

Key inspection report

Care homes for older people

Name:	The White House
Address:	1 Chichester Drive West Saltdean Brighton East Sussex BN2 8SH

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:
Judy Gossedge	0 7 0 9 2 0 0 9

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

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

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

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- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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Information about the care home

Name of care home:	The White House
Address:	1 Chichester Drive West Saltdean Brighton East Sussex BN2 8SH
Telephone number:	01273302465
Fax number:	
Email address:	Info@thewhitehouseuk.co.uk
Provider web address:	

Name of registered provider(s):	Mrs C Hall, Mr J Hall
Type of registration:	care home
Number of places registered:	14

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	14

Additional conditions:

The maximum number of service users to be accommodated is 14

The registered person may provide the following category 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 category : Old age, not falling within any other category (OP)

Date of last inspection	2	8	0	8	2	0	0	8
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Brief description of the care home

The White House is a residential care home for up to fourteen older people. The current providers have owned and managed the home since 2000 as a family business.

The home is located on the main coast road close to the village of Rottingdean and to bus routes into Brighton and Eastbourne. The home is in an elevated position overlooking Saltdean Bay with many of the bedrooms providing sea views.

The home is presented on four floors with service users accommodation in the

Brief description of the care home

basement, ground and first floor. Stairs or a chair lift provides access to the first floor. Two bedrooms in the basement are only accessible by a flight of stairs and residents occupying these bedrooms will need to be mobile. There are ten single and two double bedrooms, all have a toilet and wash-hand-basin en-suite facilities. Currently all shared bedrooms are used as single occupancy, giving a capacity of twelve. Some bedrooms have their own balconies overlooking the bay and one bedroom has a small garden area. There is a combined lounge and dining room and a curved sun lounge. The garden is terraced and has various patio and decking areas.

The homes mission statement is to 'provide a haven for older people combining a carefree and comfortable retirement with maximum independence without fuss or intrusion into privacy'.

A copy of the Statement of Purpose and Service Users Guide is available to view in the home. At the time of the inspection fees were documented to be between £391.00 and £648.00.

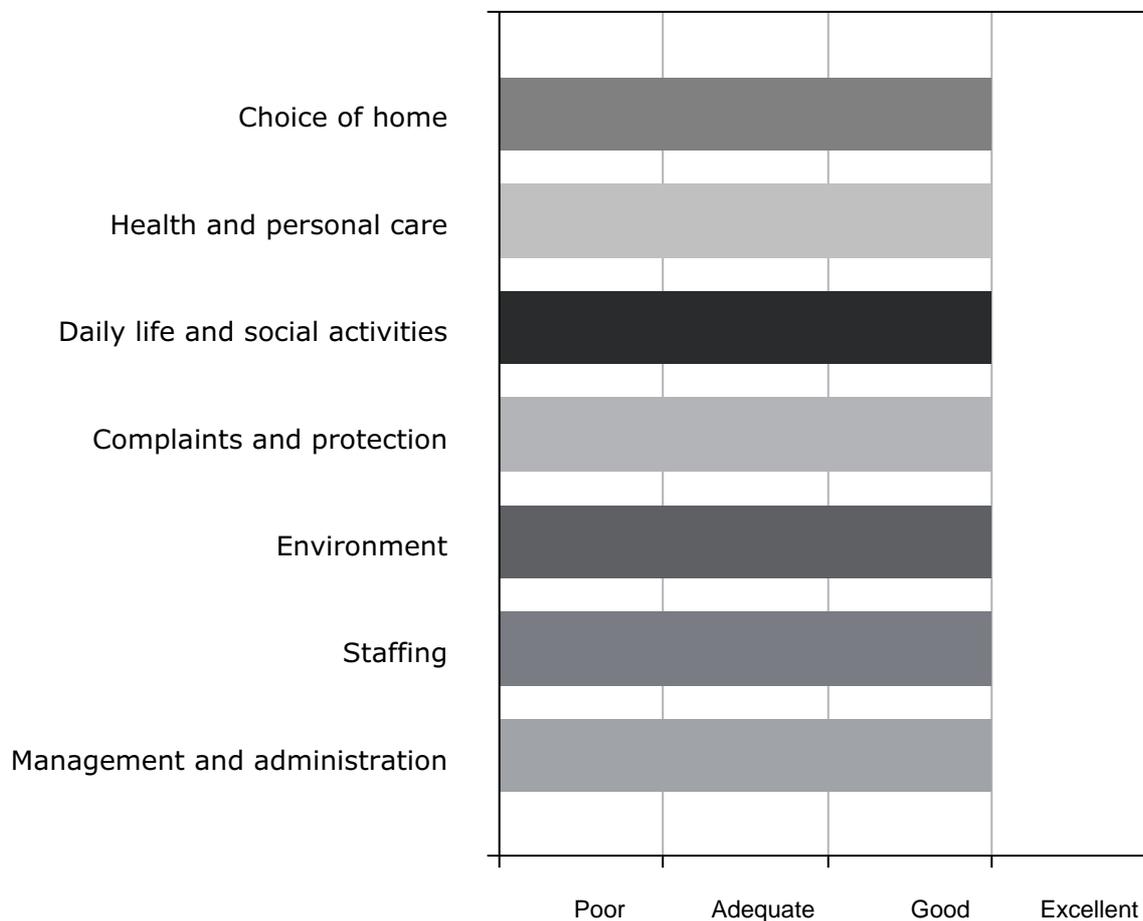
Summary

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:

The reader should be aware that the Care Standards Act 2000 and Care Homes Regulations ` 2001 uses the term 'service users' to describe those living in care home settings. For the purpose of this report, those living at The White House will be referred to as 'residents'.

This unannounced key inspection took place over five hours on 28 August 2009 between 10:10 and 15:10, with a further visit made to the home on 7 September 2009 between 10:50 and 11:50 to meet the Manager who was not present during the first visit and view documents not available during the first visit. This is the first key inspection since the last key inspection on 28 August 2008.

Prior to the inspection an Annual Quality Assurance Assessment (AQAA) was sent to the home, which has been completed and returned and information detailed within is quoted in this report. The AQAA was limited in information provided about the home.

This was discussed with the Manager who agreed to seek further advice and more fully detail any future submissions.

The communal areas and a selection of resident's bedrooms were viewed and a selection of care records which are detailed in the report. Ten people were resident and four residents were spoken with individually in their bedroom and a number were spoken with as part of the inspection process in the communal areas. The care that four of the residents received was reviewed. Six resident's surveys were sent to the home to be distributed and all came back completed. The opportunity was also taken to observe the interaction between staff and residents in the communal area. Two care workers, one of whom also works at night; one domestic who also works as a care worker in the home, the cook, and the owner/Registered Manager were all spoken with. Three care workers surveys were sent to the home to be distributed and two were returned completed. A visiting training professional was also spoken with during the first visit to the home.

What the care home does well:

The home has many attractive features including its position overlooking Saltdean Bay and personalised bedrooms decorated to a good standard. The home provides residents with a homely, relaxed and caring environment. Residents are enabled where possible to exercise choice and control over their lives whilst resident in the home.

Staff was observed to deliver care with dignity and respect. The four residents spoken with felt the care provided respected their privacy and dignity. All of the six residents surveys stated they received the care and support they needed, and comments included when asked what the home does well, 'all that I need', 'look after us, keep the home clean, provide good meals', 'friendly and informal, helpful and supportive on a daily basis, flexible, welcoming to relatives', 'provides a happy environment under my personal circumstances', and 'give us what we want and need'.

What has improved since the last inspection?

Copies of the inspection report and AQAA report are readily available to view and reference in the home.

A new computer soft wear package is being introduced in to the home which will prompt more detail to be recorded for the initial assessment and care planning process and assist in the drawing up and development of risk assessments. This will enable staff in the home to have more information to reference of the individual resident's care needs.

Care plans are regularly updated to ensure their current care needs are identified and photographs of each resident are now kept in the home and will be integral to the new resident's care plans to protect residents.

The exterior of the building has been fully painted on the front, and sixty-six percent of the cladding has been achieved, so that the environment continues to be maintained. The Manager has now completed the diploma part of the degree programme in Health and Social Care and is currently working on a management section in conjunction with this degree.

Advice has been sought from the Environmental Health Department as to the regularity checks are made of hot water being delivered to outlets assessable to them.

What they could do better:

Two Requirements have been made following the inspection. Where other areas were identified as in need of further development to fully meet the requirements the Manager was able to demonstrate or confirmed further work would be undertaken to address the issues highlighted.

Prospective residents should receive written confirmation that their care needs can be met in the home.

The recording of the administration of medication should be developed to fully detail the administration of any short-term medication and where there have been any changes to the medication to be administered and ensure an audit trail is in place. The storage and recording for any control drugs needs to be put in place to protect residents and staff.

The collation of the information gathered from the quality assurance undertaken in the

home should continue to be developed to ensure that residents and their representatives have detailed information from which to reference.

The Manager stated that staff training needs were being collated through an appraisal process being completed with staff. Although all staff stated they have undertaken the required training, but the training records were not available to view during the inspection. A Requirement has been made that training records are available to view to protect residents and care workers.

A system should be put in place to ensure that incidents in the home are reported to the CQC under the reporting requirements of Regulation 37 needs to be put in place to protect residents.

A Requirement has been made to ensure that the emergency call system in the home has been maintained as required to protect residents.

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

Contents

Choice of home (standards 1 - 6)

Health and personal care (standards 7 - 11)

Daily life and social activities (standards 12 - 15)

Complaints and protection (standards 16 - 18)

Environment (standards 19 - 26)

Staffing (standards 27 - 30)

Management and administration (standards 31 - 38)

Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

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

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

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

This is what people staying in this care home experience:

Judgement:

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

There is detailed information about the home available for prospective residents and their representatives to view. Potential new residents are individually assessed prior to an admission to ensure that their care needs can be met in the home.

Intermediate care is not provided in the home.

Evidence:

The AQAA details there is a Statement of Purpose and Service Users Guide available for residents and their representatives to reference. Both the documents were read during the inspection and were detailed and informative. The AQAA details that the home has a web site, which is being further developed as part of the planned developments in the home over the next twelve months. A copy of the last inspection report is available in the home to reference. Five of the resident's surveys stated that they had received enough information about the home and one did not answer the question. One new resident spoken with confirmed they had received this information and that their relative had had the opportunity to view the home in advance of the

Evidence:

admission.

The AQAA details that there is a contract detailing arrangements made between the home and the residents. These were not viewed on this occasion, but all six of the resident's surveys stated that they had received a contract.

The AQAA details that the Manager or a trained member of staff visits potential new residents prior to any admission, to ensure that individual care needs can be met in the home and provide staff with the necessary information on the care to be provided. The documentation for three new residents was viewed, all had a record of an assessment having been completed and for all a detailed assessment undertaken by a care manager from a local authority had also been received to reference. The Manager stated that the information sought and recorded is being developed with the installation of a new computer soft wear package in the home. Currently prospective residents are informed verbally that their care needs can be met in the home. This was discussed with the Manager as to fully meet requirements this should be put in writing. The Manager agreed ensure written confirmation is in place. So a Requirement has not been made on this occasion.

Intermediate care is not provided in the home.

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.

Residents are protected by an individual plan of care being in place, where all their personal, social and health care needs are identified at the start of their stay and which informs staff of the care, which needs to be provided and with supporting risk assessments completed. Medication policies and procedures are in place, but recording of administration of medication should be developed to protect residents and staff.

Evidence:

Residents have an individual plan of care in place, where their personal, health and social care needs are identified at the start of their stay to ensure staff are informed of the care to be provided. A sample of four care plans were viewed and all recorded these had been regularly reviewed to ensure the resident's care needs continue to be met. Supporting risk assessments are in place. The Manager stated that a new care plan format is in the process of being introduced in to the home as part of the new computer soft wear package which has been installed. Staff are in the process of being training to use the system and that it is intended to review and record all the resident's care plans in the new format over the next three months. This will provide more detailed information and develop risk assessments to be completed. Staff stated

Evidence:

they were in the process of being introduced to the new care plans to be completed. Five resident's surveys stated they always received the care and support they needed and staff were always available, and one stated usually. The residents spoken with stated they always received the care and support that they needed. The two care workers surveys stated that they always received up-to-date information about the residents.

Records viewed detailed that residents are registered with a local General Practitioner (GP) and have access to other health care professionals, including district nurses, via the surgeries. It was noted, in care plans that were examined, those appointments with or visits by health care professionals are recorded. All of the residents spoken with confirmed that their health care needs were met in the home.

The atmosphere of the home was comfortable, open and relaxed and residents are encouraged to remain independent and to exercise choice over their daily lives. Staff was observed to deliver care with dignity and respect. The residents spoken with felt the care provided respected their privacy and dignity, and that they were pleased with the overall care provided in the home.

The AQAA detailed that medication policies and procedures are in place. Residents are able to self medicate under the risk management assessment framework. None of the residents self medicated at the time of the inspection. A pharmacist regularly visits, the records were not viewed on this occasion and all of the staff who administers medication has received medication training. Medication is stored in a lockable facility and sample of the recording of medication administered was viewed. Where medication is being administered for a temporary period the recording should be developed to evidence the medication has been administered and by whom. Where there have been changes to the medication administered this should be documented to evidence who authorised the changes and when, so there is an audit trail to fully demonstrate any changes made and protect residents. This was discussed with the senior care worker on duty who agreed to address this to ensure that residents are fully protected. So a Requirement has not been made on this occasion. Storage for any control drugs has not been put in place. This was discussed with the Manager who has agreed to seek further guidance, put storage in place to meet current requirements and write and confirm when this has been addressed. All the residents spoken with stated their medication needs were met in the home. The six resident's surveys all stated that they always got the medical care that they needed. Two care workers spoken with who administered medication confirmed that they had received medication training.

Evidence:

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.

Where possible residents are enabled to exercise choice in their lives whilst resident in the home, there are some opportunities to participate in social and recreational activities provided, residents maintain contact with family and friends as they wish and a varied diet is provided.

Evidence:

The AQAA details that there are some opportunities for residents to participate in activities in the home. A structured programme of activities is not in place, but on hand is a supply of on site leisure activities which residents can access at any time. This ranges from the homes library, (some in large print), of books, CD and DVDs, jigsaws and craft items. Music sessions and sing-a-longs are arranged throughout the year and detailed that these are well attended. Two of the residents spoken with spoke of a recent birthday party they had attended which had been held in the home for a resident. A selection of daily papers are available to read in the lounge and one resident was observed sitting in the conservatory during the morning reading the papers. The Manager stated that the range of activities provided depends on the social care needs of the residents in residence at the time and that currently there has not been a great deal of interest for activities to be provided. The AQAA details that the residents will be monitored and activities provided as required. The four residents

Evidence:

spoken with stated they did not always want to join in activities and were happy with the current arrangements. Feedback from the resident's surveys was varied, one resident's survey stated there are always activities provided, four surveys sometimes and one did not answer the question. Some residents go out with relatives and friends, none of the residents went out independently to access local amenities at the time of the inspection.

Staff spoken with confirmed that the residents will be assisted to meet their individual religious and spiritual needs if they wish. All the residents spoken with were happy with these arrangements in place and one resident spoken with confirmed they received regular visits from representatives of their church and another resident that they were regularly taken to their place of worship.

The AQAA details that there is an open house policy on visiting the home, that refreshments are offered or residents have facilities in their bedrooms to make refreshments for themselves or their guests. Feedback from the residents spoken with and observations on the day confirmed that there is flexible visiting, that staff are always welcoming and it is possible to go to a resident's bedroom if a private meeting is required.

The care and support was observed to enable residents where possible to exercise choice whilst at The White House. The four residents care plans viewed and residents spoken with confirmed this. The home has a cordless telephone so that residents can make and receive telephone calls in private. Residents spoken with stated they had choices in all areas of their daily living, including how they spend their time and what time to get up and go to bed.

The AQAA details that a varied and appealing quality of food is provided with an emphasis on traditional 'home cooking'. That catering and care workers have undertaken basic food hygiene training. The cook was not on duty during the first day of the inspection but on the second. A senior care worker was cooking on the first day and stated they had a basic food hygiene certificate. There is a menu in place and the week's menu was viewed. All the residents spoken with had a copy of the week's menu to refer to. Alternatives to the meal provided are not detailed, but that alternatives can be provided. Feedback from the four residents spoken with, observations on the day and staff spoken with confirmed that a range of alternatives are be provided if required. Special diets are catered for. The AQAA detailed that a nutritional assessment is not completed for all the residents. This was discussed with the Manager who stated that information on resident's nutritional needs is sought as part of the assessment process and further information will be sought with the new

Evidence:

computer soft wear package which has been installed in the home. The Manager also agreed to seek further guidance to ensure all the required information is sought so that residents are fully protected. There is a dining room and lounge where meals are served and staff were observed to be available to offer assistance with their meals if required. Three residents sat in the dining room for their lunch and there was a very social atmosphere. The majority of residents chose to eat their meals in their bedroom. Lunch on the day was fish and chips followed by apple crumble with cream or ice-cream. Residents were observed to be asked during the afternoon what they would like for tea. Fresh fruit was also available to meet individual residents requests. All of the residents spoke well of the food provided. Two of the resident's surveys stated they always liked the food provided and four stated usually.

Complaints and protection

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

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

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

Procedures are in place to enable residents and their representatives to raise any concerns about the care being provided and to ensure that residents are protected from abuse.

Evidence:

There is a complaints policy and procedure in place and this was available to view in the home. The AQAA detailed that no complaints have been received since the last inspection and the CQC has not received any concerns in relation to The White House. All of the residents spoken with knew who to speak to if they had any concerns and stated they would feel comfortable in doing so if they needed to. But none had had to raise any concerns. Five resident's surveys stated they knew who to talk to if they had any concerns and one did not answer the question, all knew how to make a complaint. Both the care worker's surveys stated that they knew what to do with any concerns raised.

The AQAA details that there is a policy and procedure in place in relation to safeguarding adults. Care workers spoken with on the day confirmed they had undertaken the training. Staff training records were not available to view during the inspection.

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.

The home is decorated and furnished in a homely style, and there is ongoing work to refurbish and improve the facilities in the home to ensure the standard of the environment continues to be maintained and improved.

Evidence:

The home is decorated and furnished in a homely style, with a good standard of the decor, carpeting and furnishings. The AQAA detailed that over the last twelve months the exterior of the building has been fully painted on the front, and sixty-six percent of the cladding has been achieved with the remainder being completed over the next twelve months. A new television has been provided in the lounge. Over the next twelve months it is planned to continue to monitor all areas of the environment and to renew and replace items that become tired or have a well used appearance.

All twelve bedrooms were being used for single occupancy at the time of the inspection, and the bedrooms are situated on all floors in the home. Bedrooms have been decorated and furnished to a good standard. Some bedrooms have their own balcony or veranda and one has their own small garden and pond. All the residents spoken with said how much they liked their bedroom. In the bedrooms are tea and coffee making facilities and a small refrigerator. All bedrooms have an emergency call system and the Manager has previously stated that extension cords are available to the call points if a resident became bed bound. A number of the bedrooms viewed

Evidence:

displayed residents individual styles and interests.

All the bedrooms have en-suite facilities, with a wash-hand-basin and toilet. There is one communal assisted bath in the home the door to which is not fitted with a suitable lock. The Manager has previously stated that all residents are assisted with bathing and should this change following a risk assessment being completed a suitable lock will be fitted. The second bathroom provides a walk-in shower facility. Heating in the home is provided by a central heating system with radiators guarded in the home. A sample of records were viewed of checks of the hot water temperature undertaken in May 2009 to ensure that hot water is delivered to outlets accessed by residents close to the recommended safe temperature of 43 degrees centigrade. The frequency of the checks should be kept under review to ensure the resident's health and safety is protected. The four residents spoken with confirmed there was adequate hot water and heating in the home.

There is a garden at the front of the home, which is sloping, and work has been completed to landscape this and provides decking areas and pathways with seating areas, and has attractive views over Saltdean Bay. Residents were observed in the garden during the second visit to the home, weather had not been permitting during the first visit

There is not a passenger lift in the home and a stair lift enables residents to move between the ground to the first floor. Two bedrooms in the basement are only accessible by a flight of stairs. So residents occupying these bedrooms will need to be mobile.

There is a large lounge and dining area and a large sun lounge for residents to use on the ground floor.

The home was clean and odour free at the time of the inspection and feedback from the four residents spoken with and from all the residents surveys was that the home is always 'fresh and clean.' The AQAA detailed that an action plan to deliver best practice in prevention and control of infection is in place. The Manager has undertaken further training and is now a 'champion' of infection control. A domestic/care worker was spoken with who stated she had received training/guidance in infection control, which has included guidance on the Control of Substances Hazardous to Health regulations (COSHH) and there was good access to protective clothing.

A sample of the recording of routine fire checks carried out in the home were viewed.

Evidence:

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

There are recruitment policies and procedures in place to protect residents, staff are provided with opportunities for training to develop their skills and ensure that the individual care needs of the residents can be met. Training records should be available to be viewed.

Evidence:

Staff spoken with and rotas viewed confirmed that two members of staff are deployed to work in the home during the day, one of whom was the senior care worker during the first visit to the home and the Manager on the second day of the inspection. A domestic assistant who also covers some care duties was also working in the home. The senior care worker was cooking on the first day as the cook was not present on the day and the cook was present during the second visit to the home. At night the home deploys one 'sleeping in' member of care staff, and staff confirmed that emergency 'on call' arrangements are also in place if required. This should be kept under review to ensure the care needs of the residents continues to be met.

The four residents spoken with all spoke well of the staff team and felt they had a quick response when staff assistance was requested.

The AQAA details that of the eight care workers who assist residents with their personal care five hold NVQ Level 2 in care.

Evidence:

The AQAA details that there is a low turnover of staff in the home and that agency staff are not used. It was not possible to evidence the recruitment process, but the Manager stated that new care workers are asked to complete of an application form, that two written references are requested, and a Criminal Records Bureau check undertaken. The two care workers surveys stated that employment checks were carried out prior to working in the home. The Manager has previously stated that induction training is in place for new care workers meets the requirements of the General Skills for Care induction standards. As there were no new care workers it was not possible to evidence this had been completed.

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.

The home benefits from a Manager who ensure that an open, supportive, homely and caring environment. Quality assurance systems should continue to be developed and the outcome has been collated. Systems are in place to ensure the residents live in and staff work in a safe environment.

Evidence:

Responsibility for the home rests with the joint owners, one of whom is also the Registered Manager, Mrs Caroline Hall and the other owner Mr John Hall undertakes the building and maintenance work in the home and some of the staff training. The Manager has many years experience in working with older people and stated that she has now completed the diploma part of the degree programme in Health and Social Care and is currently working on a management section in conjunction with this degree. Feedback received was that the running of the home is open and transparent, and there were opportunities for staff, residents and their representatives to affect the way in which the service is delivered.

Evidence:

The AQAA details that a quality assurance system has been developed and implemented in the home and that views have been sought from staff, residents, and visiting professionals. Feedback received was that residents meetings are not regularly facilitated. It should be ensured that residents have regular opportunities to comment on the care provided in the home and where individual meetings are held with residents seeking information about the care provided records maintained as part of the quality assurance process. Feedback from the outcome of the quality assurance process in the home has been collated and is available to view in the home. This information should continue to be developed to ensure prospective residents and their representatives have all the required information. The AQAA details that there are policies and procedures are in place in the home and these have been reviewed and updated.

Discussions with the Manager and the care workers and a sample of records viewed evidenced that individual supervision is being provided for staff. to meet requirements

Residents are encouraged to retain control of their own finances for as long as they are able to do so and if unable to do so then this responsibility is usually taken on by a relative or another responsible person external to the home. Where sometimes small amounts of money for a few residents, a receipting system is in place. The recording was viewed for two residents which confirmed the process followed. For one there was more money being held than documented in the records. The senior care worker stated this would be looked at to rectify the records and money held.

The AQAA detailed that a personal development program is being started for each member of staff to determine training needs, and a sample of the records were viewed. The care workers spoken with confirmed good access to training and stated that they had undertaken moving and handling, basic food hygiene, first aid, infection control provided in-house or by external providers. The training records were not available to view during either of the visits to the home and a Requirement has been made to ensure that the required information is available to view.

A fire risk assessment has been completed, which detailed it had been reviewed in 2008. The three care workers spoken with stated they had attended a fire drill this year and fire training. The Manager stated she was in the process of arranging for further fire training to be provided for staff to attend facilitated by an external agency.

Records of a detailed check of the environment was viewed and the AQAA detailed that the maintenance of equipment and services has been carried out in all instances except the emergency call system. A Requirement has been made to ensure that this

Evidence:

has been maintained as required.

A sample of recording was viewed of any incidents and accidents. Where one resident had been admitted to hospital this had not been reported to the CQC to meet the reporting requirements of Regulation 37. This was discussed with the Manager who agreed to ensure a system is in place to report any incidents as required. So a Requirement has not been made on this occasion.

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	38	18	That staff training records are available to view. To protect residents and staff.	30/09/2009
2	38	23	That it is ensured that the emergency call system has been maintained as required. To protect residents.	31/10/2009

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

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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