



Making Social Care  
Better for People

Inspecting for better lives

# Key inspection report

## Care homes for older people

|                 |   |
|-----------------|---|
| <b>Name:</b>    | Fair Haven Care Home  |
| <b>Address:</b> | 66 St Georges Avenue<br>Northampton<br>Northants<br>NN2 6JA |

The quality rating for this care home is:

two star good 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.

|                        |                               |
|------------------------|-------------------------------|
| <b>Lead inspector:</b> | <b>Date:</b>                  |
| Ann Wiseman            | 2   6   0   3   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](http://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](http://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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## Information about the care home

|                       |   |
|-----------------------|---|
| Name of care home:    | Fair Haven Care Home  |
| Address:              | 66 St Georges Avenue<br>Northampton<br>Northants<br>NN2 6JA |
| Telephone number:     | 01604712050   |
| Fax number:           |   |
| Email address:        |   |
| Provider web address: | www.minstercaregroup.co.uk                                  |

|                                 |                          |
|---------------------------------|--------------------------|
| Name of registered provider(s): | Minster Pathways Limited |
|---------------------------------|--------------------------|

|                              |           |
|------------------------------|-----------|
| Type of registration:        | care home |
| Number of places registered: | 21        |

|  |                                   |         |
|--|-----------------------------------|---------|
| Conditions of registration:  |                                   |         |
| Category(ies) :  | Number of places (if applicable): |         |
|  | Under 65                          | Over 65 |
| learning disability  | 21                                | 0       |
| mental disorder, excluding learning disability or dementia   | 21                                | 0       |
| Additional conditions:   |                                   |         |
| By agreement 4 services users accommodated within Fair Haven Care Home receive personal care by reason of Dementia   |                                   |         |
| No person shall be admitted into Fair Haven Care Home under categories MD(E) or LD(E) when there are 21 persons already accommodated within the home   |                                   |         |
| No person shall be admitted to Fair Haven Care Home under categories MD and LD when there are 21 persons in total of those categories/combined categories already accommodated within the home |                                   |         |
| No persons shall be admitted to Fair Haven Care Home under the age of 45 years   |                                   |         |
| No persons shall be admitted to Fair Haven Care Home within the categories of DE and DE(E)   |                                   |         |
| The maximum number of persons to be accommodated within Fair Haven Care Home is 21   |                                   |         |

Date of last inspection

|  |  |  |  |  |  |  |  |  |
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Brief description of the care home

Fair Haven Care Home offers support to 21 people who have a learning disability, a mental health condition or both combined. The average age of the people who live there is 66 years old and this should be taken into consideration when people are considering living in the home.

The home is situated by Northampton racecourse and is within easy reach of other local amenities, shopping facilities and leisure services. There is access to public transport close by to enable people to travel to other areas of the town where there is a larger range of facilities available.

Accommodation is provided in a mix of single and double rooms, each of which is furnished and decorated according to people's individual taste. Six of the bedrooms have en-suite facilities and the others are fitted with washbasins. There are a range of communal rooms that are furnished in a homely manner, as well as an attractive garden.

Fees are inclusive and range from £350 to £1500 per week according to assessed needs.

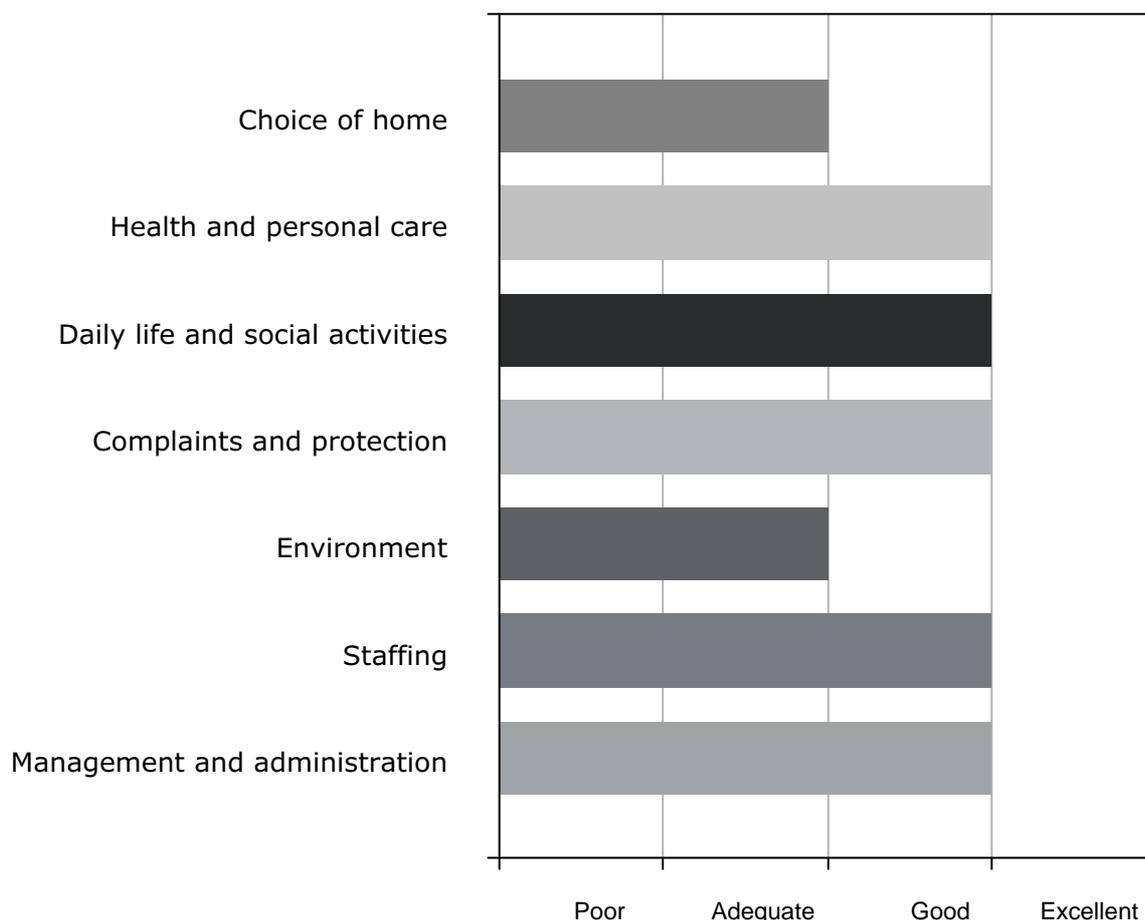
## Summary

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

The quality rating for this care home is:

two star good service

### Our judgement for each outcome:



### How we did our inspection:

This was an unannounced inspection; we arrived at 9.30am in the morning and stayed for nine hours. The manager was at the home when we arrived and she facilitated the inspection, which she did in an open and helpful manner. Whatever files and documents we asked to see were quickly produced. During the day we had a look around the home and observed interaction between the staff and people living there. We also had opportunities to talk with people to get their opinion of the care they get.

We looked at information belonging to three people and some of the of the staff files. We also assessed some of the homes policies and procedures and sampled a random selection of the health and safety files and records.

The manager had sent us the Annual Quality Assurance Assessment (AQAA) she had completed prior to the inspection. The AQAA is a self-assessment that focuses on how

well outcomes are being met for people living in the home. It also gave us some numerical information about the service. The detail given to us in the AQAA was detailed and informative. It is a long document and was hand written, we ask each service to redo the AQAA every year and the task would be easier to do if the document was written and saved on the computer as it will only need to be updated and resent the next year. We suggested this to the manager and were told that the home wasn't linked to the internet.

### **What the care home does well:**

There was a comfortable, homely atmosphere in the home and staff were knowledgeable about the needs of the people in their care. Interaction between the staff and people was observed to be friendly and open. When talking about the people living in the home, staff did so in a supportive and respectful manner. The manager is committed to providing a good service and people told us they were happy there, it has been home for most of them for many years.

### **What has improved since the last inspection?**

In house activities have been improved by an addition to the staff group of someone who has an interest in supporting people with art and craft work, another staff member brings their dog to the home and people enjoy petting it, sometimes they take it out for a walk.

There have been some improvements after an environmental health inspection and a new Hazard Analysis and Critical Control Points (HACCP) policy has been put in place, which is a systematic preventive approach to food safety.

### **What they could do better:**

The statement of purpose needs to be reviewed and updated and the users guide must be completely redone as the current one is very poor quality. The manager has acknowledged that both the documents need to be updated and says she plans to do them within the next month.

The home has started to look worn and jaded. A program of decoration needs to be developed and started and the furniture needs to be assessed and, where needed, replaced. The kitchen is also old and worn and needs to be replaced as it is in such a condition that the surfaces can't be cleaned effectively and or kept hygienic. Some of the rooms don't have locks fitted, regardless of whether people chose to use them, all bedrooms must have locks, of an appropriate style, to allow people to protect their possessions and to ensure privacy.

People have commented that they would like more fresh fruit and vegetables to be used in their meals, when we looked there was very little fruit or vegetables in the kitchen. Arrangements must be made to ensure that ample supplies of both are available at all times.

While at the home we were told that they were not connected to the internet. Using emails to communicate is fast becoming an indispensable and the internet is a valuable source of information that is always on tap and should be considered an essential tool that should be available in every home. When people who live in residential care are given access to the internet it can enrich their lives and can give them more choice in their personal shopping.

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](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line –0870 240 7535.

## Details of our findings

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

The information given to people of thinking of moving into Fair Haven Care Home needs to be updated and reviewed so that people have all the information they need to make an informed choice about whether the home would suit them. Everyone's needs are assessed before they move in and people are given contracts and an opportunity to visit the home so see if they like the look of the place before they move in.

Evidence:

The home's statement of purpose contains all of the required information but is not written in an easy to read style; it has long closely set paragraphs and is set in a small font. It doesn't contain photographs or illustrations and is not dated so people wouldn't be able to judge whether it is in date . Nor is it written in a way that would be easily understood by the people living in the home.

The user guide is poor quality, being on one piece of A4 paper with the text being very

## Evidence:

close and with minimum information. It doesn't contain our contact information as it is required to. The copy given to us was dated 2003, in regulation 6 of the care home regulations it is required that both the homes statement of purpose and it's user guide must be kept under review and revised and amended where needed to comply with changes to the service and in line with legislation. The manager has acknowledged that they need to be revised and is in the process of rewriting them, she must take care that the new documents contain all the information expected as set out in regulations 4 and 5 of the care homes regulations.

We examined three people's files during this inspection and we saw that there were assessments that contained a lot of good information, which would allow detailed care plans to be developed. We also saw copies of service contracts in people's files.

This home has a stable client group that is settled and have lived together for a long time. Only one new person has moved in since the last inspection. The vacancy only came about because of the death of a longstanding resident who was supported to stay at home throughout their illness.

The manager told us that people thinking of moving into the home are encouraged to visit before they decide to move in so that they can assess its quality, the facilities offered and the suitability of the home for them.

Fair Haven doesn't offer an intermediate care service.

## Health and personal care

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

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

**This is what people staying in this care home experience:**

Judgement:

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

People living in this home have care plans in place and are assisted to make decisions about their life and are consulted about the way they want to live. People who live in the house are enabled, through risk assessments, to take some risks as part of an independent lifestyle. Staff are trained to respect confidences and to handle personal information in a way that will maintain confidentiality. However staff need to more knowledgeable about the proper way to record and manage medication.

Evidence:

We examined three care plans during our visit to the home, they reflected the needs of the person involved and they have been updated since the last inspection and have been reviewed regularly during the year. They contained risk assessments that are developed to minimise the risk of harm in peoples every day activities, which enable them to live a full and active life without being restricted unreasonably.

However they are written in a way that does not reflect the person as a whole, their personality or their personal preferences. Consideration should be given to developing a more person centred approach when writing care plans.

## Evidence:

This will help people feel that they are in control of their lives and encourage them to make more choices by including them while drawing up the care plan and asking them to tell staff how they want to be helped.

We saw evidence that people's health care needs are met: there were copies of specialist reports such as speech and language and psychology on file. Doctors visits are recorded along with any treatment given.

We examined the medication and the way it was managed and stored. We found that it was stored as required but the part of the recording sheet that is used to log medication in and out of the home was not being completed, this means that the home has no audit trail and it would be difficult to track mistakes as they will never have a true figure of what medication was in the home.

We also saw that the opening dates were not recorded on tubes of cream and bottles of liquid medication so that staff would not know when they needed to be disposed of it, as they only have a limited shelf life once they are opened.

We randomly checked one persons medication and records, we found that the record didn't correspond to the number of tablets in the box, two tablets were missing. The deputy manager told us that the tablets had been used at the end of the last month because they were short by two tablets in the previous months supply. Because the audit trail was not in place there was no way to check if this was right and there was no explanation on the medication sheet about the missing tablets, on this evidence it would be easy to assume that the person had been given the medication by mistake. We require that all staff receive an update on their medication training and that they are reissued with the homes medication policy.

House meetings are held where everyone gets a chance to make suggestions for what they would like to do in their spare time.

Induction training includes keeping confidences. When not in use private information is stored in a locked cupboard in the office and is not left lying around in communal areas.

## 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.

This home offers activities and the routine is flexible enough to allow people to exercise choice in all aspects of their life. They are able to maintain contact with family and friends and meals are served in comfortable surroundings and are well prepared and varied, but a real alternative to the main meal needs to be offered and fresh fruit and vegetables should be available at all times.

Evidence:

People we spoke to said they were happy with the activities they were offered. Entertainers come to the house, we were told that most people like them but there are several areas in the home where people can sit if they don't want to take part in the group activities. The home sends out surveys to people so they can voice their opinion on how their home is run and comments made in the last survey in June 2008 about activities and the entertainers were positive.

In the AQAA we were told that, "The service users are constrained by very few rules. They can get up or go to bed as they please as long as they don't disturb others too much."

The majority of people travel independently and do their own shopping and visit

## Evidence:

relatives and friends. People who are unable to go out on their own are supported to and take part in social activities and we saw reports of where they go in their daily notes. People told us that visitors are welcomed into the home and family and friends are invited to the parties and BBQ's they hold.

The manager told us that is it her aim to encourage people to continue to use their skills and take part in the domestic tasks around the house, some people like to lay the tables, wash and dry the dishes, changing and making their bed, sweeping leaves in the garden and weeding.

She also said in the AQAA that they try to be flexible around meal times because people go out independently they are not always back in time to eat at the set times, their meals are saved for when they return. The dinning room is nice place to enjoy a meal, people can chose where they prefer to eat and can eat although they are encouraged to eat with other people to make meal times a sociable occasion. The home does not employ a cook and staff take it in turn to prepare and cook the meals.

During the inspection we were told that the home does not plan menus in advance, the choice is made by the person cooking the meal that day, which is often the manager or one of the care staff if she is busy. However the actual meals are recorded and the meal we saw offered during the inspection looked appetising and the portions were ample, but we were told that there is no alternative meal routinely offered, if people don't like the meal they are offered they can ask for something different. One person didn't want the faggots that were being prepared for lunch so they were given a fried egg to go with their mashed potatoes and vegetables. This can't be considered a properly thought out and planned alternative, staff knew in advance that this person disliked faggots so there would have been time to prepare a proper meal to their liking.

Some people who participated in the home's annual quality assurance questionnaire said that they would like the meals to be more varied and suggested some meals that they would like to see added to the menu, some also commented that they would like to have more fruit and fresh vegetables.

When we looked in the fridge, freezers and larder we saw that there was ample frozen, dry and tined food available but there was little in the fridge and no fresh fruit or vegetables. The manager told us that shopping was due to be done that day and fresh food is delivered three times a week but is quickly used up. Fruit and vegetables are an important part of a healthy diet and should be freely available to people both as part of their meals and as a snack throughout the day. Arrangements should be

Evidence:

made to make sure that ample supplies are obtained so that it is readily available to everyone.

We recommend that menus are prepared in advance and that people take part in choosing the meals.

Since the inspection the manager has told us that she has recruited a care staff member who has an interest in cooking and will be given the responsibility for planning and preparing the meals, ordering the food and maintaining the hygiene in the kitchen.

## 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.

Complaints and concerns are recorded in line with the home's policies and procedures so people can be assured that the home will listen to them if they are unhappy and take action to investigate the complaint. Staff training and procedures help to protect people from abuse.

Evidence:

We examined the homes complaints procedure and found that it provided the necessary information on how to raise any concerns or complaints about the service, we also saw that there is a recording system for complaints with is set out in a way that enables people to see that the complaints policy is followed. All Complaints and concerns are recorded no matter how minor, this is considered good practise and shows that the home takes them seriously and listens to what people have to say. It is recommended that the pages in the complaints book are numbered to ensure that pages aren't misplaced or removed.

We saw evidence on people's care files that advocates are appointed for people who do not have family to support them to make important decisions, this means that people will benefit from knowing that someone independent of the home is making sure they are being care for in a way that is in their best interest.

We discussed what actions they have been taking have people assessed to test whether they have capacity to manage their own financial affairs. Where people have

Evidence:

been found to be without capacity in this area, appropriate people have been appointed to manage it for then. In taking this action the home has displayed a commitment to protect people from financial abuse.

People are further protected from abuse by staff training, the training files showed evidence that staff have undergone SOVA training and there are policies in place around recognising and reporting abuse.

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

This home offers a safe environment with comfortable communal facilities designed to maintain independence. Bedrooms suit people's needs and are individual to each person who are able to have their personal possessions around them. Work is needed to bring the furnishing and decoration up to date in some of the areas.

Evidence:

During a tour of the building we noted that the home was mainly clean, homely, furnished comfortably and safe, but there is an overall impression of it being in need of sprucing up.

The kitchen fixtures and fittings are old and in need of replacement as the work surfaces and cupboards are worn and can no longer be properly cleaned to maintain a good hygienic standard and some of the doors and draws are broken. The manager is aware of the need to replace the kitchen units and has already raised the issue with the company that owns the service, she has undertaken to assess the extent of the work needed to bring it up to scratch and will seek approval to get the work done.

However an environmental food hygiene inspection in March 2008, made relatively minor requirements. The cat bowl and some pot plants had to be removed from the kitchen and the soap in the hand sink needed to be replaced.

## Evidence:

The bedrooms we saw contained items of personal furniture and possessions that made them individual to the occupant.

Not all of the bedrooms have locks to allow people to protect their possessions or privacy by locking the door if they want to. The option of being able to lock their door must be available to people, it is required that all bedrooms have locks fitted, of a style that allows people the privacy of locking their rooms from the inside, but allow them to be opened from the outside if it becomes necessary to gain access.

The bedrooms were clean and tidy, but the furniture is dated and worn, some of the draws were broken. A programme of refurbishment should be drawn up to update and replace the furniture and to decorate the bedrooms and some of the communal rooms.

Carpets in some areas of the house are in need of cleaning, but the manager has told us that plans were in place to have them professionally cleaned.

The bathrooms and toilets are sufficient in number and were clean. Some of the bathrooms and toilets have specialist equipment and adaptations to meet the needs of the people living in the home and to prolong independence.

Personal protective equipment was available for staff use to enable them to maintain good infection control.

## Staffing

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

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

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

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

Staff are aware of their roles and responsibilities and are qualified. The home has recruitment policies and procedures in place that are being followed. Training is in place and the staff receive regular supervision.

Evidence:

Staff personnel files are kept at the home and we examined three of them in detail. They held all the information and documents that are required to be kept as set out in schedule 2 and 4 of the care home regulations. The staff members we spoke to confirmed that all the checks that safeguard people were carried out before they started working at the home and that they took part in induction training when they first joined the workforce.

In the Annual Quality Assurance Assessment (AQAA) the manager said, "We try to appoint new staff who can demonstrate some maturity and the capacity for good communication with other staff and service users. Induction training is not just targeted at knowledge and skills - staff need to understand the ethos of the home which is about being fair-minded and honest."

We noted from the staff files that there is evidence that people get supervision and that regular staff meetings are held and staff are encouraged to add items to the agenda.

## Evidence:

The care staff we spoke with displayed a good knowledge of the people in the home and understood their needs. Information given to us in the AQAA completed by the manager, tells us that the home has met the minimum of 50% of its staff having attained the NVQ 2 in care or it's equivalent and two of the staff members are taking their NVQ level 3.

The staff records show evidence that the home offers the mandatory training, and staff have access to specialist training suitable for the assessed needs of the people living in the home. Training over the last year includes mental health, medication, diabetes awareness, dealing with challenging behaviour, protection of vulnerable adults, and fire training.

## 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.

This home is well run and the ethos of its management is empowering to the people living in it. The policies and procedures and the record keeping protect people's rights and best interests. Health and safety is promoted and necessary checks are made and records kept.

Evidence:

The manager was at the home when we arrived and she facilitated the inspection, which she did in an open and helpful way and was able to produce everything we asked for. She and her operations manager have worked together for many years and have developed a good working relationship. The manager feels that their skills 'dovetail' each other. Both proved knowledgeable about the running of the home and the people living in it, they are organised and comments we received indicated that they are well liked by the people living in the home and the staff.

The home sends annual surveys to staff, people in the home and their relatives. They are sent directly back to the providers and the manager told us that she doesn't get

## Evidence:

any feed back from them. Ideally the information collected should be collated and a report should be produced and a copy made available so that people can what areas need attention and what steps are going to be taken.

The manager told us that she will always make herself available if anyone living in the home or their relatives wanted to talk to her, in the AQAA she said, "We try to operate an inclusive style of listening to peoples views." House meetings are held where people are encouraged to speak their mind about how the home is run and how it can be improved. Records are kept of these meetings and we were able to see them.

The organisation's polices and procedures are comprehensive and are reviewed and updated as legislation dictates. Records are kept up to date and are stored appropriately. Personal details are stored away from public gaze and are kept confidential, staff are asked to read and sign the organisation's policy on confidentiality when taking up their post.

A sample of health and safety records were inspected and were found to be in order except that we found that the fire extinguishers service was overdue. The manager immediately arranged for the checks to be carried out. Fire points are tested weekly, fridge and freezer temperatures are taken and recorded daily.

When we were at the home we were told that they weren't connected to the Internet. Emails are widely used and is a fast means of communication, very few homes don't use them now. The Internet is a valuable source of information that is always on tap and should be considered an essential tool and be available in every home. When people living in residential care are given access to the internet it can enrich their lives and gives them access to a wide range of shops.

Are there any outstanding requirements from the last inspection?

Yes

No

## Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|-------------|----------------------|
|     |          |            |             |                      |

## Requirements and recommendations from this inspection:

### Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|-------------|----------------------|
|     |          |            |             |                      |

### Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

| No. | Standard | Regulation | Requirement  | Timescale for action |
|-----|----------|------------|--|----------------------|
| 1   | 1        | 6          | The statement of purpose and users guide must be kept under review and where appropriate updated and revised to ensure that all the required information is included in it.<br>These documents can become outdated very quickly as circumstances change and the home develops and evolves. | 01/10/2009           |
| 2   | 9        | 13         | We require that all staff receive an update on their medication training and are reissued with the homes medication policy.<br><br>This is to ensure that everyone is able to protect people's welfare by managing their medication properly.  | 02/11/2009           |
| 3   | 19       | 23         | A programme must be drawn up to replace worn and broken furniture and for  | 30/10/2009           |

## Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

| No. | Standard | Regulation | Requirement   | Timescale for action |
|-----|----------|------------|---|----------------------|
|     |          |            | <p>the redecoration of the premises must be produced and implemented.</p> <p>This requirement is made with particular regard to the kitchen and people's bedrooms. Worn and broken surfaces in the kitchen harbours bacteria and become a health hazard and rooms that are shabby are unattractive and give the impression of neglect.</p>  |                      |
| 4   | 24       | 12         | <p>It is required that all the bedrooms have locks fitted, and that they must be of a style that allows people the privacy of locking their door from the inside, but can also be opened from the outside if it becomes necessary to gain access.</p> <p>People must be able to protect their possessions and privacy by locking the door if they want to. The option to lock the door must be available to them.</p> | 30/10/2009           |

## Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

| No | Refer to Standard | Good Practice Recommendations                             |
|----|-------------------|---|
| 1  | 7                 | Consideration should be given to developing a more person |

## 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  |
|----|-------------------|--|
|    |                   | centred approach when writing care plans.  |
| 2  | 15                | We recommend that menus are prepared in advance and that people take part in choosing the meals. It is also recommended ample fresh fruit and vegetables are supplied and included in the preparation of the meals.          |
| 3  | 32                | We recommend that the home installs an Internet connection. It will improve communication in the office and open up access to a great deal of advice and guidance, both professionally and for the people using the service. |

## Helpline:

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**Textphone:** or

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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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