



Making Social Care Better for People

Inspecting for better lives

Key inspection report

Care homes for adults (18-65 years)

Name:	Little Eastbrook Farm
Address:	Little Eastbrook Farm Little Eastbrook Farm Burlescombe Tiverton Devon EX16 7JT

The quality rating for this care home is:	two star good service
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A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	Date:
Rachel Fleet	0 1 0 5 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. 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

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- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Little Eastbrook Farm
Address:	Little Eastbrook Farm Little Eastbrook Farm Burlescombe Tiverton Devon EX16 7JT
Telephone number:	01823672373
Fax number:	
Email address:	traceyashman@yahoo.co.uk
Provider web address:	

Name of registered provider(s):	Mr Ronald Herbert Gold, Mrs Sandra Christine Gold
Type of registration:	care home
Number of places registered:	3

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	3	3
Additional conditions:		
Service users over the age of 40		

Date of last inspection								
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Brief description of the care home
<p>Little Eastbrook Farm is a rural care home set in the countryside below the Blackdown hills. The care home offers accommodation and 24-hour care to 2 female residents with Learning Disabilities, over 40 years of age. However, the owners do not expect to admit anyone else to the home in future. People living at the home share the accommodation with the owners, Mr & Mrs Gold, and a relative of Mr Gold. The large garden area at the rear of the home is being made more accessible and interesting. The home has a large 7-seater vehicle for outings to the shops, seaside, etc. If required, holidays taken with the Golds can be arranged. Fees are 435 pounds per week, which include transport costs when people travel in the home's car. Additional charges include for clothes, some continence products, chiropody, hairdressing, and specialist activities such as horse riding. There is a charge for holidays and specific days out on a one-to-one basis, if the individual has sufficient funds to pay for these;</p>

Brief description of the care home

otherwise they are included in the fees. Full information about fees, and copies of our previous inspection reports, are available from the care home.

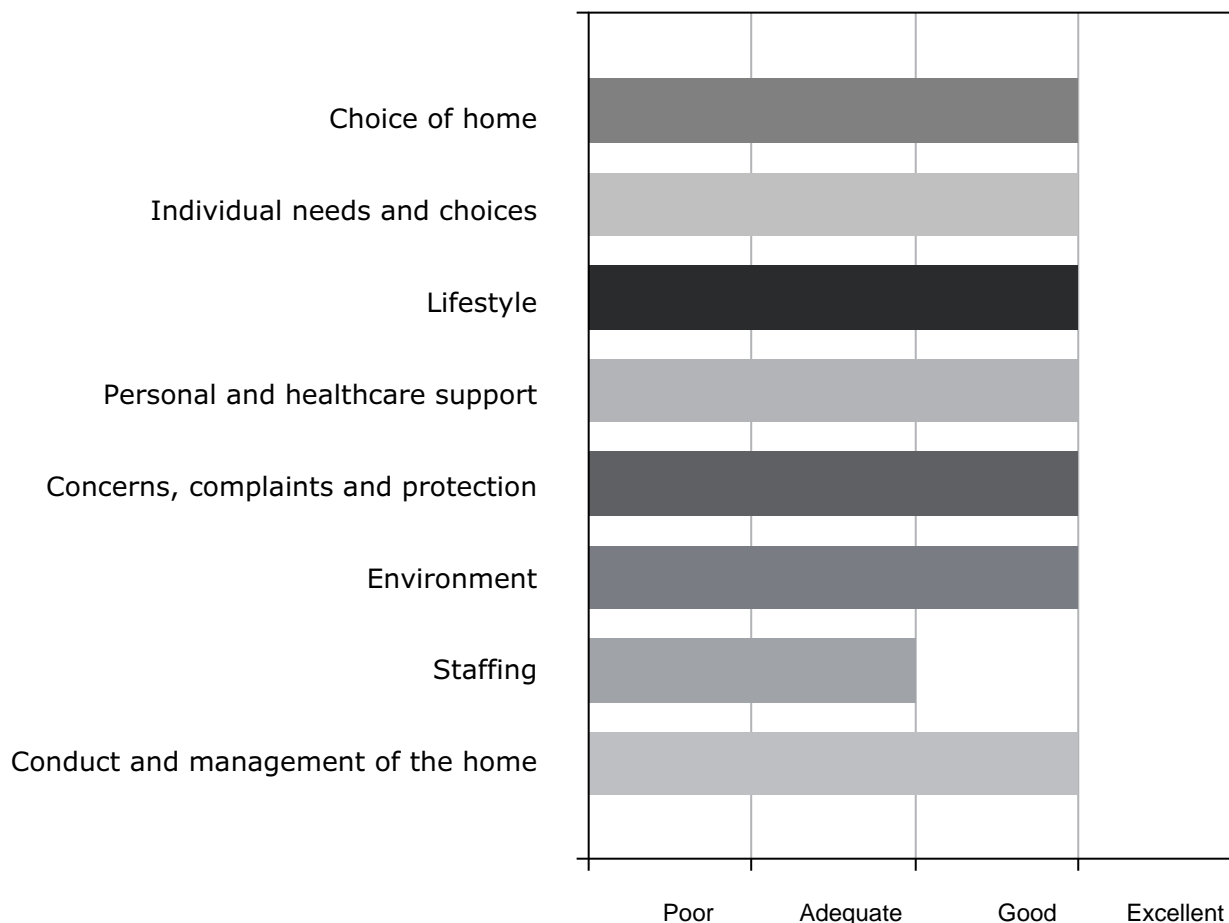
Summary

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:

Date of our last Key Inspection: 2 May 2007.

We had since carried out an Annual Service Review, on 26 June 2008, concluding the home was continuing to provide a good service.

This Key Inspection was part of our usual inspection programme. Our unannounced visit to the home took place over four hours on a weekday.

Before our visit, Mrs Gold, the Registered Manager and owner, completed a questionnaire sent out by us (the Annual Quality Assurance Assessment, or 'AQAA'). This included the home's assessment of what they do well and any plans for

improvement, as well as information about people living at the home, staffing, policies in place, and maintenance of facilities.

We sent surveys to the home for them to give to the two people living there and to anyone employed to work with them. We received surveys back from both people living at the home and from one person who worked with them. We sent surveys to two community-based professionals who supported the people at the home; neither was returned.

During our visit, we spoke with the people living at the home and with Mr & Mrs Gold, as well as looking around the home. We checked people's care plans, various other care-related records or policies, information relating to staff, and health and safety documents (such as accident /incident records and maintenance records).

At the end of our visit, we discussed our findings with Mrs Gold, who assisted us fully through the day.

Information is included in this report from all these sources, and from communication with or about the service since our last inspection.

What the care home does well:

People can be assured that they will only be offered a place at the home if their needs can be met by the home.

The various personal, social and healthcare needs and choices of the people living at the home are met, enabling them to safely live fulfilling lives. They enjoy a domestic lifestyle, including a varied diet which meets both their preferences and health needs. Their continued contact with family, friends and the community around the home further enriches their lives.

They enjoy a very homely, clean, well-maintained environment which is continually adapted to meet their changing needs.

People live in a home that is run in their best interests. The views and concerns of all those who use the service in some way are listened to. People living at the home are currently supported by experienced and competent staff in numbers which meet their needs. Their health and safety is generally ensured by the home's policies and maintenance programme.

What has improved since the last inspection?

The rear garden is being made safe and secure. A gazebo is planned, for shade, and also a hot tub, since the people living at the home decided they would like one after trying one when on holiday.

Beds have been fitted with special mattresses toppers, to reduce the risk of skin soreness. Night-lights have been fitted to help people get to the toilet independently yet safely in the night.

What they could do better:

Healthcare needs, with how these are to be met or addressed and any considerations in relation to the Mental Capacity Act 2005, should form a part of each person's care plan, to ensure they receive all the care and support they need over time.

Better recruitment and staff development processes would ensure that people at the home are supported by individuals suitable for such a role. Increasing staff knowledge of local safeguarding procedures will also ensure that they are fully protected from abuse or harm.

Some further action relating to health and safety at the home would help to ensure the long-term welfare of everyone at the home.

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 www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line –0870 240

7535.

Details of our findings

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Choice of home

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

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.

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

This is what people staying in this care home experience:

Judgement:

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

People can be assured by the home's admissions processes that they will only be admitted if their needs can be met by the home.

Evidence:

There had been no admissions to Little Eastbrook Farm since our last inspection.

The ladies we met had lived at the home for over six years. On our previous inspections, we found that that the home's procedures at the time of their admissions had been satisfactory. Information about their needs had been obtained from relevant community professionals, etc. We noted, however, that they had not visited the home prior to moving in. Such visits help people to make an informed choice about where to live.

The admission process was discussed with Mrs Gold, the registered manager, at this inspection. She confirmed that whilst she was not planning any further admissions, any future pre-admission procedures would include inviting prospective residents to

Evidence:

visit the home. She would assess their needs, as well as getting information from relevant professionals. This would ensure that the home could meet the person's assessed needs if they moved in, and that people were able to make a better informed choice about where to live.

Mrs Gold was very aware of the importance of any new resident being compatible with the people already living at the home, and that this would be an important part of deciding whether someone should be admitted.

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

Peoples' various needs and choices are met, enabling them to safely live fulfilling lives.

Evidence:

We looked at the care records for both ladies. We saw they included care plans drawn up by Mrs Gold in consultation with each individual. Both care plans had been reviewed recently by the home, and in one case by Social Service staff also. They contained comprehensive information about the individuals' abilities as well as their current needs.

They included, among other things, assessments of people's mobility and any risk that they might fall; mental health needs, awareness of one's own need, motivation, communication (including use of a phone); ability to manage personal finances; and what care people wanted or should receive in the event of serious illness or their death. The format allowed for the needs of the individual to be assessed and then identified the ways in which any difficulties could be addressed.

Evidence:

Accompanying risk assessments led to action such as installing handrails to enable someone to use the stairs more safely, or encouraging someone to move more slowly to assist her balance and mobility - support we saw given during our visit.

Daily routines were given also. These, along with the risk assessments, reflected a person-centred approach to care. Someone was to have a choice of cereals and drinks each morning, rather suggesting a single preference. To maintain someone's independence safely, a risk assessment said they should be given a particular chair which was light in weight. One person often fell asleep in the evenings in the lounge, but still slept well overnight - so need not be woken if found napping. Individuals' routines for settling down at night were very personalised - whether they said goodnight to others, whether they switched off their own light, how they were overnight usually, etc.

We discussed specifically including a health care plan, to ensure people attended the various health checks they needed, etc., particularly since someone had a medical condition that needed ongoing monitoring. This, as with the rest of the care plan, would need to take into account considerations in relation to the Mental capacity Act 2005.

One person who lived at the home said they were happy with how Mrs Gold managed their money for them. We saw quarterly statements for people's bank accounts, with cash machine slips matching withdrawals shown. Cash balances held were the same as the totals shown on individuals' record sheets. Expenditure recorded included beauty treatments, lunch out, riding, chiropody, clothing.

Lifestyle

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

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They can take part in activities that are appropriate to their age and culture and are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

This is what people staying in this care home experience:

Judgement:

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

People enjoy a domestic lifestyle which meets with their needs and expectations, including a varied diet which meets both their preferences and health needs. Their continued contact with family, friends and the community around the home enriches the quality of their lives.

Evidence:

Care records and our conversations showed people living at the home enjoyed knitting, board games, watching television or DVDs, and listening to music. They were also involved in the day-to-day activities such as going shopping, buying food, going to garden centres, or out to a pub in the evening.

One person showed us several rosettes and certificates proving her proficiency in various horse riding skills. During our visit, Mr Gold took the two ladies to a riding

Evidence:

stables, where one had riding lessons and the other went along to watch.

The home had a relaxed attitude toward pets, with caged birds kept as well as a couple of dogs and cats. Dry food was also kept for various wild creatures. One of the people who lived at the home clearly liked the opportunity of having animals and birds around them.

The Golds told us the ladies didn't help on the smallholding much anymore, although they encouraged one person to tell us how they helped with picking up the hens' eggs. One of the ladies confirmed she helped fold the laundry, and enjoyed washing up, as we saw during our visit.

Photographs and discussion also confirmed that people were encouraged to keep in touch with their families or friends. One person had regular contact with her relatives, including by phone. Families visited for special occasions, and we looked at photos of a large attendance at a celebration held for one of the ladies at the home.

Information with people's care plans specified what services were included in the fees and what was not. This showed holidays were not included in the fees, but Mrs Gold told us that a lack of funds would not preclude someone from going on holiday - the home would pay if someone did not have enough funds. The two ladies had recently been to North Devon for a week-end holiday, with Mrs Gold's daughter. No long holidays away were planned, but day trips and other week-ends away were to take place through the year.

Records showed that people at the home had a varied and nutritious diet. Mrs Gold said the home was trying to grow more of their own vegetables. Meals were seen to range from meat pies, sausages and mashed potatoes through to chili con carni. Mrs Gold said that she devised the lunch menu taking into account people's likes and dislikes. The individuals then chose their evening meal, on a daily basis. During our visit, the ladies ate in the sun lounge, where one had been sitting enjoying a table-top game. Once a month, they go out to different places for lunch, as a purely social activity.

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's personal and healthcare needs are appropriately supported and met, promoting their wellbeing.

Evidence:

During our visit, we saw the ladies at the home received the physical and emotional support indicated in their care plans (such as one person coming to Mrs Gold to say goodbye and have a hug before going out). They looked well cared for and content, as indicated in surveys returned to us. A review by one person's Social Services care manager in recent months reflected that the person's mental wellbeing had improved during their time at the home.

Mrs Gold spoke of ensuring people's privacy and dignity, with people's care plans including how this was to be considered and done. We saw these practises used during our visit. Doors were always closed when bathroom and toilets were in use, and personal care was only carried out by herself. A hairdresser visited regularly. The Statement of Purpose also contained reference to the right of residents to privacy and dignity.

Evidence:

People living at the home used the same general practitioner as the Golds. Mrs Gold said they received good support from the GP. No district nurse support was currently required. Our discussions and the records seen during our visit showed that the ladies had access to other healthcare appropriate to their needs. A chiropodist visited the home regularly, for example, and people had seen a dentist. People had also received specialist attention - such as particular eye tests - to avoid complications of medical conditions that they had. Contact details for various key professionals were listed with care plans.

We saw people's weight was monitored. During our visit, Mrs Gold spoke with one of the ladies about the trampoline they enjoyed using in the better weather, discussing that this would soon be set up again. An exercise machine was also used by them sometimes.

The home had policies for the safe management of people's medication, and used a Monitored Dosage System. People living at the home had been assessed as needing help with their medication rather than being self-medicating. Mrs Gold had had training from a relevant pharmacy on how to safely administer their medication. All medication was checked and recorded on arrival at the home, to ensure that it was correct in quantity and type, and unwanted items were recorded before being returned for disposal to the supplying pharmacy. We found medicines were kept securely.

People currently living at the home were on relatively little medication and were only on medication that was to be taken regularly. Since they were not prescribed anything for occasional, 'as required' use, the use of any homely remedies or over-the-counter items was first agreed with the GP, to safeguard their wellbeing. People's allergies were noted with their medication records, and their photo was available to clearly show who the records related to.

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 who use the service are listened to, benefiting from an appropriate complaints procedure. Staff lack some knowledge about local safeguarding procedures, so people at the home may not be as fully protected from abuse or harm as possible.

Evidence:

One person who lived at the home told us they would tell their family if something were not right. Another said they would tell Mrs Gold. One of the ladies had regular contact with her relatives, whom the Golds felt would contact the home if anything were wrong.

The home has a 'Complaints, Comments and Compliments' form. It provides the opportunity for anyone - those living at the home, relatives, professionals - to write down a complaint and also to comment on how they think it can be dealt with.

In addition to this, the home had a written complaints procedure, stating the timescale for acknowledgement of the complaint, and also that it will be investigated within 28 days. The policy also states the right of the complainant to contact us. We have not received any complaints about the home since our last inspection, and the AQAA indicated that the home had not received any complaints either.

The home has a written policy regarding what constitutes abuse and what action

Evidence:

should be taken if it is suspected that it is occurring. Mrs Gold confirmed she would report any concerns promptly. However, there was little guidance specifically on the local authority's safeguarding procedures for reporting concerns, and Mrs Gold was not aware of these either.

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.

People living at the home enjoy a very homely, clean, well-maintained environment which is adapted over time to meet their changing needs.

Evidence:

Little Eastbrook Farm is a 5-bedroomed, 2-storey farmhouse that is very domestic and homely in its furnishings and decor. People living there had their own bedrooms, which were very personalised. One person happily showed us their room and other parts of the home. They confirmed that if something was broken or needed fixing, they would tell Mrs Gold about it.

There were stairs between the two floors, which had been fitted with rails to assist the ladies. Mrs Gold was very aware that the physical environment should safely meet the needs of the people she cares for or supports, and has shown her ongoing consideration of this. Other adaptations included provision of a shower and raised toilet seats. One person told us they enjoyed having the shower facility, and that they had the help they needed to use it. Since our last visit, night-lights had been fitted in a corridor, to ensure one of the people living at the home found their way to the toilet independently yet safely at night.

Evidence:

People living at the home had unrestricted access to the communal areas of the home, which comprised of a large lounge, a sun room at the back of the house, an exercise/beauty room, a newly combined dining and kitchen area, with toilets on both floors.

The enclosed rear garden could be easily accessed through the sun lounge. At the time of our visit, the garden was being levelled, with a patio and gazebo planned particularly since one of the people living at the home enjoyed being outside. At the front of the home, there is an grassed area where domestic fowl, etc. roamed. We discussed with Mrs Gold formally risk assessing this area, with regard to the welfare of the two ladies, since it was uneven and had standing water.

The home looked clean, and did not have any malodours. There is a separate laundry area away from food preparation areas. Mrs Gold described appropriate systems in place to minimise any cross-infection within the home.

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

People living at the home are currently supported by experienced and competent staff in numbers which meet their needs. Recruitment and staff development processes are not entirely robust, creating a risk that people will not be supported by individuals suitable for such a role.

Evidence:

We saw the people living at the home had a friendly relationship with Mr & Mrs Gold, being confident and relaxed when in their company. One person told us, 'I like everybody', confirming they meant the Golds, Mrs Gold's daughter, and the person that took them out every week.

Mr & Mrs Gold provided most of the care and support required by the two people living at the home, including any overnight help they needed. Mrs Gold took responsibility for anything relating to personal care, and her husband involved the two ladies in daily domestic activities as well as providing trips out and enabling them to attend social events.

Additional support was provided by Mrs Gold's daughter, who has residential care experience, and her husband; they lived very close by. Another person took the two

Evidence:

ladies out, singly, for one day a week, to give them more individual time, space and attention. This person had come to know the ladies in other employment at Social Services clubs attended by the ladies in the past.

At our last visit, recruitment information relating to these supporting staff was looked at. All had had police checks, and there were references and copies of forms of identification for all but this person. Mrs Gold had agreed that the required information would be obtained as a priority. At our Annual Service Review, Mrs Gold confirmed that full recruitment checks had now been carried out. However, we found the references had still not been obtained. These are required by the Care Homes Regulations 2001. She again agreed to send off for the references immediately, saying she had misunderstood what was expected.

Although we saw staff had had updating in some safe working practises, there was no evidence of updating on topics related to the physical and social needs of those living at the care home, which would ensure their changing needs will be met.

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.

People live in a home that is run in their best interests. Their health and safety is generally ensured by the home's policies and maintenance programme, although some further action would better ensure their longer-term welfare.

Evidence:

Mrs Gold has a National Vocational Qualification (NVQ) level 2 in care, and has run Little Eastbrook Farm as a residential home for several years. In discussion, she showed that she was very aware of the needs of the people she cares for.

A computer with Internet access had been installed since our last visit, which Mrs Gold was finding useful for keeping up-to-date with matters relating to running a care home. She also had information on the Deprivation of Liberty Safeguards and Mental Capacity Act 2005, which she was reading to find out about her responsibilities in relation to this legislation. We were concerned to find that agreed action had not been taken in relation to recruitment requirements, which are in place to safeguard people receiving a care service.

Evidence:

Mrs Gold showed us the home's Quality Audit systems, which included a questionnaire for both residents and their relatives or other supporters. It addressed issues such as whether or not the level of care was enough to meet the needs identified in individuals' care plans, satisfaction with the standard of care, the choice of meals, and contentment with the accommodation. This had been sent out in the last year to people's relatives and social workers, with the home's complaints/compliment form. We read positive responses about the home's environment, staff qualities, contact with families or community staff, meals, meeting people's diverse needs.

People living at the home were helped to complete their questionnaires by people who were not employed at the home. It was hoped that this would enable them to put down exactly what they felt. Their responses showed satisfaction with the service they received.

Mrs Gold, in completing the AQAA, indicated that relevant health and safety checks were up-to-date. Documents we sampled during our visit confirmed this. She also told us that the fire detection system was wired to the mains electricity supply according to the fire service's advice, with batteries as a back-up that were tested regularly. The AQAA stated fire equipment had last had attention in 2005. We found this was a fire extinguisher, not used since it was purchase in 2005. Mrs Gold agreed to check its 'shelf-life' with the manufacturer.

Where we checked at random, windows had effective locking devices to restrict the amount they opened, thus preventing falls from them. Mrs Gold told us the radiators we saw were of a low surface temperature design, to remove any risk of burns. There was evidence of water testing, as the home has its own water supply. Mrs Gold confirmed she had not had a recent visit from an Environmental Health officer but had received one of their monitoring questionnaires.

We saw current first aid and food safety certificates for Mrs Gold and her daughter, who had also had Health and Safety updates with in the last year. We saw evidence that the person who took the ladies out was also a first aider, but there was no evidence of any other staff updating on safe working practises, such as manual handling.

We advised that Mrs Gold should regularly review the home's fire risk assessment, as for any risk assessments, and that anyone who supported the ladies at the care home should have refresher fire safety training. We saw that the written fire procedure named the two ladies and specifically described what support each would need if the fire alarms sounded, etc. This is excellent practise.

Evidence:

We looked at the records kept by Mrs Gold of accidents, incidents and occurrences. This included health appointments, how the individual felt afterwards both mentally and physically, and what support they were given - such as when someone had needed a blood test. We pointed out that the information needed to be stored in line with regulatory requirements, including data protection considerations. At present, one sheet was used to record personal information about both of the ladies living at the home.

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
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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
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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	34	19	<p>You must not employ anyone unless you have obtained information about them and documents as listed in Schedule 2 of The Care Homes Regulations 2001, which includes 2 written references</p> <p>To ensure people living at the home are only supported by suitable individuals.</p>	31/07/2009

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	6	<p>It is recommended that each person's care plan includes a plan that a) Identifies their healthcare needs, along with potential complications, problems or specialist requirements, and b) States how these are to be met or addressed</p> <p>Along with any considerations in relation to the Mental capacity Act 2005.</p>
2	23	It is recommended that, by training or other means,

		everyone who works with the people who live at the home knows about the local multi-agency safeguarding procedures, particularly to ensure the home has robust procedures for responding to and reporting suspicion or evidence of abuse.
3	35	It is recommended that there is a staff development programme that ensures staff will receive refresher training appropriate to their role, so that the changing needs of those living at the home are met and their welfare is ensured in the longer term.
4	42	It is recommended that you check matters relating to the efficient working of the fire extinguisher over time, with the manufacturer, to ensure it will still be effective if needed.
5	42	It is recommended that staff receive timely refresher training on safe working practises appropriate to their role, so that people continue to receive a quality care service that ensures their welfare.

Helpline:

Telephone: 03000 616161 or

Textphone: or

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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

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