

Key inspection report

Care homes for older people

Name:	Remyck House
Address:	5 Eggars Hill Aldershot Hampshire GU11 3NQ

The quality rating for this care home is:	one star adequate 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:
Christine Bowman	1 5 0 1 2 0 1 0

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

Document Purpose	Inspection report
Author	Care Quality Commission
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:	Remyck House
Address:	5 Eggars Hill Aldershot Hampshire GU11 3NQ
Telephone number:	01252310411
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	Mr Thedchanamoorthy Kandiah, Mrs Shanthini Kandiah
Type of registration:	care home
Number of places registered:	29

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	29	0
old age, not falling within any other category	0	29
Additional conditions:		
The maximum number of service users to be accommodated is 29.		
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) Dementia (DE)(E)		

Date of last inspection	1	7	0	7	2	0	0	9
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Brief description of the care home
Remyck House is a care home that provides personal care and support for up to 29 older people. The home also provides a service for people who may have dementia. The home, which is privately owned, is located on the outskirts of Aldershot town centre and close to local amenities and bus routes. The home has three communal lounges and a communal dining room. People that are interested in living in Remyck House are provided with a copy of the home's 'Service Users Guide' that contains information about the facilities and service

Brief description of the care home

provided at the establishment. They are also invited to visit the home and spend some time there meeting people and sampling a meal.

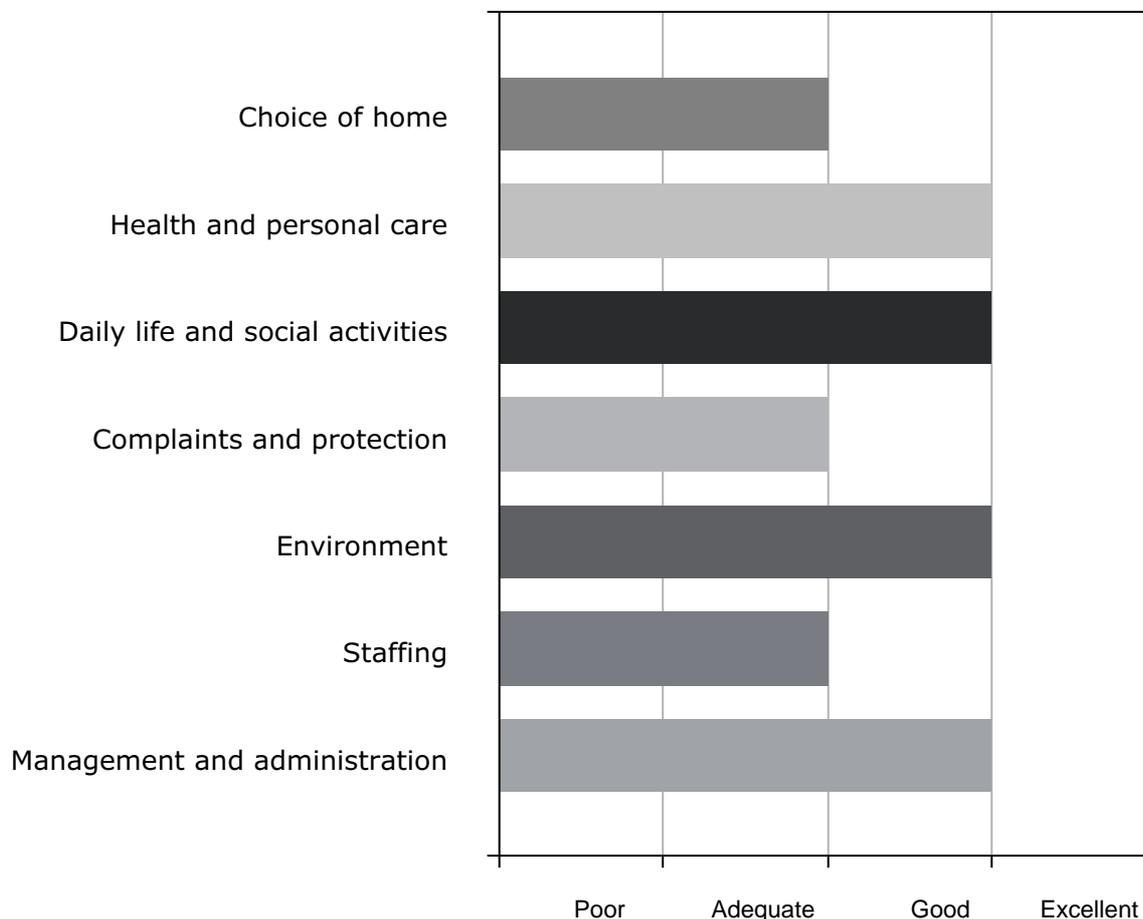
Summary

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

The quality rating for this care home is:

one star adequate service

Our judgement for each outcome:



How we did our inspection:

This inspection report includes information gathered about the service since the previous site visit on 17th July 2009. An Annual Quality Assurance Assessment (AQAA) was completed by the manager, and returned within the required timescale, giving up to date factual evidence about the running of the home and informing us of what they think they are doing well, how they have improved the service, and of their plans for further improvements. Two people living at the home completed surveys, with support from relatives, giving their views on the service, and visiting relatives were spoken with and gave comments. Four staff who work at the home also completed surveys. An unannounced site visit, conducted on 15th January 2009, was completed over six hours, commencing at 11:00am, to assess the outcomes of the key inspection standards for older people with respect to the people living at the home. The registered manager, Pauline McIntyre, assisted with the inspection process by making service user files, staff files, quality assurance documentation, the service user guide, the statement of purpose, samples of policies and procedures and other documents and

records available to be sampled. We sampled four bedrooms and the communal living areas of the home and spoke with three residents and observed and spoke with three of the staff as they carried out their duties.

What the care home does well:

Good quality, fresh ingredients were used for preparing meals, and although there were set mealtimes, residents could choose to have their meals at other times if they wanted to. Special diets were catered for and drinks and snacks offered between meals. Residents asked on the day of the site visit if they had enjoyed their meal confirmed, 'the food is very good.'

The home has a hard-working, committed and enthusiastic manager, who supports the staff well, and provides most of the training. Staff commented in the surveys they completed, 'the manager always gives support to the staff and listens to any concerns we may have', and 'the manager provides us with good training'. Three staff spoken with on the day of the site visit also confirmed they were well supported by the manager.

The comments book contained a number of compliments including, 'lovely home, everyone is so friendly. The staff work very hard and are like a family. I have never seen my relative so happy,' and 'the staff are very friendly and we feel that they do a very good job and it's much appreciated.' A relative commented on what the home does well, 'my relative is well looked after and the staff engage with her well.' Another relative wrote in the survey they supported a resident to complete, 'our relative is happy with the way the home is run', and another commented, 'the home keeps relatives well informed and they are good at trying to keep the residents entertained.'

What has improved since the last inspection?

The assessment process had improved and more information about the social needs and interests of the residents had been gathered to enable the home to provide activities, entertainment, and events to fulfil these needs. Individual life history forms had been sent out to current residents' families and friends, or completed with the residents themselves where possible, to determine their social likes and dislikes, hobbies and interests to improve the provision in line with the residents' needs and wishes.

The privacy and dignity of the residents had improved by the relocation of the hairdressing activities from the entrance hall, to a private room in the home, and the visiting hairdresser had been provided with Criminal Record Bureau clearance in order to provide this service in private.

Medication administration had improved and a list of the staff signatures of those responsible for the administration of medication was available for identification purposes. The audit trail with respect to medication was confirmed by the signing of the returns book to ensure that all medication was accounted for.

Up to date contact details of the Care Quality Commission had been posted on a notice board in the entrance hall and included in the complaints procedure to inform residents, their relatives and representatives and the staff. A comments book had also been provided so that visitors could make suggestions and give feedback on the service.

Carpets had been cleaned since the previous site visit and the home's 'Four Year

Decorating and Maintenance Programme (2009 -2012) showed that plans were in place to steam clean carpets on a six monthly basis. A carpet cleaning machine had also been purchased for use by the cleaning staff, and task schedules had been provided to ensure that all areas would be cleaned on a regular basis to maintain a pleasant environment for the residents to live in. Risk assessments with respect to infection control measures, had been reviewed and both the Environmental Health Officer and the continence nurse had been consulted for advice. The home was clean and fresh on the day of the site visit and there were no unpleasant odours associated with the disposal of hazardous waste.

Other environmental improvements completed over the previous twelve months and recorded in the AQAA included; a new kitchen, the redecorating of the lounge, all the corridors and three residents' bedrooms to improve the environment for the people living at the home. New carpets had been provided on the ground floor corridor, and some radiator covers, window restrictors and fire doors had been replaced, for the comfort and safety of the residents. Most of the fire fighting equipment had been replaced, fire doors in the older part of the building had been provided with seals to contain fire and smoke, and fitted with new door closures, to protect the residents, the staff and visitors to the home.

Recruitment processes had improved and an audit of the files of current staff had been carried out. Staff personnel files, sampled at this site visit, contained the necessary documentation to confirm new staff had been fully checked, prior to starting work, for the protection of the residents.

What they could do better:

The statement of purpose and the service user guide could be more informative about the aims and objectives of the home. More information was required to inform prospective residents and their representatives of the manager's and staff training and qualifications, and of any specialist training to support people with dementia. It would be helpful to prospective residents and their representatives to know how the environment is adapted to support this specialist need, and of how the home promotes the quality of life of people with dementia.

All the staff must receive up to date training in the safeguarding of vulnerable adults to ensure they know how to respond to allegations of neglect, abuse or self-harm.

Staff retention had not been good over the previous twelve months resulting in a lack of continuity and consistency for the residents, and the four staff who returned surveys thought that the provider could provide better support and improved wages so they would not have to work such long hours. Staff also commented that there were only 'sometimes' enough staff to meet the individual needs of the residents.

The number of staff, who had achieved a National Vocational Qualification in health and Social Care at level 2 or above was below the target set for April 2008 of 50 per cent and this needs to improve to ensure the service users are being supported by qualified staff.

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

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

Details of our findings

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Requirements and recommendations from this inspection

Choice of home

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Prospective residents are supplied with most of the information they need to make an informed decision about moving into the home. The home ensures that prospective residents' individual needs are assessed and that a care plan is compiled to show how their needs will be met at the home.

Evidence:

Since the previous site visit, the statement of purpose and the service user guide had been reviewed and updated and the contact details of the Care Quality Commission had been included to inform the residents, their relatives and staff. More information was required to inform prospective residents and their representatives of the staff training and qualifications to support people with dementia, and of how the service and the environment is adapted to support this specialist need. A pictorial service user guide had been developed, illustrated with colourful symbols and written in a person-centred way, to introduce prospective residents to the home. The two residents, who completed surveys with support, confirmed that they received enough information to

Evidence:

help them to decide if this home was the right place for them, before they moved in.

The AQAA recorded, ' The home obtains a pre service assessment from the care manager and care plan to look at the needs of the potential resident before making our own assessments'. The manager stated that assessments were sometimes completed when the prospective resident was in hospital, at home when they visited the home with their relatives or other representatives. Two assessments sampled included personal information, details of social and healthcare practitioners involved, likes and dislikes, healthcare and personal care needs, and an assessment of the individuals' ability with respect to independence. Since the previous site visit, a new assessment format had been introduced, which included a life history section and future wishes. Details of prospective residents' interests and hobbies had been included to enable a social activity plan to be compiled with the key worker involved. 'Prospective residents are invited to visit and spend time assessing the facilities that we provide and they also have the choice to have an overnight stay if they wish', the manager stated.

The home does not provide intermediate care.

Health and personal care

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

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

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

Care plans address the residents' health and personal care needs and safe arrangements are in place for the handling of medication to protect the residents. The residents' right to privacy is upheld and their dignity maintained.

Evidence:

The two residents' care plans sampled had been drawn up from comprehensive assessments and covered all areas of the residents' care needs. Records confirmed that reviews had taken place on a monthly basis and had been signed by residents or their representatives to confirm acceptance. Residents' care needs had been recorded, from their basic background details to the personal support required by individuals to assist with dressing and with mobility needs. Nutritional screening (MUST), weight records and fluid charts were kept of all residents and monitored each month for any changes, to ensure residents would not become dehydrated or suffer from malnutrition. At the previous site visit, completed six months ago, five care plans had been sampled confirming that, 'a full range of assessments were in place to guide staff and help reduce the possibility of accidents with respect to falls and mobility issues,

Evidence:

and that individuals' mental healthcare needs had been monitored, a mental health practitioner had been involved, and a psychological profile had been completed on their behalf'.

The AQAA recorded that, 'records are kept for any intervention needed for pressure areas and input from outside agencies are sought with a plan of care kept'. There had been no incidences since the previous site visit to sample. The residents whose records were sampled had been registered with a General Practitioner (GP). The AQAA recorded, 'residents are encouraged to meet with the G.Ps in their own rooms so that their dignity and privacy is maintained'.

Medication administration records sampled had been completed in a satisfactory manner, showing that residents had received the required dosage of their prescribed medication, as set out by their medical practitioners, and there were no unexplained gaps in the recordings. The staff, who took responsibility for this task had received training in the safe handling of medication, and their individual training and development logs confirmed this. A list of the names and signatures of the staff responsible for administering medication was available for identification purposes. Individual residents' records contained a photograph to ensure the medication was administered to the right resident, and most of the residents' medication was blister packed at the local pharmacy for safety and convenience. Medication received had been recorded and, since the previous site visit, the returns book had been signed to ensure medication returned to the pharmacy was all accounted for. At the time of the site visit, the manager stated that no controlled drugs had been prescribed to any of the residents, but a suitable storage facility and controlled drugs register were available should they be required.

Observations of the staff throughout the day confirmed that they were respectful and polite in their interactions with the residents, who smiled in response to them and appeared relaxed and happy in their home. New staff had completed the Skills for Care common induction standards, which provide an introduction to the caring role and promote the residents' rights to be treated as an individual, with respect for their privacy and dignity. The four staff members, who completed surveys recorded that they felt they had the right support, experience and knowledge to meet the different needs of the residents with respect to equality and diversity issues. Since the previous site visit, arrangements had been made for hairdressing to be carried out in a private area of the home rather than in the entrance hall in the view of visitors, and a CRB check had been applied for with respect to the visiting hairdresser for the protection of the residents.

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

A variety of social activities and entertainment, the promotion of relatives' involvement in the lives of the residents, and the provision good quality and nutritious meals meet the residents' needs.

Evidence:

Since the previous site visit the AQAA recorded that, ' Individual life history forms have been sent out to service user's families and friends or completed with the service user to determine their social likes and dislikes and any hobbies they may be interested in'. The collation of this information for new residents had also improved at the initial assessment phase. The manager stated that an activities coordinator was employed for two hours each day to engage with the residents and provide suitable entertainment. On the day of the site visit, residents received visitors throughout the day and in the afternoon they took part in a sing-along to old time music, which, it was apparent from the way they were joining in, smiling and laughing, they really enjoyed as they took afternoon tea and cake.

The manager wrote in the AQAA that there were regular visits from the hairdresser, an aromatherapist, and that a Church of England priest conducts a service at the home on a monthly basis for anyone who wishes to attend. The manager stated that

Evidence:

music was very popular and that residents enjoyed visiting musicians and experiencing musical instruments for themselves. Other activities included physical exercises using a WII console, exercise to music, bingo sessions, small group sessions of board and ball games, painting, crafts, reminiscence, newspaper discussions, manicures, quizzes, old time films, card making and gardening (weather permitting) . A large widescreen television had been provided in the large living room to improve the viewing for those with visual impairment, and a compact disc player and selection of music discs were also provided. The home did not provide transport, but was on a bus route and close to the town centre of Aldershot. The manager stated that it was possible to arrange for residents to go out for a coffee in town or at the local garden centre, and that one resident likes to go shopping.

One of the two residents, who completed surveys, confirmed that the home always arranges activities that they can take part in if they want, and one that it usually did. A visiting relative commented on what the service could do better, 'when our relative was in better health, it would have been nice to have more activities to keep the residents occupied'. The AQAA recorded under plans for the next twelve months, 'we are going to review some of our social activities and to change according to the needs of the residents. Using the resources available to provide activities on a daily basis Monday to Friday. We are going to look at local groups with the possibility of having volunteers to come and entertain the residents. We are also planning to undertake monthly meetings with the residents to discuss menus and activities with a view to possible changes needed'. A poster on the notice board in the entrance hall informed residents, their relative and representatives that a meeting had been planned for the end of January.

The service user guide informed residents that only good quality, fresh ingredients were used for preparing meals and that, although there were set mealtimes, they may have their meals at other times if they wanted to. Special diets were catered for and drinks and snacks offered between meals. On the day of the site visit, the dining room was laid out with circular tables with table cloths, providing a congenial space for residents to socialise and enjoy their meal. There were framed pictures on the walls, giving the room a homely feel. The menu was displayed in the lounge to inform the residents and lunch consisted of lamb chops, mashed potatoes, broccoli, carrots and gravy, followed by rice pudding, all of which emitted a pleasing aroma, and looked appetising. Some residents preferred to take lunch in the lounge and one service user confirmed she had enjoyed it by commenting, 'I had a lovely dinner. It was very nice'. One of the two residents, who completed surveys, confirmed that they always liked the meals at the home and the other resident usually did.

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

Residents are confident they will be listened to, should they express concerns, and a satisfactory procedure is in place to deal with complaints, should they arise. Residents are safeguarded from abuse by staff, who are safely recruited, but more up to date safeguarding training is needed to keep the staff informed of how to protect them.

Evidence:

The complaints procedure was included in the statement of purpose, and timescales for responding to the complainant, and reporting back on the outcome if an investigation should result from the issue raised, were clearly recorded. The manager wrote in the AQAA that all residents were provided with a copy. The two residents, who completed surveys, both confirmed that there was someone they could talk to informally if they were not happy, and that they knew how to make a complaint. A comments book was provided in the entrance hall and the contact details of the Care Quality Commission were posted on the notice board to inform the residents, their relatives, representatives and staff, how to get in touch with us should they wish to. The comments book contained a number of compliments including, 'lovely home, everyone is so friendly. The staff work very hard and are like a family. I have never seen my relative so happy,' and 'the staff are very friendly and we feel that they do a very good job and it's much appreciated.' The AQAA recorded that there had been no complaints over the previous twelve months.

Since the previous site visit, an up to date copy of the local authority safeguarding

Evidence:

policy and procedure had been provided, to ensure correct procedures would be followed should allegations be made, and plans were in place for staff to attend the safeguarding training provided by the local authority. Three staff files sampled contained certificates to confirm the Protection of Vulnerable Adults training had been accessed and the 'staff progress chart' showed that this training had been accessed by seven of the staff. The AQAA recorded that since the previous site visit, 'the staff have completed training for the Mental Capacity Act to ensure they are familiar with their responsibilities within it, and all the residents are able to access an advocate should they need to'. Staff files sampled also confirmed that appropriate checks had been carried out before new staff had been confirmed in post. Since the previous site visit there had been no safeguarding referrals, and the AQAA recorded that there were plans to provide keypads on the external doors for better security for the residents, whilst still giving them the choice to go outside to the gardens'.

Small amounts of money were held in safekeeping at the home on behalf of residents. Suitable secure storage was provided, receipts kept and records signed for the protection of the residents.

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.

Residents live in a homely, comfortable, safe and well-maintained home, which fulfils their needs and is clean, fresh and odour free.

Evidence:

The home was a large detached town house located on the outskirts of Aldershot, but within easy reach of the town centre. It was on a bus route and car parking was available to the front of the building. A security fence prevented residents from accessing the busy road, and ensured that visitors would have to ring the bell to gain access to the home through the electric gates. A side gate was accessible by keypad only. On the day of the site visit, a maintenance person, employed at the home, was busily clearing snow to make the area safe for visitors. Improvements had been made to the entrance hall since the previous site visit, and it was no longer being used as a hair dressing salon. The television had also been removed from the area and files had been appropriately stored. A table and chairs had been provided for visitors and the area was clean and welcoming. The manager stated that the hallway and communal areas had all been redecorated since the site visit six months ago to improve the environment for the residents. Framed pictures had been displayed on the walls and plants and a vase of flowers made the area pleasant. She also stated that she was in the process of putting up a display of staff photographs with their certificates to inform the residents, their relatives, representatives and visitors of the training completed by

Evidence:

the staff to confirm they were well-qualified to fulfil the aims and objectives of the home.

The large lounge was divided by an archway and a group of residents congregated in the smaller part of the lounge, which had a television. The main lounge had been provided with a large flat screen television, which was attached to the wall to make viewing easier for those with visual impairment. Armchairs, some of which had been replaced recently, were placed around the circumference of the room. Some concern had been expressed in the previous report about the ability of the residents sitting at the sides of the room to view the television. The manager stated that the staff had tried arranging the chairs in clusters, but the residents were not happy and wanted their chairs placed around the walls of the room. The view of the television was good from all parts of the room. A compact disc player and music was available as well as WII exercise materials, films, board games and newspapers for the resident's entertainment.

It was possible to view the garden from the lounge windows and a French window enabled access to the garden, which was provided with outdoor furniture for use in the warmer weather. The manager stated that the staff had built a snowman in the garden to amuse the residents.

There were sufficient bathing and showering facilities for the residents and bathrooms were fitted with specialist aids to enable the residents to be as independent as possible. Infection control facilities were good and all the residents' bedrooms in the new wing had en-suite facilities. Bedroom furniture was of good quality and residents had personalised their rooms with family photographs and other personal items, which they had brought to make their bedrooms homely. The bedrooms were of a generous size and contained armchairs and televisions for the comfort and enjoyment of the residents. Bedrooms, which had originally been shared, were now being used for single occupancy, the manager stated, to promote the privacy and dignity of the residents, and a bedroom in the older part of the house could be provided as a double bedroom if this was required. Resident's bedrooms were mainly situated upstairs and accessible by stair lift or passenger lift.

A requirement had been made at the previous site visit to improve infection control measures, including eliminating odours and implementing sanitizing policies and procedure for carpets, to ensure all areas of the home are clean in order to reduce infection control risks to the residents. An improvement plan had been completed by the provider, identifying the actions taken to comply with this requirement. An invoice from a cleaning contractor, confirmed that the carpets had been cleaned in October

Evidence:

and the home's 'Four Year Decorating and Maintenance Programme (2009 -2012) showed that plans were in place to steam clean carpets on a six monthly basis. A carpet cleaning machine had also been purchased for use by the cleaning staff, and task schedules had been provided to ensure that all areas would be cleaned on a regular basis. Risk assessments with respect to infection control measures, had been reviewed and both the Environmental Health Officer and the continence nurse had been consulted for advice. The home was clean and fresh on the day of the site visit and there were no unpleasant odours associated with the disposal of hazardous waste.

A new kitchen had been fitted over the last twelve months and the manager stated that Environmental Health had awarded the service an 'excellent' rating at their most recent visit, but the certificate had not yet been received. Other environmental improvements, recorded in the AQAA, had been completed over the previous twelve months and included, the redecorating of the lounge, all the corridors and three residents' bedrooms to improve the environment for the people living at the home. New carpets had been provided on the ground floor corridor, and some radiator covers, window restrictors and fire doors had been replaced, for the comfort and safety of the residents. Most of the fire fighting equipment had been replaced, fire doors in the older part of the building had been provided with seals to contain fire and smoke, and fitted with new door closures, to protect the residents, the staff and visitors to the home.

Suitable facilities were in place for the laundering of residents' clothes and plans were in place, the manager stated, to provide a larger space for ironing purposes. The AQAA confirmed that the home had an action plan to deliver best practice in prevention and control of infection, and that the majority of the staff had received training in prevention and control of infection.

Staffing

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

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

A team of well-trained staff, which have been safely recruited and inducted to ensure the residents' protection, provide their care. Poor staff retention means that the residents do not receive continuity and consistency of support.

Evidence:

Staff carried out their duties in a cheerful, calm and respectful manner on the day of the site visit, taking time to talk with and assist the residents. A total of fifteen care staff were employed at the home, some of whom were part-time, and catering, housekeeping and maintenance staff were also employed. The staff rota showed that staff worked in teams of three, completing six hour shifts in the day time, and teams of two completing twelve hour waking night shifts. Some extra support was built into the rota for busy times such as mealtimes. The AQQA recorded that thirteen staff had left the employment of the home over the previous twelve months. This high turnover of staff does not provide the best outcomes for residents with respect to consistency and continuity. The four staff, who completed surveys, all commented that, 'the wages could be better' and three thought that, 'the owner could provide the staff and the manager with better support.' The two residents, who completed surveys, recorded that the staff were usually available when they needed them, and that the staff usually listen and act on what they say. Three of the four staff, who completed surveys, thought there were only sometimes enough staff to meet the individual needs of the residents.

Evidence:

The AQAA recorded that seven of the fifteen staff had completed a National Vocational Qualification (NVQ) in Care or Health and Social Care at level 2 or above to support them in their role. This is just below the fifty percent target to be achieved by April 2008. New staff files sampled contained an induction in line with the Skills for Care common induction standards, which provides an introduction to the caring role and promotes the residents' rights to be treated as an individual with respect to their equality and diversity issues.

Three staff, whose files were sampled, had been recruited in accordance with regulations, and all the necessary pre-employment checks had been carried out for the protection of the residents. Two of the four staff, who completed surveys, also confirmed that their employer had carried out checks, such as Criminal Record Bureau (CRB) checks and references, before they started work, and the other two staff explained that they had worked at the home for many years before such checks were common practice, but had since been checked. An immediate requirement had been made at the previous site visit because one staff member had a CRB check which had been supplied to another provider and the registered person had been required to ensure that all the required checks had been completed prior to allowing staff to work with the residents to reduce the risk of harm. Since the previous site visit, a human resources consultant had been working with the manager to ensure the recruitment policies and procedures were in place and that the personnel files were well organised.

The staff progress chart confirmed that mandatory training including Moving and Handling, Health and Safety, Infection Control, Basic Emergency Aid, Food Hygiene, Safeguarding Adults and infection Control had been undertaken by the majority of the staff and that all the staff had received Fire Safety Awareness over the previous six months. Staff had also undertaken training in the Care and Administration of Medication, Coping with Aggression, Risk Assessment, Diet and Nutrition, and Dementia Care to assist them in providing support to the residents. Some of the staff had also received training on the Mental Capacity Act to raise their awareness of their duties in providing support to service users who are unable to make their own decisions. The four staff, who completed surveys, confirmed that they were being given training which is relevant to their role, helps them to understand the individual needs of the residents with respect to equality and diversity, and keeps them up-to-date with new ways of working.

Management and administration

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

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

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

Residents live in a well managed home, in which their opinions are sought for the improvement and development of the service. Effective systems are in place to promote the residents' health, safety and welfare creating a safe environment for them to live in.

Evidence:

The manager had the necessary experience and qualifications for managing a care home, including the Registered Managers' Award, and since the previous site visit, had completed a course approved and validated by the Institute of Occupational Safety and Health entitled, 'Managing Safely'. On the day of the site visit she had walked several miles in the snow to reach the home, and she was positive and enthusiastic about her role in providing the best care possible for the residents. Staff comments about what the home does well included, 'good care is always given to the residents and the manager always gives support to the staff and listens to any concerns we may have', and 'the manager provides us with good training'. Three staff spoken with on

Evidence:

the day of the site visit also confirmed they were well supported by the manager. The four staff, who completed surveys, all commented on what the home could do better was that, 'the wages could be better' and three thought that, 'the owner could provide the staff and the manager with better support.' The management structure included a deputy to support the manager with the supervision and appraisal of the staff under their recently introduced continuous personnel development plans, 'to ensure that the employees have the correct support and resources to enable them to fulfil their position better.'

Since the previous site visit, quality assurance questionnaires had been completed by the residents, their relatives and other stakeholders, including the staff. The results had not yet been collated, so an action plan to address any issues had not yet been completed, as planned in the home's improvement plan. However, a sample of the returned surveys viewed, confirmed a high level of satisfaction from the residents and their relatives. Residents, their relatives and friends are informed of, and encouraged to attend meetings with the manager to give their views on the running of the service and details of the next meeting were posted on a notice board in the entrance hall.

Residents at the home continued to require financial support and assistance from relatives and advocates, as recorded in the previous inspection report, and the home does not act on behalf of the residents in relation to their financial interests. Small sums of money were held in safekeeping for the residents' convenience at the home. Records were kept of monies held, and receipts and balances checked corresponded with those recorded, confirming safe practice to safeguard the residents' interests.

The health, safety and welfare of the residents were promoted by regular staff training in moving and handling, fire safety, first aid, food hygiene and infection control. Certificates were viewed on staff personnel files to confirm this. The Annual Quality Assurance Assessment, completed by the manager confirmed that policies and procedures with respect to health and safety were in place to keep the staff informed, and that the essential maintenance of equipment had been carried out according to manufacturers' recommendations to ensure it was safe to use. A sample of certificates, seen on the day of the site visit, confirmed that maintenance checks had been carried out in a timely fashion.

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	18	13	All the staff must receive training in the safeguarding of vulnerable adults To ensure the residents are protected from abuse, neglect or self-harm.	12/03/2010
2	27	18	Sufficient, suitably qualified staff should be provided at all times to meet the assessed needs of the residents and to ensure their individual needs are met.	12/03/2010

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	1	More information about the ability of the home to cater for the specialist dementia needs of prospective residents, including staff training, and of how the accommodation has been adapted to meet the need of people with dementia, would be helpful to prospective residents and their

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
		representatives in deciding if the home is able to meet their needs.
2	28	Better access to National Vocational Qualifications should be provided to the staff to improve the number of qualified staff providing support to the service users.

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