

Random inspection report

Care homes for older people

Name:	Two Cedars
Address:	81 Dunyeats Road Broadstone Poole Dorset BH18 8AF

The quality rating for this care home is:	three star excellent service
The rating was made on:	

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 review of the service. We call this review a 'key' inspection.

This is a report of a **random inspection** of this care home. A random inspection is a short, focussed review of the service. Details of how to get other inspection reports for this care home, including the last key inspection report, can be found on the last page of this report.

Lead inspector:	Date:							
Martin Bayne	2	0	0	5	2	0	1	0

Information about the care home

Name of care home:	Two Cedars
Address:	81 Dunyeats Road Broadstone Poole Dorset BH18 8AF
Telephone number:	01202694942
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	Mrs Jean Lillian Williams
Name of registered manager (if applicable)	
Type of registration:	care home
Number of places registered:	17

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	17

Conditions of registration:								
Date of last inspection								
Brief description of the care home								
<p>Two Cedars is registered as a care home with the Commission for Social Care Inspection and may accommodate up to 17 older people. It is privately owned and managed by Mrs Williams. Two Cedars was built in 1908 and more recently had an extension built which incorporated further bedrooms and sitting area. The extension is in keeping with the style of the original building. It is close to the village of Broadstone, which has shops, a post office, banks and buses into Poole, Wimborne and Bournemouth. The care home is set well back from the road, in large, mature, well kept gardens which are easily accessible to service users. There is a large patio area</p>								

Brief description of the care home

accessible through French doors from the lounge. There is ample car parking space. The three-storey house provides accommodation for service users on the ground and first floor. The second floor provides office and private accommodation. There are 17 single en-suite rooms, with adequate communal bathing and toilet facilities strategically placed around the house. The lounge and dining room are spacious. Three rooms on the first floor have access to a balcony overlooking the garden. A passenger lift is available between the ground and first floors. The service users have an emergency call system and staff are provided 24 hours a day.

What we found:

At this random inspection we reviewed the records and had a discussion with the last two people admitted to the home. As part of this review we also looked at how their medication was administered and managed in the home. We reviewed the recruitment records and had a discussion with the last two members of staff to be appointed to work at the home. We also carried out a tour of the premises and reviewed accidents and notices sent to the Commission.

Throughout the inspection we were assisted by the Registered Provider and the home's deputy.

We found for both residents we tracked through the inspection that prior to being offered a placement at the home they had visited Two Cedars, at which time, a preadmission assessment of their needs had been carried out. The residents and their representatives had been provided with information about the home by means of the Service User Guide for the home. We saw that the preadmission assessments had been recorded on a template that covered all of the topics within the National Minimum Standards and had been signed and dated. Once it had been determined that prospective residents' needs could be met at the home, formal arrangements were made for an admission date and a letter sent to the residents informing that their needs could be met at the home.

Once a person had been admitted to the home, further in-depth risk and other assessments had been completed and from these care plans had been developed to inform staff of how to support the resident concerned. We saw that the care plans were being reviewed each month or when their needs changed and that the resident or their representative had been involved in developing the care plans by their signing these documents.

We noted within one person's daily records that they had had a fall in the home. We cross-referenced this with the accident book, where we found the accident had been recorded and also a notification sent to the Commission as required. We also saw that there is periodic review of accidents that occur in the home.

We looked at how medication was managed within the home by looking at the medication administration records, storage facilities and procedures for medication administration. The medication records were completed with no gaps within the recording and that medication had been administered by trained members of staff. We saw good practice of there being a photograph of the resident concerned at the front of their administration records, a record of any known allergy from which the resident suffered and checking and signing of hand entries on the records by a second member of staff. We saw that the home had suitable storage facilities for medications held in the home.

We looked around the premises, which were clean and free from adverse odours. Furniture and fittings were in good repair and the home in good decorative order. We saw that residents were able to bring their own possessions and furniture to personalise their rooms. All radiators in the home have now been covered to eliminate the risk of residents receiving burns from hot surfaces. Thermostatic mixer valves have been fitted to hot water outlets to also protect residents. The home has well maintained gardens for the

enjoyment of residents.

We looked at the recruitment records for the last two members of staff recruited to the staff team. We found that all of the recruitment checks had been carried out and the required records in place; such as, the taking up of appropriate references, criminal record bureau check and a check against the register of adults deemed unsuitable to work with vulnerable adults, a health declaration, full employment history with gaps explained and the reason why they left positions of care. We were able to speak with one of these staff, who told us that they enjoyed working at the home, which they thought was well managed with a good staff team, training and supervision.

What the care home does well:

We found that the home makes sure they only admit people for residential care through thorough assessment of their individual needs prior to being offered a placement at the home. Prospective residents and their relatives are also provided with full information about the home, so that they are informed of the services and facilities provided by the home.

Once a person has been admitted, further assessments are carried out, from which a care plan is developed with the residents concerned. We saw that the care plans were up to date and fully informed staff of how to care for each resident. The health and social care needs of the residents we tracked through the inspection were being met.

We found that medication was being administered safely by trained members of staff and that there were suitable storage facilities within the home.

The premises were clean, in good decorative order and furniture and fittings in good repair. There were no hazards identified during our inspection.

We found that the home complied with all Regulations and standards for the recruitment of new members of staff.

Generally we found the home to be well-managed and run in the interests of the residents.

What they could do better:

There were no identified areas for improvement resulting from this inspection.

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 2.

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, 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, 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

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

Reader Information

Document Purpose:	Inspection Report
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Further copies from:	0870 240 7535 (telephone order line)

Our duty to regulate social care services is set out in the Care Standards Act 2000. Copies of the National Minimum Standards –Care Homes for Older People can be found at www.dh.gov.uk or got 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

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

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