

Key inspection report

Care homes for adults (18-65 years)

Name:	Maylands
Address:	Grosvenor Road Whitstable Kent CT5 4NN
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:
Jo Griffiths	0 6 0 8 2 0 0 9

This report is a review of the 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

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

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
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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Maylands
Address:	Grosvenor Road Whitstable Kent CT5 4NN
Telephone number:	01227770232
Fax number:	
Email address:	garywhite@whiterosecare.co.uk
Provider web address:	

Name of registered provider(s):	Mr Gary John White, Mrs June Rose White, Mrs Julie-Ann Johnson, Mr Donald Arthur James White
Type of registration:	care home
Number of places registered:	18

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	18	0
Additional conditions:		
The maximum number of service users to be accommodated is 18.		
The registered person may provide the following category/ies of service only: Care home only - (PC) to service users of the following gender: Either Whose primary care needs on admission to the home are within the following categories: Learning disability (LD).		

Date of last inspection									



A bit about the care home

Maylands is registered as a Care Home for up to 17 adults with a learning disability. A new manager has been appointed to the service, but has not yet applied to the Commission for registration.

The home is a detached two-storey house situated in its own grounds, but close to local shops and services. All service users are accommodated in single rooms with en-suite facilities. The enclosed garden has a terrace area that is accessible to service users.

The service provides care and support to adults with varying degrees of learning disabilities and other needs. Support is provided based on an assessment of need and a care plan is agreed with each individual. Activities are provided within the home and support can be arranged for activities within the community.

The fees for this service begin at £825 per week. More information and a copy of the Service User Guide can be obtained from the manager of the home.

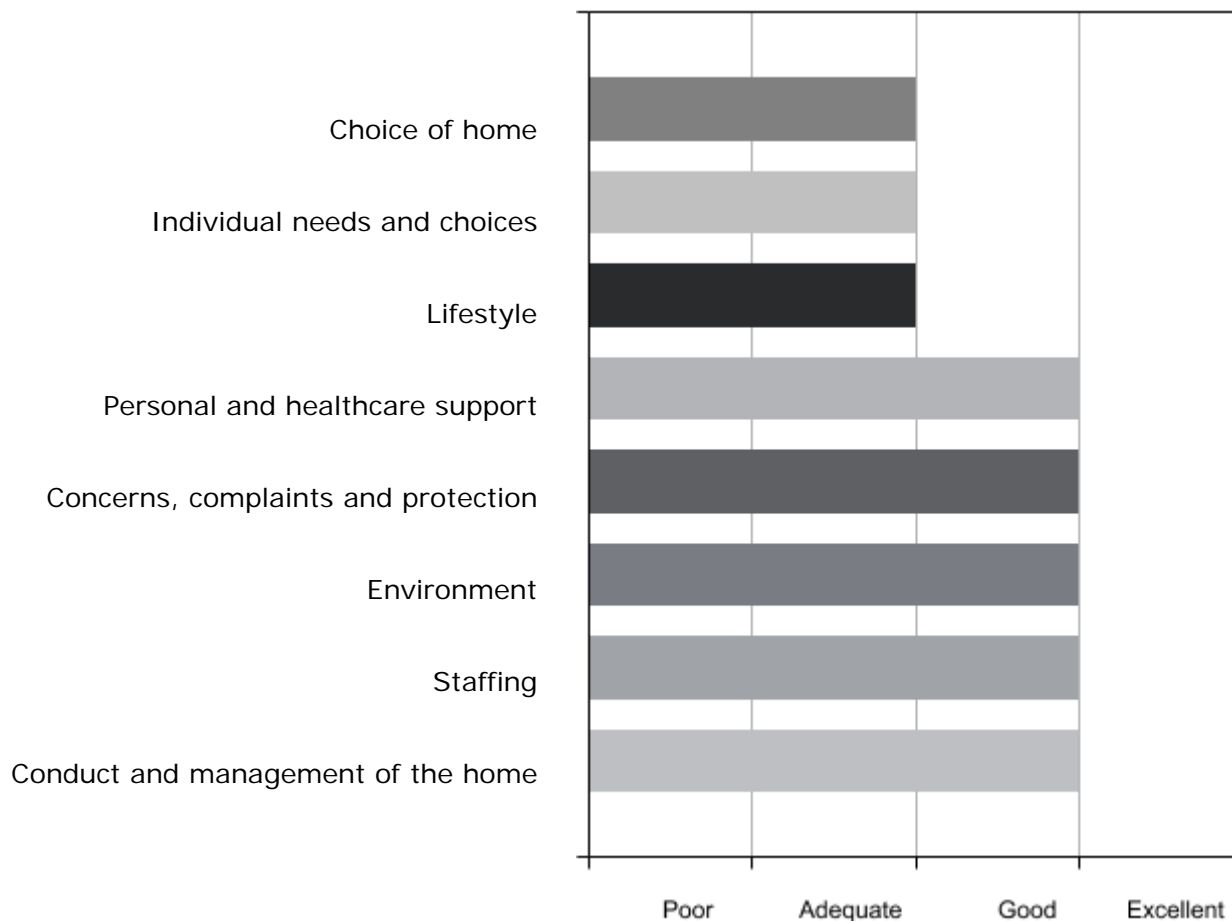
Summary

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:

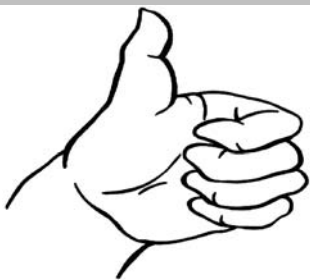


How we did our inspection:



This is what the inspector did when they were at the care home

The previous key inspection was carried out on 28th August 2007 and an Annual Service review completed on 29th August 2008. This key inspection took place on 6th August 2009 between 10.50am and 4.00pm. Prior to the visit to the home the manager completed and returned the Annual Quality Assurance Assessment, which gave the inspector information about the service and the actions taken to improve the service since the last inspection. Surveys were also sent to eight staff members and seven of these were returned following the visit to the home.



What the care home does well

The staff and manager have a good understanding of the needs of each individual living in the home. They treat people with respect and listen to their views. People that use the service and their relatives feel are provided with high quality care. The home is clean, fresh and modern and everyone has their own private space and access to a number of shared lounges and dining space.



The manager is new into post, but has already identified areas of the service that could be improved for the people that live there, such as the use of Person Centred Planning. She has written a development



plan to make sure these things happen.

There are regular meetings in the home for the service users to have a say about their care and the service they receive. When they make suggestions these are always taken seriously and acted upon, where possible.



There are lots of opportunities to get involved in activities in the home and there are some opportunities for outings and activities in the local community.

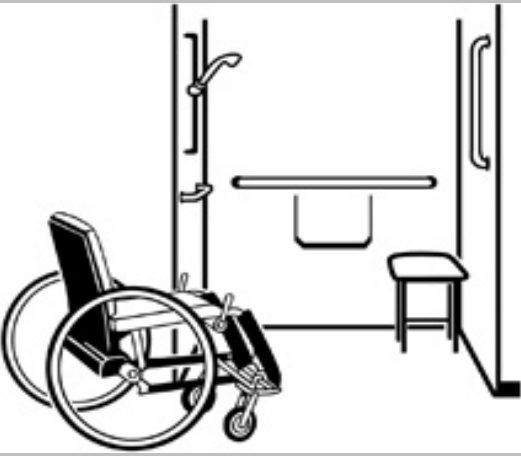


There is a varied and balanced menu and people can make their own choices about what they prefer to eat.

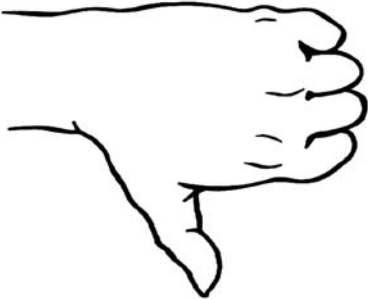


What has got better from the last inspection

Since the last inspection a new manager has been appointed and some new staff employed. Staff have completed more training to help them support people and more staff have completed their NVO award.



One of the bathrooms has been recently refurbished.

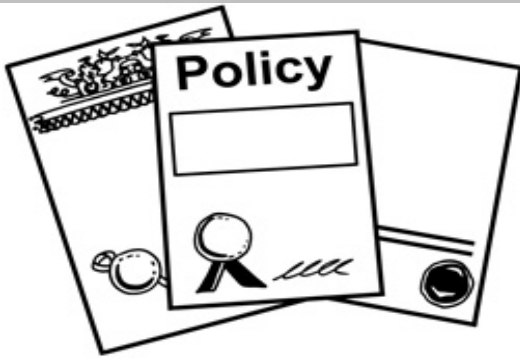


What the care home could do better

The assessments and care plans need to be reviewed to ensure they tell staff how to support people with their specific needs and people should be given the opportunity to be more independent in their daily lives. This could include being involved in the menu planning and shopping and preparing their own meals. People may also benefit from being given support to develop their skills for managing their own money and medication.



The activity records need to be improved so that the manager can ensure everyone has the support they need to do the activities that interest them. If people are charged to use the home's vehicles the registered person must ensure the charging policy is fair and made clear in the Service User Guide.



The application form for new staff must be updated to ask for any criminal convictions or cautions to be declared.



If you want to read the full report of our inspection please ask the person in charge of the care home

If you want to speak to the inspector please contact

Jo Griffiths
03000 616161

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Gallowgate
Newcastle Upon Tyne NE1 4PA
Email: Southeast@cqc.org.uk

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

The report of this inspection is available from our website <http://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 **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Prospective service users are provided with information about the services that the home provides, but would benefit from clearer information about any additional charges that are made.

Individuals have an assessment of their needs before they move to the home to ensure their needs can be met. They would benefit from their preferences and wishes being included as part of this assessment to provide a holistic view of their needs.

People wishing to use the service have the opportunity to visit the home and to move in on a trial basis.

Evidence:

There have been no changes to the Statement of Purpose for this service since the last inspection. A copy of the Service User Guide has been given to everyone in the home and these were seen in service users bedrooms. The document is presented in an easy to read format and tells people about the services provided in the home. The Service User Guide does not give people clear information about the additional charges that are made for the use of the home's vehicles.

At the time of the inspection there were sixteen people residing permanently in the home and one person staying for a period of respite. The Service User Guide tells people they can visit the home and stay for a trial period of one month before making their decision about moving in permanently. Feedback from a relative confirmed that the trial period had been offered when their relative moved to the home and that there had been lots of opportunities for their relative to visit the home first.

Evidence:

The needs assessments were seen for two people who use the service. These showed that most of the recommended areas of need are assessed before the person is offered a place in the home. The manager said she would check the National Minimum Standards and ensure all recommended areas of need are included. One of the assessments stated a number of areas where the person requires 'full assistance'. It did not tell the reader what the person can do for themselves or what may be important to them in receiving care in that area.

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

Individuals care plans ensure that some of their needs are met, but they would benefit from their plans being completed with them in a person centred way to give them more control of their care. Staff are not always provided with clear information on the support people need and what they can do for themselves.

Individuals are supported to take reasonable risks in some areas of their lives. They have a say in the running of the home, but would benefit from more opportunities to develop independence in their everyday lives.

Evidence:

Each person has an individual plan of care. Three of the plans were seen during the inspection. Whilst they cover most areas of need, as identified in the assessment, these have been written in a generic way and do not always relate directly to the individuals specific assessed needs. For example, one plan states 'if X uses an electric razor...' rather than stating what X prefers and how the staff should support them in this task. Another example seen in a plan stated the individual should be helped to use the toilet on the 'toileting rounds'. This is institutional language, does not promote person centred working and does not inform staff of the individuals needs and preferences in this area of their care. None of the plans state whether the person prefers baths or showers and none of the plans outline specifically what the person can do for themselves and what staff need to do for them. One plan states that staff must identify what the persons social needs are. This should be done during the assessment and the care plans should direct staff how to meet these needs. Two of the plans had been regularly reviewed, but one plan had not been reviewed since December 2007. None of the plans had been signed by the service user to agree their support package.

Evidence:

This was discussed with the manager who agreed the plans would be reviewed to ensure they are person centred and that they provide staff with clear information on how to meet the assessed needs.

The layout of the care plans is clear for staff to follow, but does not promote involvement of the service user as they are currently in written form only. The manager said that she plans to introduce Person Centred Planning to give individuals more control of their care and the benefits of arranging some staff training in this areas were discussed.

Care review meetings are held annually and the service user is supported to invite their relative and care manager as they wish. The care plans have not always been updated following these reviews, but other records within the care plan files showed that action had been taken to address any issues arising from these meetings. Feedback from service users and relatives indicates that they feel the staff have a good understanding of their needs and that they go out of their way to ensure their needs are met. The manager must ensure that the care plans are updated to reflect this support and to ensure staff provide consistent care.

Service users are involved in some areas of the running of the home. They have monthly house meetings where they are encouraged to bring ideas for new activities and to have a say about their care. People that are unable to communicate verbally have communication passports to help staff understand what they wish to say. The minutes of the service user meetings showed that action had been taken in relation to suggestions made by service users. The manager stated, on the AQAA, that there are plans to ensure all the documents, including service user meeting minutes, are produced in an easy read format.

Currently none of the service users are supported to be involved in doing their own laundry or cooking their meals. This is an area that could be explored with them to promote their independence and their control of their lives. One person takes responsibility for cleaning their own bedroom. None of the service users manage their own finances and the care plans do not support people to develop their independence in this area.

Risk assessments have been completed as part of the three care plans seen and these had been reviewed. The risk assessments showed that consideration had been given to minimising risks whilst supporting people to do the activities they enjoy.

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

People using the service are supported to undertake activities of their choice, but would benefit from better planning and recording of activities to ensure their needs are fully met in this area.

Service users are supported to maintain contact with family and friends and to meet new people through their activities. They would benefit from consultation about the range of community based activities they would like to participate in.

People using the service enjoy their meals and have a balance diet with plenty of choice, but they would benefit from being supported to be more involved in menu planning and preparation of meals.

Evidence:

We looked at the care plans for three people to see how their social needs are met. The plans could be improved as they do not currently clearly tell staff how to meet people's social needs. For example, as previously mentioned one plan tells staff they need to find out what the persons social needs are rather than giving clear direction on how to meet the assessed needs.

The manager said that some people use a day centre several days a week and one person helps at the 'Tuck by Truck' scheme. Another service user helps in the garden of one of the other homes owned by the company. None of the service users are currently in paid employment and the manager said that no one is currently seeking work. None of

Evidence:

the service users are at college or undertaking any education courses at present. Person Centred Planning would benefit service users as an opportunity to express their goals and aspirations for the future, particularly in relation to employment or lifelong learning.

The service users meetings are used as an opportunity for people to raise any ideas for new activities. One person has recently asked to go swimming and told the inspector that they were going out that evening to see the local pool. Two people went out to the local cafe for coffee in the afternoon of the inspection. The majority of people spent time at home either helping make bookmarks for the forthcoming summer fair or playing skittles, doing puzzles or drawing. Some service users were observed to spend most of their day sitting in the lounge listening to music. The manager said that service users have recently asked to go to the pub in the evening and that this has been arranged, however, it was noted that the afternoon shift finishes at 8.30pm and therefore the manager must ensure going to the pub for the evening is not limited by current shift patterns.

There is a karaoke machine at the home, which service users said they enjoy using, particularly for parties. One of the other homes in the company has a sensory room, which can be used by the residents of Maylands, and some people have their own sensory items at home. The service user meetings show that people have been supported to choose where they would like to go on holiday. Some people are going away and others are having days out. The manager is currently supporting people to obtain passports.

The activity records were seen for two people. These are in the form of a tick chart and do not give a clear picture of the activities people do. For example, for one person 'outings' had been ticked, but there was no record of where the outing was to or whether it was enjoyed. The daily notes were checked, but these did not provide further detail. One person's activity record had no entries for August 2009, although the manager said they had been out, but that it had not been recorded. The manager agreed to look at the way activities are recorded to ensure she can suitably monitor that people are being offered sufficient and appropriate activities to occupy them.

The manager said visitors are welcomed at any time and feedback from relatives confirmed this. A number of visitors were seen to arrive during the inspection including a relative and a care manager. Staff said people are supported to stay in touch with family and friends and that they have the opportunity to meet new people through their community based activities. Feedback from the manager and staff confirmed that community based activities are sometimes limited due to a lack of drivers available on the staff team and the rota shows that staff levels at the weekends have been lower than in the week which has also limited opportunities for going out for activities. The manager said they are currently recruiting new staff to fill the vacancies.

Feedback from the staff surveys confirmed that staff feel the activities that are provided are good, but that people would benefit from more opportunities for individualised activities, community based activities and support with day to day tasks in the home, such as planning their menu.

Evidence:

When service users go out in the home's vehicles they pay a contribution to the petrol costs. The manager checked with the company's admin team and confirmed that the weekly petrol costs for the three vehicles are divided equally between the service users in the home regardless of the number of occasions they have been out. This is an unfair charging policy as some service users go out more frequently than others and currently two people in the home have health issues that have limited their ability to go out. The registered person must ensure that service users are charged fairly for any transport costs and the charging policy and costs are made clear in the Service User Guide.

There is a four week menu that is written by the catering staff and is based on service users known likes and dislikes. The home employs two cooks who prepare all the meals. Service users spoken with said they like the food and everyone appeared to enjoy their lunchtime meal. The inspector spoke with one of the cooks who described how people can choose an alternative meal if they do not like what is offered. The cook has a good understanding of individuals preferences and any dietary requirements they have. Current practice is for the food shopping to be ordered and delivered and therefore service users do not have the opportunity to develop their skills in menu planning, shopping and budgeting. The cook said that usually once a week service users are invited to come into the kitchen to help prepare a meal or bake cakes, but that it is not regular practice for service users to be supported to prepare their own meals. Snacks and drinks are readily available for service users to have at their request. The menu appears balanced and nutritious with daily fresh vegetables and fruit.

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.

People have their personal and health care needs met, but would benefit from clear care plans informing staff of their needs and preferences in this area.

People are supported to take their prescribed medication in a safe way.

Evidence:

Individuals need varying levels of support with their personal care and as previously discussed this needs further review to ensure the care plan is specific to the service user and not generic. Individuals' preferences for their personal care should also be included, for example their preference of bath or shower, when they like to get up and go to bed and how they are supported to choose their own style of dress, make up and other personal items.

Staff said service users are supported to go out to buy their own clothes and can choose to visit a local barber/hairdresser or use the hairdresser that visits the home every six weeks. The manager must ensure the care plan tells staff what their preferences are in this area.

There are two hoists for use with people with limited mobility. Staff have received training in safe moving and handling techniques and the practices observed during the inspection were safe. The manager said one person's needs with regard to their mobility have changed recently and the physiotherapist was booked to visit the next week. Some people in the home enjoy a monthly reflexology session.

Everyone using the service has a health action plan. These have been completed with the service user, staff and the GP. The manager must ensure that the health action plans link with the overall care plan as these are currently kept separate to the care plans. The manager described a number of situations where health professionals have been involved

Evidence:

in the care plan for individuals, for example the epilepsy nurse, continence adviser, community learning disability team, physiotherapist and the speech and language team. The records in the health action plan and daily notes provide evidence of this involvement and the manager said that good working relationships had been developed. The records show people are supported to attend the health appointments they need, for example, GP, opticians and dentist.

The AQAA states that nutritional assessments are not carried out for service users. Some reference to nutritional needs is included in the initial strengths and needs assessment, but the manager must ensure that the staff are aware of all service users nutritional needs and preferences and that their needs are met through the care plan.

The senior staff have received training in medication and administer prescribed medication to service users. The manager has not carried out any observational assessments of their practice and competence in this area and the benefits of this as a supervision tool were discussed. The senior staff member administered the medication at lunchtime and followed good practice ensuring people were provided with water and that all medication was dispensed in a safe manner. The manager said she plans to do a monthly audit of the medication practice, storage and records. At present none of the service users are involved in managing their own medication. As identified in other sections of this report the people in the home may benefit from more support in their care plans to develop their independence skills in this area.

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.

People using the service know how to make a complaint if they need to and say they feel confident to do so.

The policies and procedures of the home safeguard service users wellbeing, but the policy for charging users for the use of transport needs review to ensure it fully safeguards service users financial interests.

Evidence:

The home has a complaints procedure which is displayed in the hallway and within the Service User Guide in an easy read format. Feedback from relatives and service users confirmed that they knew who to speak to if they had any concerns. There are monthly service user meetings that give people the opportunity to share their views of the service they receive. The manager also plans to introduce six monthly surveys for service users and relatives.

The manager confirmed in the AQAA that the home has not received any complaints.

All staff have a number of checks before they are employed in the home, including a criminal records check and a check against the protection of vulnerable adults (POVA) register. Staff have an induction that includes the homes policies for safeguarding adults and they attend a training course in safeguarding adults. Most of the staff had completed this course and those that had not were booked to attend.

The policy for charging service users for transport costs is not clearly outlined in the Service User Guide and does not currently ensure they are charged according to the journeys made. The registered person must review the charging system to ensure service users are charged fairly. Service users personal money is stored securely on their behalf and receipts are provided for any expenditure to ensure that their finances can be safeguarded. As previously mentioned service users may benefit from support, through person centred planning, to enable them to take more control of their own money.

Environment

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

People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. People have enough privacy when using toilets and bathrooms.

This is what people staying in this care home experience:

Judgement:

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

The home is clean, well maintained and comfortable for the people that live there. Everyone has their own bedrooms and access to sufficient and suitable private and shared space.

Evidence:

The home is clean and modern and has been well maintained. All shared areas of the home have been decorated and furnished to provide a comfortable and homely environment. Each person has their own bedroom with en suite facilities and has been supported to decorate and furnish their room to their own tastes.

Since the last inspection the shower room has been refurbished. Staff said that the shower room in the sleep in room was not currently in use and the manager confirmed that staff use one of bathrooms upstairs. The registered person must ensure that use of this bathroom by staff does not restrict availability for service users.

The home has a domestic staff who does the majority of the cleaning and one service user likes to do their own room.

There is a large lounge and conservatory and a dining room with sufficient seating for all service users. Upstairs there is a small seating area with TV. The kitchen is accessible to service users, although current practice does not promote service users preparing their own meals. There is a large laundry room to the rear of the home with a washing machine with sluice facility and red bags for managing any soiled laundry.

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.

People using the service are supported by sufficient numbers of trained and competent staff to meet their needs. Staff are supported in their roles, but would benefit from more structured opportunities for support and supervision.

The people that use the service are safeguarded by the home's procedures for the recruitment of new staff.

Evidence:

The feedback from the staff surveys confirm that staff feel they are supported by their manager and are provided with the induction and training they need to undertake their roles. Everyone that completed a surveys said they feel there are sufficient staff employed in the home to meet service users needs and a relative and a service user spoken with also confirmed this. In addition to the support staff there is a domestic staff member and two catering staff. The manager said there are two staff vacancies for which the home are currently recruiting. No agency staff are used and existing staff and the manager cover any extra shifts.

New staff are employed to the home following successful application, interview and satisfactory pre employment checks. This includes a criminal records check, two written references, a Protection of Vulnerable Adults (POVA) register check and an ID check. Two staff files were inspected and these showed that the above checks had been made with the exception of one file, which did not contain a copy of the persons ID. The manager undertook to add this to the file immediately. The application form needs a minor amendment to ensure applicants are asked to declare all spent convictions and cautions in line with an amendment to regulation in 2004.

All staff are required to complete an induction that meets the 'Skills for Care' standards and the manager said that this was being reviewed to ensure it is up to date and meets all the required standards. Examples of completed inductions were seen.

Evidence:

The training files for two staff were inspected and the training plan for the home was seen. All staff have either completed the training they need to support service users, or have this booked for September. Training that staff have completed includes, first aid, POVA, dementia, eating and drinking, learning disabilities, moving and handling, fire safety and medication. The manager said that further training is being planned for staff in report writing, sensory impairments and the Mental Capacity Act. The inspector also discussed with the manager the benefits of Person Centred Planning training for staff.

Five of the twelve care staff employed have either completed their NVQ or are working toward this. Some staff are still working on their induction and the manager said they will register for their NVQ when this is complete.

Records show that staff have received some supervision sessions, but they would benefit from these being at regular intervals, the recommended amount being six times per year. The manager said that this had already been identified as an area that needs improving and showed the inspector the action plan for this. Team meetings take place monthly and the manager works alongside staff on shift on occasions to supervise their work and provide support.

Observations during the inspection showed that staff interact positively with service users and in a way that respects them as individuals. They have a good understanding of each person's needs and their style of communication. The staff supported people in a pleasant manner and contributed to a homely feel in the care home.

Conduct and management of the home

These are the outcomes that people staying in care homes should experience.

They reflect the things that people have said are important to them:

People have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

This is what people staying in this care home experience:

Judgement:

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

The manager of the home is experienced, approachable and demonstrates competence in managing the home effectively. The people using the service will benefit from further assurance once the manager has applied for registration.

Systems are in place for service users to share their views of the support they receive. Planned improvements to these systems are underway.

The health and welfare of service users, staff and visitors is monitored and safeguarded.

Evidence:

The manager has recently been appointed, but has worked at the home as a senior support worker for a year. She has almost completed the NVQ 4 in both care and management and has completed other training courses relevant to the needs of the service users. The manager demonstrates an excellent understanding of the needs of the service users and has an awareness of the areas of the service that need to be improved. She has developed an action plan to address issues including reviewing the care plans, the introduction of Person Centred Planning and improving staff supervision. The manager must apply to the Care Quality Commission for registration as a priority.

The service users and staff told the inspector that they feel the manager is approachable and that they can talk to her about any concerns. The manager was seen to interact positively with both service users and staff during the inspection. The manager described action she has taken to improve working relationships and communication with external professionals, including the GP surgery and Community Learning Disability Team.

Prior to the inspection the manager completed an Annual Quality Assurance Assessment

Evidence:

(AQAA) and returned this to us. The inspector discussed the AQAA with the manager and advised that future completion could be improved by referring to the National Minimum Standards (or future CQC standards) to ensure that the content is relevant and demonstrates compliance with the regulations.

Monthly service users meetings are held and the minutes confirmed that issues raised had been addressed and service users views had been sought, listened to and acted upon. The manager told us, in the AQAA, that there are plans to introduce six monthly surveys for service users and their relatives to gather their views of their care. Particular areas the manager wishes to gain feedback on are menus and activities. During the inspection a number of areas of potential improvement were discussed and have been included in this report. The manager demonstrated an understanding of the benefits of these improvements, for example to care plans and to involving service users more in daily living activities. She undertook to include these issues in the development plan and should tell CQC, in writing, when action has been taken to address the requirements made in this report.

There were no areas of health and safety concern identified in this inspection and the manager has completed risk assessments for each individual service user and also for the general environment of the home. Health and safety checks are carried out weekly and all equipment is serviced as required. The manager provided, in the AQAA, the dates of the most recent service dates for equipment.

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	Description	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	Description	Timescale for action
1	6	15	<p>The registered person must ensure that care plans provide staff with specific information on how to meet individuals assessed needs. They must be completed in consultation with the service user and be presented in a format that is accessible to them. Care plans must be kept under review.</p> <p>This is to ensure that service users receive person centred support.</p>	21/09/2009
2	11	12	<p>The registered person must ensure that service users are provided with opportunities and support to develop their independence and the be involved in day to day tasks in the home.</p> <p>This will promote individuals rights and confidence.</p>	21/09/2009

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	Description	Timescale for action
3	12	16	<p>The registered person must ensure that systems are in place to monitor service users social needs.</p> <p>This is to ensure their assessed needs are planned for and met.</p>	21/09/2009
4	19	12	<p>The registered person must ensure that the health action plans link with the care plan and that nutritional needs are assessed and met.</p> <p>To ensure service users health needs are met and monitored.</p>	21/09/2009
5	23	13	<p>The registered person must ensure that any charges made for use of transport are made clear to service users and are fair.</p> <p>This is to ensure service users financial interests are safeguarded.</p>	14/09/2009
6	34	19	<p>The registered person must ensure that applicants are asked to declare all criminal convictions and cautions on the application form. The ID that was missing for one person must be obtained.</p>	21/09/2009

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	Description	Timescale for action
			This is to ensure that staff can demonstrate their integrity and fitness to work with service users.	
7	37	8	<p>The registered person must ensure that the person employed to be in day to day management of the home is registered with the commission.</p> <p>This will provide assurance for service users that they benefit from a competent and experienced manager.</p>	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 service users be supported to develop their skills in managing their own medication where possible.

Helpline:

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