



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Friary House
Address:	26 Carlton Road North Weymouth Dorset DT4 7PY

The quality rating for this care home is:

one star adequate service

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:
Susan Hale	2 9 0 4 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 Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The Commission for Social Care Inspection aims to:

- 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:	Friary House
Address:	26 Carlton Road North Weymouth Dorset DT4 7PY
Telephone number:	01305782574
Fax number:	01305787811
Email address:	enquiries@kfcare.co.uk
Provider web address:	

Name of registered provider(s):	Mr Michael Antony Fry
Type of registration:	care home
Number of places registered:	16

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	16
Additional conditions:		

Date of last inspection								
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Brief description of the care home
<p>Friary House residential care home for older people is established in a large detached property situated in a quiet residential area of Weymouth. It is close to local shops and is a short distance from Weymouth seafront and the town centre, which has a range of amenities, including a large weekly market, cinemas, theatre and comprehensive shops. It is one of two homes owned by Mr M Fry, the other home being Kingsley Court. Mr M Fry has been the registered proprietor since 1985 and his son Mr P Fry became the registered manager in 2001. The accommodation is arranged over three floors, accessed by a passenger lift and main staircase. The residents private rooms are situated on all levels; many are generously sized and all have en-suite facilities. Communal areas include a lounge and a separate dining room. The home is set in grounds surrounded by hedges and trees. The back garden has recently become accessible to the residents and is mainly lawn with mature apple trees. The front garden is attractively paved with available seating. Visitor parking is available on site and in the street. The current fees range from 474 pounds - 525 pounds. Additional charges are made for hairdressing, chiropody, newspapers and taxi transport. See the</p>

Brief description of the care home

following website for further guidance on fees and contracts www.oft.gov.uk (Value for Money and Fair Terms in Contracts). Inspection records are on display and available to all visitors and residents. Information is available on the Homes web site and there is an e-mail address for those wishing to contact the home this way.

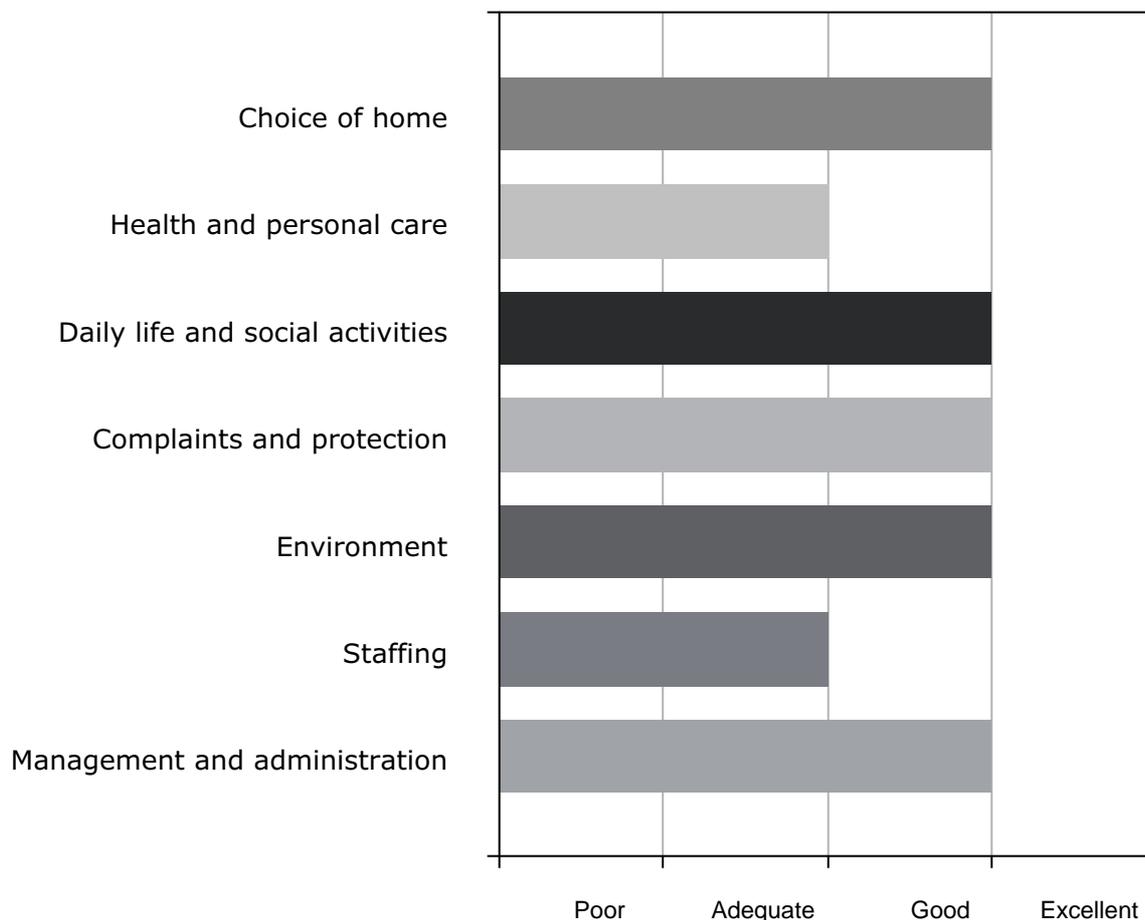
Summary

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

The quality rating for this care home is:

one star adequate service

Our judgement for each outcome:



How we did our inspection:

The inspection took place over the course of one day in April 2009 and was undertaken by one inspector. The focus of the inspection was to look at all the key national minimum standards and to focus on outcomes for people who live in the home. The aim is to measure the quality of the service under four headings, excellent, good, adequate and poor in each of the seven outcome groups.

The home completed an Annual Quality Assurance Assessment (AQAA) as required under the Care Home Regulations 2001 and information provided in this was used to inform the inspection process and is included in this report.

We sent out surveys to randomly selected professionals who visit the home, staff and

residents. Completed surveys were received from three staff, three professionals and nine residents, the responses are incorporated into this report. We also spoke to the registered manager, Mr Fry, the deputy manager, some staff and some people who were living in the home on the day of the visit.

Seven of the residents who completed our survey described themselves as British, four as Christians and five as having a physical disability.

What the care home does well:

Friary House provides information about the services it provides so that prospective residents and their families are able to make an informed decision about residency before they move in. Robust pre admission procedures are in place to make sure that the home can meet peoples needs before they move in.

All residents have a plan of care detailing their health, care and social needs and give clear instructions to staff on how such needs will be met. Residents health needs are identified and met by staff and visiting health care professionals such as district nurses or GPs. It was positive to see that the home is aware of the Mental Capacity Act and is undertaking appropriate assessments. Appropriate risk assessments in relation to falls, moving and handling, pressure sores and nutrition were in place and had been reviewed regularly.

Residents are treated with respect and their right to privacy and dignity is an established part of the care practice of the home.

The routines of the home are as flexible as possible to support residents to exercise as much choice and control over their lives as they are able to.

The activities meet the expectations of the people who currently live there. Residents are encouraged to maintain their links with family and friends and visitors to the home are made welcome and invited to attend social events.

The home provides a varied menu and all the residents spoken to and surveyed said that they always or usually liked the food. One person commented that the ' food is very good, there is always a choice'.

A complaints procedure is in place and people in the home are confident that they are able to raise any concerns and that these will be taken seriously and properly investigated. Policies and procedures are in place relating to the protection of people who live at the home to make sure they are safe and the management team have undertaken training in how to recognise and deal with any allegations received.

The home was clean and tidy and residents private rooms reflected their individual tastes, preferences and lifestyle.

A thorough recruitment process is followed when employing new staff which makes sure that residents are protected from the risk of abuse.

Residents spoke highly about the the manager, deputy and staff team. Staff were described as 'very kind' , with 'nothing too much trouble for them'.

The registered manager, Mr Fry has many years experience and skills in managing the home and staff are committed to providing a good quality service to residents. Staff are encouraged and supported to attend relevant training to make sure that they have the necessary skills and knowledge.

The health and safety of the residents and staff are protected and maintained by the policies and procedures.

One professional commented that 'the care provided at Friary House is good' and went on to say that it provides a 'welcoming environment'.

A resident commented that 'the management and staff are all very helpful and nothing is too much trouble for them'.

What has improved since the last inspection?

Some improvements have been made in the administration of medicine. Systems are now in place to audit the medication and the temperature of the medication fridge is recorded daily.

Since the last inspection Mr Fry and the deputy manager have undertaken training in the protection of vulnerable adults that qualifies them to pass on this information and training to other staff, this is being done via formal supervision sessions.

The provision of the decking area and ramps at the rear the property has made the outside area accessible to residents and provides people live at the home with pleasant outdoor space.

What they could do better:

Care plan reviews should involve the resident and should record who was involved in reviews and any changes or decisions made in relation to peoples care. Plans should record how peoples personal hygiene needs are being met. Any treatment, advice or information from health care professionals should be used to inform assessments and care plans to make sure that they reflect peoples current circumstances.

Some minor improvements need to be made in relation to how medicines are administered to make sure that peoples health needs are met and that the homes practice is robust and safe.

Further improvements in infection control measures such as the provision of foot operated bins and making the laundry wall nonporous would reduce the risk of cross infection to staff or residents.

The home has an ongoing training programme for staff which means that residents will be looked after by people who have the necessary skills. However, efforts need to continue with NVQ training so that the home can reach the national minimum standard of 50% of care staff holding this award. Serious consideration should be given to providing induction training in line with Skills for Care common induction standards to make sure that the induction gives staff the depth of knowledge to be able to undertake their role.

The home must consider how to make their financial systems more robust and in line with the regulations.

Fire safety must be taken seriously and the work recommended by the Fire and Rescue

Service should be completed as soon as practicable.

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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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.

Robust pre admission assessment procedures are in place to make sure that people's needs have been assessed and they have been assured they can be met before they move in.

Prospective residents are given information about the home and encouraged to visit and spend time there when choosing where to live.

Evidence:

We looked at the care files of two people who had moved into the home since last inspection. Records showed that the pre admission assessments had been undertaken at the place where the person was living, in one case the manager and deputy had travelled to Scotland to make sure that someone's needs could be met before they moved into the home.

Evidence:

Prospective residents and their families are encouraged to visit the home and spend time there before they make a decision about residency. Eight residents surveyed said that they were given enough information about the home before they moved in.

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

All residents had a care plan and appropriate risk assessments were in place. These need further development to make sure that they are up to date and fully reflective of individuals current circumstances.

People have access to medical and health care professionals whenever necessary.

The way in which medicines are administered is generally safe but further improvements are needed to make the system more robust.

Residents are treated with dignity and their right to privacy is respected.

Evidence:

We looked at three care plans in detail. All had assessments that had been updated in January 2009. The assessments contained good details and gave clear instructions to staff on how identified needs should be met. Two of the three assessments had been signed by the residents to indicate their agreement with how their care was going to

Evidence:

be delivered. However, in relation to two residents the deputy manager told us that there had been on going discussions with other professionals about the residents current and future needs but these were not recorded and could not be evidenced. In one case instructions from the district nurse had not been carried forward to the current assessment or risk assessments. The care plans did not contain a social history but these were currently being developed and the deputy manager told us that these will be incorporated into the care plans and used to provide more person centred care. Some care records particularly of personal hygiene needs were poorly completed and it could not be evidenced from this record or the daily record that the residents had been supported to have a bath, a wash or if their bed linen had been changed.

The daily records were generally well completed and gave a clear picture of the individuals well or ill being.

There was evidence that risk assessments had been looked at and reviewed on a monthly basis but there was no record that the residents were involved in reviews or were consulted about the ongoing care they receive.

Five residents said that they always received the care and support they needed and four said that they usually did. Seven people said that staff listened and acted on what they (the residents said).

Risk assessments in relation to pressure sores, moving and handling and nutrition were in place on all files looked at and these had been reviewed and updated as necessary. An assessment of individuals mental capacity was also on each file and on two of these they had been reviewed to make sure they were reflective of peoples current circumstances.

It was clear on all records looked at in the people have access to health and medical professionals whenever necessary and that the homes works closely with other professionals to make sure that people's health needs are met. Seven residents surveyed said that they always received the medical support they needed and two said that they usually did. Three professionals who completed our survey said that the home always sought advice and acted upon it and once said that they usually did. One professional surveyed commented that the home communicated clearly with outside agencies. Two people said that they thought that residents health needs were always met and one said that they usually were.

Risk assessments in relation to residents going out alone were not in place and should be developed and regularly reviewed on an individual basis.

Evidence:

We looked at the way in which medicines are administered in the home. The training matrix showed that twelve staff have completed accredited training and this is updated as necessary. Medication was stored securely and audited regularly to make sure that there was a clear audit trail of medicines coming into and going out of the home. The temperature of the fridge in which medication is stored was recorded daily. A system was in place to make it clear which member of staff had signed the medication administration record (MAR) charts. Patient information leaflets were kept for reference purposes. However, there was no photograph of service users kept with the MAR charts, although the deputy manager told us that all staff were familiar with the residents and if the home had to use agency staff they would not be responsible for medication. Risk assessments in relation to self medication were not in place, there was no record on the MAR chart that creams and ointments had been given as prescribed and expiry dates had not been recorded on creams and ointment.

We observed throughout the day that staff respected individual residents' right to privacy and dignity. Staff knocked on residents' doors before entering their private room and were seen to treat residents with courtesy and respect. Two professionals commented that the home always respected residents' privacy and dignity and one said that the home usually did.

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.

There is an adequate range of social opportunities available which the current residents are satisfied with.

Visitors to the home are encouraged and made welcome.

The routines of the home are as flexible as possible to reflect individuals choices and support residents to have some control over their daily lives.

The dietary needs of residents are catered for. People were satisfied with the quality and variety of food served at the home.

Evidence:

The routines of the home were seen to be as flexible as possible to meet the needs and preferences of people who live at Friary House. Residents spoken to on the day of the inspection confirmed that they are able to get up and go to bed at times to suit themselves. One professional surveyed said that the home always supported individuals to live the life they chose and one said that the home usually did.

Evidence:

People spoken to confirmed that they were able to have visitors at any time and that their visitors were always made welcome by staff. A poster on display for the visit of the magician on the following day made it clear that members of residents family or friends were also welcome to attend. The home was currently providing (at no cost to the residents) and arranging the supply of digital receivers for all residents to make sure that they could receive digital television.

Residents are able to continue with their religious worship if they want to and are supported to do this by staff.

The menu provided choice and a variety of home-cooked meals for people living at home. The cook was aware of residents likes and dislikes. There was a choice of two main meals at lunchtime and a wide variety of choice of lighter meals at teatime. There was sufficient stocks of fresh, frozen and tinned food. The majority of residents chose to have their breakfast on a tray in their room and when this is delivered by staff they are asked what they would like for lunch that day. Residents spoken to confirmed that they could take their meals where they wanted to. Six residents surveyed said that they always like the meals at the home and two said that they usually did. Some residents spoken to at lunchtime commented that the temperature in the dining room was often cold compared to other rooms in the home. Comments made by residents about the food included 'there is always a choice' and 'I like the food here'.

There were no activities going on in the home on the day of the visit. One resident told us that they were going out with a member of staff that afternoon which they were looking forward to. Some residents had been out to lunch during the previous week. Activities included bingo and a magician was due to visit the home on the following day. Eight residents completed our survey and four said that there was always activities available that they could take part in, three said they usually was, and two and said that there was only sometimes activities available that they enjoyed. All the people spoken to on the day of the visit were satisfied with the level of activities.

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.

Systems are in place to make sure that people are made aware of how to raise any concerns or complaints and residents have confidence that they are always listened to and taken seriously.

Policies and procedures are in place to protect to people who live in the home, but some need minor amendment and updating.

Evidence:

The home has a clear complaints policy and procedure that was displayed in the entrance hall. It included the contact details of the commission. The home nor the commission has received any complaints since the last inspection. All the residents spoken to during the inspection were clear about who to speak to if they had any concerns or complaints and felt confident that any problems would be taken seriously and addressed. Eight residents who completed our survey said that they always knew how to make a complaint. Seven people said that they always knew who to speak to if they were not happy and one said that they usually did. One professional surveyed said that the home always responded appropriately to any concerns raised and one person said that they usually did.

The home has a whistle blowing policy that is readily available to staff that includes

Evidence:

the current contact details of the Commission but not of Public Concern at Work.

The home has an adult protection policy that is dated February 2009 but is not reflective of current locally agreed procedures on how allegations should be investigated, (it stated that the homes manager would investigate any allegation). However, the home did have a copy of the locally agreed procedures and the deputy manager told us that this was the procedure that would be followed should an allegation be received. Mr Fry and the deputy manager recently attended training about how to protect vulnerable adults, this qualified them to pass this knowledge onto other staff. This has been done by talking to staff individually in supervision and this had been recorded on the training matrix. However, staff spoken to on the day of the inspection were clear about what constituted abuse but were not aware of how allegations would be dealt with.

The AQAA told us that the home had not made any referrals to the Safeguarding Authority but on the day of the inspection, we were told that an adult protection issue had occurred in 2008 that had led to the home making such a referral. An incident that had occurred in 2008 had been dealt with promptly by Mr Fry.

The home has a policy on gifts and wills that make it clear that staff should not accept gifts from residents and cannot assist with or benefit from residents wills.

There was a policy on aggression towards staff and physical intervention by staff that were virtually the same. The policies were not person centred and did not give staff guidance on reasons why residents may become aggressive for example if they become unwell or have dementia, and did not include strategies for staff on how to defuse such incidents.

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 was clean, tidy and provides a homely environment for residents.

Some improvements have been made to the laundry but infection control measures need to be more robust to reduce the risk of cross infection.

Evidence:

Since the last inspection the maintenance and refurbishment of the home has been ongoing. A large area of decking has been installed outside the dining room providing an accessible area seating with ramps leading down to the garden which had not been previously accessible to residents. A new bathroom has been fitted on the first floor that provides an assisted bath.

The home was clean and tidy on the day of the visit and there were no unpleasant odours. Seven residents who completed our survey said that the home was always fresh and clean and one person said that it usually was. One professional surveyed said that the home 'provides a warm welcoming environment'.

People are encouraged to bring in personal possessions when they move into the home and to personalise their bedroom to reflect their individual preference and lifestyle. All the residents spoken to were satisfied with their private room and how staff respected

Evidence:

their wishes as to how they wanted it to look.

Suitable industrial laundry equipment was provided to be able to cope with the volume of laundry generated. There were adequate supplies of clean linen. The laundry wall has now been covered with plasterboard but has not been painted to make sure that it has a washable surface to reduce the risk of cross infection, despite this having been a requirement on the two previous reports (dating back to 2007). Mr Fry told us that that this work would be carried out as soon as the maintenance person was back from leave. The floor was non porous but we observed that dirty laundry had been left on the floor whilst it was waiting to go into the machine contrary to good practice advice. Protective clothing was provided, i.e. disposable apron and gloves. It was positive to note that the home uses vinyl gloves to reduce the risk of allergies to staff and residents. Hand washing facilities were provided but there were no paper towels or hand wash available to staff.

The AQAA told us that the majority of staff had completed training in infection control. However, we observed two pairs of used disposable gloves had been left in a communal bathroom and on top of a cupboard. Residents toiletries were kept in communal bathrooms contrary to good practice advice, these were removed during the inspection. Waste bins in communal bathrooms, toilets, the laundry and staff toilet were not foot operated to reduce the risk of cross infection. Although hand wash was provided throughout the home paper towels were not readily available in communal bathrooms or toilets.

Staffing

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

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

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

There are enough staff to meet residents needs. People living in the home were confident that they were well looked after.

Robust recruitment procedures were in place to protect residents from the risk of unsuitable staff working at the home.

The induction programme is brief and does not provide a depth of information for staff. The number of staff qualified to NVQ level 2 is low but the home is aware of this and making efforts to improve this.

Evidence:

A staff rota was in place that showed the role of each person. Residents spoken to said that staff responded as soon as they could when they needed them. Eight residents completed our survey, five people said that there were always staff available when they needed them and three said that there usually was. Three staff who completed our survey said that there was usually enough staff on duty. One member of staff commented that 'management are always on call for help or advice if required'.

We looked at the staff files of three people who had started work at the home since

Evidence:

the last inspection. All the necessary checks had been undertaken before people started work except a declaration of the persons mental and physical fitness to work at the home. All staff had been given their own copy of the General Social Care Council code of conduct and a contract of employment. None of the files looked at contained a job description. One professional commented that care staff always had the right skills and experience and another professional said that staff usually did.

The home employs eighteen care staff, five of which (30%) have achieved qualification to at least NVQ level 2 standard. One more member of staff is currently registered on an NVQ level 2 course. The home evidenced on individuals staff supervision records that all staff were regularly encouraged and offered the opportunity to undertake NVQ training courses. All staff spoken to on the day of the inspection confirmed that they were encouraged to undertake training. Three staff completed our survey, all of whom said that they were offered relevant training to keep them up to date and help them meet the needs of individual residents.

All the residents spoken to were very positive about the help and support they received from staff, several people said that 'nothing is too much trouble', and one person commented that the 'staff are always friendly'.

The home has an on going training programme and provided us with a training matrix on the day of the inspection. We looked at the staff training files of three members of staff who had started work at the home since the last inspection. The AQAA told us that the home used induction training that met the national minimum standards, However, the induction checklist was very basic and in most cases had not been completed and there was no evidence that individuals knowledge of the home and how they should be working had been checked and tested by the manager or deputy.

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 is run by a committed and competent manager and deputy manager who have created an open and positive atmosphere whereby residents feel confident and well cared for.

Financial procedures need to be reviewed to make them more robust.

Health and safety is generally taken seriously to make sure that the people who live and work at Friary House are safe. However, some maintenance including fire safety is reactive and not done in a timely manner.

Evidence:

The manager, Mr Fry has many years experience in caring for older people and is suitably qualified to manage the home. Residents and staff spoken to and surveyed confirmed that both Mr Fry and the deputy manager were approachable and supportive.

Evidence:

The home completed an Annual Quality Assurance Assessment and this was completed in detail and returned within the required timescale. The AQAA told us that all the equipment and services in the home were maintained and serviced.

The home has an annual development plan which identifies work required, its cost and the timescale within which it will be completed. Detailed maintenance records were kept with issues identified and a record kept of when jobs had been completed. The home undertakes quality assurance work to seek the views of people who live at Friary House and takes these into account in future planning to improve the service. The deputy manager told us that the policies and procedures were due to be reviewed in the near future.

Mr Fry told us that the home does not manage any personal finances for any resident. However, the residents finance policy dated 2008 stated that the home did manage money on behalf of people, this should be reviewed and revised to reflect the current practice. Mr Fry told us that one resident's personal allowance was paid into the corporate account. Whilst this was at the request of the funding authority this is contrary to good practice and the regulations.

Monthly managers meetings are held with another care home owned by the same provider. Minutes of meetings are taken, these include personal information about individual residents which may breach the requirements of the Data Protection Act.

One resident commented that the 'managers are chatty and approachable', and another said that the managers 'made sure the needs of the residents come first'.

Systems were in place to check the fire equipment and emergency lighting on a regular basis. The fire risk assessment was in place but this would benefit from review and more detail. The fire service visited the home in August 2008 and advised that some work needed to be undertaken to improve the home's fire safety precautions. Mr Fry confirmed that this has not yet been addressed.

The home's current insurance certificate was on display and the home has a business and development plan in place.

The home gave us a training matrix that showed that staff undertake mandatory training in manual handling, first aid, health and safety and food hygiene.

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
1	26	16(2)(j)	The laundry walls must be washable. This requirement is carried forward from the previous inspection.	02/11/2007

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	9	13	The registered person shall make arrangements for the safe administration of medicines received into the home. To make sure that prescribed creams and ointments are given as prescribed.	30/06/2009
2	35	20	The registered person shall not pay any money belonging to any service user into a bank account unless the account is in the name of the service user. This is to safeguard service users finances.	30/06/2009

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	7	It should be clearly evidenced that monthly reviews are undertaken with the service user and they should be asked

		if at all possible to sign their agreement with the care plan. Details of the review should be recorded.
2	7	Clear records should be kept of how service users personal hygiene needs have been met.
3	8	Current information about service users health needs and any treatment given by district nurses should be Incorporated into their care plan.
4	9	Advice should be sought as soon as practicable in relation to the use and storage of oxygen in a service users private room. Advice should be sought as soon as possible in relation to way in which oxygen is stored to make sure that there is no risk of it falling over.
5	9	Risk assessments should be in place for all residents who self medicate.This should be regularly reviewed and updated whenever necessary.
6	9	Expiry dates should be recorded on all creams and ointments. Photographs of each resident should be kept with the medication administration records(MAR) charts.
7	18	The whistle blowing policy should include the contact details of Public Concern at Work.
8	18	The adult protection policy should be reviewed and updated to reflect locally agreed procedures and current good practice advice.
9	18	The policy on aggression by service users should be reviewed and developed to be more person centred and give information and guidance to staff on how to manage such incidents.
10	26	Hand wash and paper towels should be provided in the laundry, shower room and kitchen. They should also be available in each residents private room. All waste bins should be foot operated to reduce the risk of cross infection.
11	37	The minutes of the managers meeting should not include personal information about individual residents.
12	38	Urgent consideration should be given to undertaking the work recommended by the fire service in August 2008 as soon as possible.

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Textphone: or

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Web: www.cqc.org.uk

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