to-date with legislation', ' we could do with less paperwork but we know its' necessary', 'staff are well trained and experienced'.

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

The home is very well managed, in the best interests of the people who live there. They ensure that they continually check on the quality of care they provide and the people who live there are totally involved in these processes.

People are kept as safe, as is possible, by staff adhering to robust Health and Safety procedures and the home accessing specialised help/guidance, as necessary.

Evidence:

The manager has been in post for some years, she has an NVQ 4 and Registered managers award. She is supported by the two joint providers and a deputy manager who are all suitably qualified and experienced. Staff spoken to and staff survey comments indicate that the management is very supportive and the home is run in the best interests of the people who live there. Residents say that 'it is a wonderful home' and there were no negative comments. They told me that it is very well managed and all the managers are approachable. Residents survey comments included, 'everything is done well', 'we are very well looked after, the home is not institutional', 'I am very content here', 'I am happy with the way things are', 'in my

Evidence:

opinion nothing needs to be improved', 'well run, happy atmosphere, I can't think of anything they can do better', 'I am very happy here there is nothing I would like to change'. Staff survey comments included, 'a well managed home', 'a happy friendly place to work', 'a warm friendly and inclusive atmosphere', 'residents come first', 'I have worked here for 18 months it is the best place I have ever worked'.

The home has several quality assurance processes which include visits by the provider, who does not work in the home on a daily basis, resident satisfaction check lists which are completed regularly when plans of care are reviewed and annual questionnaires that are sent to residents, families and friends to check the quality of service. The results of the questionnaires returned are evaluated and any necessary areas are incorporated into the annual business plan, this is then reviewed and evaluated annually, or as often as necessary. The provider confirmed that the home has no financial concerns and the replacement of furniture and fittings and provision of a new conservatory, earlier in the year, suggest that this is the case. Some residents comments, seen on questionnaires, were 'everything is as good as it can be', 'wonderful place to live' and numerous other, generally positive comments. Families also record very positive comments about the home and the care it offers. These positive comments are reflected in surveys completed for the CQC.

All residents deal with their own finances except for one person who's family look after their money.

The AQAA stated and the provider confirmed that all Health and Safety maintenance is carried out in a timely manner, they have a health and safety adviser who visits quarterly. She checks on Health and Safety issues and will provide training if necessary. Staff confirmed that they receive Health and Safety Training and the necessary up-dates.

The fire officer was asked to visit recently, he had a few recommendations that are being carried out. The environmental health officer, visited during the year, he was satisfied with the standard of cleanliness and made no requirement's as a result of the visit.

The home keep detailed accident and incident reports, it was discussed that they could add information, to the form, to make it clearer how they are minimising the risk of recurrence, and if necessary they could cross reference this information with peoples' individual risk assessments.

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

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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