



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Uplands Care Home
Address:	254 Leigham Court Road London SW16 2QH

The quality rating for this care home is:

three star excellent 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:
Mary Magee	2 1 0 8 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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Information about the care home

Name of care home:	Uplands Care Home
Address:	254 Leigham Court Road London SW16 2QH
Telephone number:	02087699944
Fax number:	02087699955
Email address:	uplands@fshc.co.uk
Provider web address:	

Name of registered provider(s):	Four Seasons (No 10) Limited
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Type of registration:	care home
Number of places registered:	65

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

Additional conditions:		
The maximum number of service users who can be accommodated is: 65		
The Registered Person may provide the following category of service only: Care home with Nursing - Code N to service users of the following gender: Either whose primary care needs on admission to the home are within the following categories: Old Age, not falling within any other category - Code OP Dementia - Code DE		

Date of last inspection									
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Brief description of the care home
Uplands Care Centre is a purpose built nursing home for older people. It is located in a residential area of Streatham, South West London. The home offers nursing care and accommodation for 65 people. It is divided into 2 units. The upper floor is called York House and offers 32 places to older people experiencing Alzheimer's and other forms of dementia. The ground floor is called Canterbury House. It accommodates 33 older people who

Brief description of the care home

following acute or chronic illness require nursing care.

All the home's bedrooms are single occupancy with en-suite facilities. There is a passenger lift. The home has enclosed gardens . Car parking facilities are good. The home is conveniently located for public transport. Fees range from £560 to £950 per week.

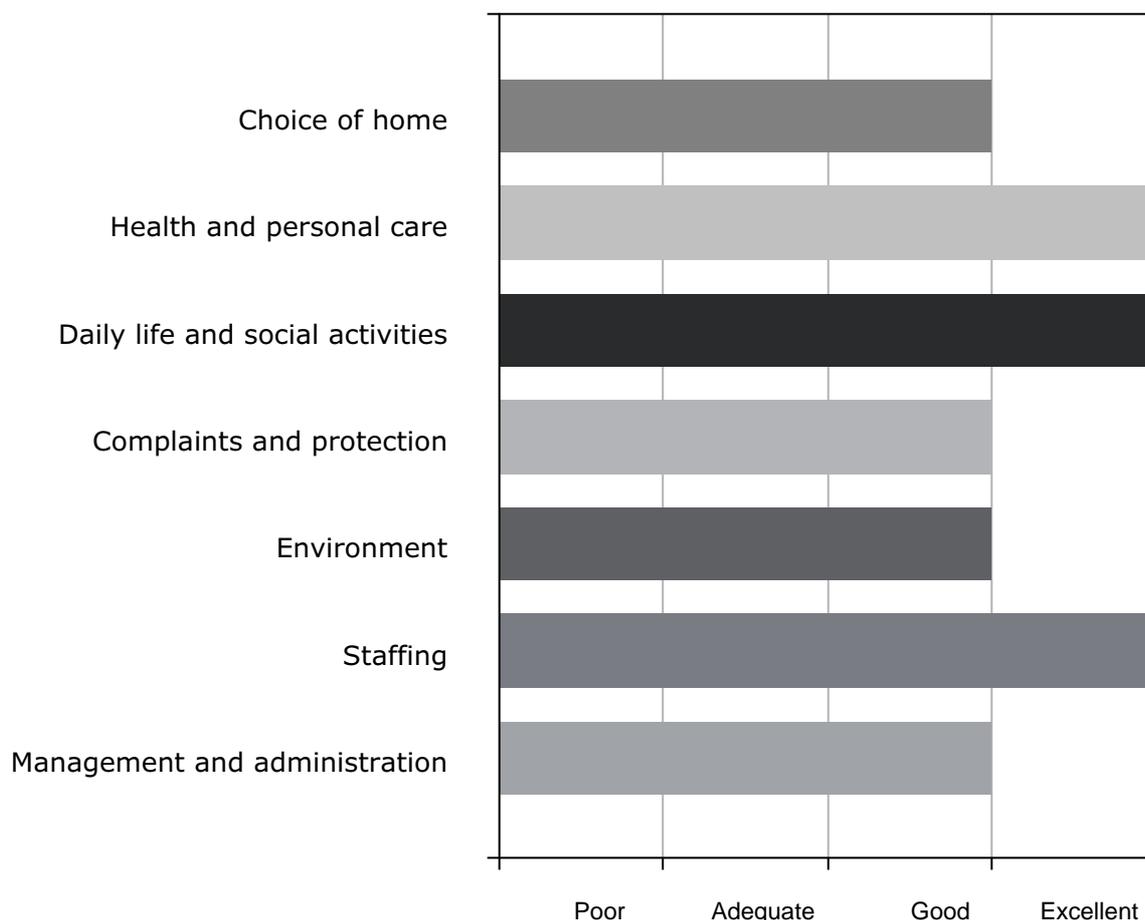
Summary

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

The quality rating for this care home is:

three star excellent service

Our judgement for each outcome:



How we did our inspection:

We completed this unannounced key inspection over two days. The inspection team included three inspection officers. We observed working practices on both units on day one, we sampled records held for residents, review records and progress reports. We used case tracking to evaluate the care arrangements, we selected residents from both units for this. We had discussions with ten care staff, two are qualified nurses. The manager and staff team were polite and helpful, and facilitated the inspection process. We met with the manager and discussed the progress since the last key inspection in 2006. We spoke with thirty residents, and fourteen relatives, they told us about the service delivered at the home. Completed surveys were received from fourteen residents, and twenty two staff members. We attended a residents/relatives meeting, also attending was the GP. We observed the rapport between the group and management team. Prior to the inspection we received a completed Annual Quality Assurance Document from the manager. This provided us with the information and

statistics we requested. We received comments verbally from the GP, and from another two health professionals that attend the home, and from a social worker that has place people at the home. Monitoring reports were also received from the local authority. The information collated from all the above sources is used as evidence, and informs the judgements in this report.

What the care home does well:

The service had an open visiting policy which enables relatives visit when they are able to, they were encouraged to contribute to the care of their loved ones.

A nutritious and varied diet is provided, menus are based on peoples choices and dietary needs. People are able to avail of many alternate options if they wish to.

The home offers personalised activities that enable people lead more fulfilling lives. The manager demonstrates his commitment in making life at the home a positive experience for people that choose to live there. He leads by example, he remains vigilant and is quick to respond to any deficiencies. He makes sure that people receive the same high quality of care around the clock , and undertakes regular spot checks at night and weekends. Communication with other professionals is good, a social worker reported on the reporting procedures. She finds that staff at the home are good at keeping her fully aware of any issues in relation to people she places at the home.

Staff attitude is good, a caring nurturing spirit is now experience by residents. Residents were generous with compliments to the staff team, the following represents some of the comments received, " my key worker is a darling, she moves me gently as she understands how stiff my joints are" , "the nurse makes sure I always have my medicine at the right time " "I am enjoying my time here, the carers make sure that I have everything to hand including my call bell", "staff are always popping in to see me, I enjoy having a chat". The care arrangements are very good, residents receive a good consistent reliable quality of care. Staffing levels are good, this enables staff to give quality time to residents.

People at the home told us of the things that make the home such a good place to live. They find that the things that matter are considered, residents said "it is the pleasant way in which staff respond" , another resident said she finds that the carers engaged enjoy the job and show it, she said "attitude and approach are important when you are totally dependent on carers, the carers approach here is wonderful, nothing is too much trouble".

People feel that their voices are heard at the home , their views are welcome. If there are shortfalls in the service people feel comfortable about voicing their opinions, and are confident that actions are taken promptly to rectify areas of shortfall.

The home strives to recruit and select care staff that are suitable. Residents are involved in recruitment and contribute to the selection process, making observations of applicants engagement with older people is part of the recruitment process. Care staff receive a good foundation for the job, they receive training and development that equip them with the skills needed to fulfill their roles. Nurses participate in professional development opportunities and demonstrate a confidence and skills in promoting the health of residents.

What has improved since the last inspection?

We found that staff morale has really improved, staff are working well as a team, this in turn helps make for better communication.

The home has greatly improved the provision for people to participate in activity and leisure interests, especially those people with dementia.

An activities coordinator together with members of staff help people engage in meaningful activities.

An activities programme is available for each resident to participate in, this is based on life reviews of those currently living at the home.

To compliment this the home has introduced a special day every month for each resident. Before celebrating the residents Special Day the person/resident is asked to help plan what he/she wants to do on that day. This makes sure that the service is totally person centred.

Residents told us what they have experienced, they have fulfilled a variety of long term aspirations, experiences so far this year range from pampering sessions to inviting guests to sharing a specially prepared lunch in the quiet (green)lounge.

The home has introduced dementia care mapping to improve the quality of life for those people with dementia. It received accreditation for the specialized dementia service, and was awarded silver in the validation process.

The service supports and cares for people approaching the end of their lives. It is currently working towards the accreditation in the Gold Standard Framework for end of life care.

Medication procedures are much improved, they are safe, and protect residents

What they could do better:

The people using the service benefits from the improved quality of care delivered, but the home needs to build on this. There is room for further improvement, and staff should not become complacent, "the positive attitude in the team is work in progress and should continue".

The home needs to make sure that this service remains focused on achieving the best outcomes for residents, identifying and responding to weaknesses and building on strengths.

Attention is needed to ensuring that the estates management team work closely with the management of the home, this is needed in order to make sure that the premises and equipment are serviced, repaired and maintained in good working order.

Attention needs to be paid to essential equipment such as wheelchairs, and make sure they are maintained in good working order.

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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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.

People have all the information they need to making a decision about choosing the home. Attention is given to assessing individual needs prior to admission, people feel assured that their needs will be met at the home.

Individuals are offered opportunities to sample life at the home before making the decision to live there permanently.

Evidence:

People interested in using the service receive in advance all the necessary information they need about the home. The pre admission assessment tool has been re designed and is now called the Care & Health Assessment Profile (CHAP). A CHAP is completed at the pre admission assessment thereby promoting equality, diversity and acknowledging the need for person centered care at an early stage.

As part of the case tracking exercise we examined the pre admission preparations for three residents admitted in the past twelve months. We found evidence of good

Evidence:

practice in the pre admission assessment process. An experienced qualified nurse completes pre admission assessments for all residents before they move to the home, regardless whether self-funding or not. For persons with dementia requiring admission the assessment is generally undertaken by a nurse with a dementia care background.

Copies of pre admission assessments show these to be comprehensive. Copies of assessments are held on residents' personnel files and form an essential part of the desired information used in developing appropriate care plans. The home has a stable staff team that are committed to delivering the care and support people need. Systems in place monitor the effectiveness of the service, reviews confirm the positive outcomes achieved b residents.

The home prepares well for admissions. Using the pre admission assessments it gives a good description of individuals support need and any particular equipment such as pressure relieving mattresses that may be needed on admission. We heard from residents and relatives of the admission process. Bedrooms are prepared in advance, and relatives where relevant are asked to become involved in the preparation of the bedroom so that a person feels welcome on arrival. Relatives accompanying a new resident are invited to spend the day with the resident and to take their meals with them to reduce anxiety.

Equality and diversity issues are considered prior to admission. Important information on nursing needs and support with dementia and challenging behavior are recorded, also too issues with mobility, mental state and cognition, preferences for routines as well. We viewed copies contracts of terms and conditions issued to people self funding.

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

The care arrangements at the home are good and medication procedures protect residents. Staff are vigilant and take appropriate action to promote the health care of residents, changes to individuals conditions are responded to promptly. Referrals are made to relevant health professionals to address any concerns. The home has a person centered approach which recognizes and considers individual needs and preferences.

Evidence:

Care arrangements in place for six people were examined using case tracking. Three of the care plans examined were for people living on the on the ground floor, and three on the first floor York (EMI) unit. We looked at how care plans are developed. The plans record all areas of assessed need as well as expected outcomes. Prior to admission the information gained in the needs assessment includes choices, views, routines and rituals as well as the assistance and support needed. This is combined with both medical and social care history, and hospital discharge letters, and are used to develop appropriate care plans with each individual.

Evidence:

Care plans continue to improve and are well detailed, and reflect accurately what care and help is needed by each person living at the home. We found that relatives are invited (if it is the wish of the resident) to contribute to the development of care plans. The daughter of a resident told us of the family inclusion in contributing to her mother's care arrangements. As her ageing parent has become forgetful and less able to express her wishes family members are included in the regular reviews and care arrangements.

Seven residents had family members present, these were spoken to during the visits. They tell us that they find that the communication with staff members is good and that it is ongoing, this they find contributes to the good service experienced by residents. Relatives find that they are consulted on the care arrangements for residents and kept informed on progress and on any concerns that arise. They find that staff respond to any issues and refer to the GP and other health care professionals when necessary.

We received positive comments, and numerous complimentary remarks on the way people are cared for at the home. The care arrangements are good, people find that they are cared for in a way that respects their privacy and dignity. Records are maintained of all the care given and are concise about the well being of each individual, also of progress and and any setbacks.

Residents and relatives spoke of the kindness and caring approach of staff, "the care staff are so kind", "my key worker is so polite and respectful" "I find the carers are good humored and pleasant". Staff were observed have a good awareness of codes of conduct and the need to respect residents privacy and dignity when delivering health and personal care . We found this at our visits, particularly during bathing, washing and helping people to use the toilet. We observed that screens are used in lounges to offer privacy when hoisting equipment is in use. The codes expected of staff are covered in the staff induction programme, observations are made during probationary periods that new staff are displaying these codes. Services continue to improve. The outcome of reviews is recorded and accurately reflects if and how care plans are responding to individual residents' needs, or if any changes are needed to these plans. There are assessment tools such as Waterlows in place, and these are used effectively and in conjunction with care plans to inform and recognise areas of higher risk and in the planning of care. Those at risk of poor nutrition are identified, regular monitoring of weights take place. We found that appropriate action is taken in referring people where there are concerns about weight loss and poor nutritional intake. Staff are aware that it also applies to all areas of the residents life. We heard from a health professional that there has been much improvement in this area. We found that the

Evidence:

regular reviews are taking place, and that these reflect accurately the changes that arise. Improvements continue in how information is shared in the staff team, also in the actions taken by staff to respond to any issues that arise. Weekly surgeries are held at the home. Residents have confidence in the medical care given and are very please with the commitment of the GP. Relatives too spoke openly and complimented the service given by the GP . The GP attended a residents and relatives meeting which we were present, numerous positive comments were made by both residents and relatives. We heard from the GP about how the health care needs of residents is promoted. She told us that she finds that the staff have grown in confidence, she finds that staff are professional and doing a good job at following all the necessary recommendations made.The GP finds that staff contact the surgery if they have any concerns about residents and seek professional advice. We observed how communication flows at the home. The staff team communicate any changes that arise, we observed a handover period where information on the progress of each was shared with the staff team Staff are good at record keeping, and maintain detailed daily records, records of any incidents/accidents, completing body maps. They should ensure that small but significant incidents are recorded and cross referenced. For one person we found that a body map was completed to record an injury sustained by the individual to skin when she knocked it accidental against the door, however when the review was undertaken it did not include the information that this was now healed. A recommendation is made that for each significant entry made that information sheets should be cross referenced and referred to in the monthly review.

Attention is given to promoting continence, the management of incontinent issues is good. For people requiring assistance with transferring a moving and handling risk assessment is completed, assessments for moving and handling are kept up to date.

We found that for some residents with mobility issues that equipment such as hoists are needed, and these are provided to move people safely. For one of the residents a hoist is used to transfer the person out of bed. Staff feel competent and receive regular training on moving and handling issues, they know how to use the specialist equipment . Individual records include manual handling risk assessments, and also provide guidance on the use of equipment and the relevant number of staff required to complete any transfer safely.

Another resident recently admitted was found to make good progress in the short space of time since admission. His care plan contains good detail on his care and support needs. He has some complex health issues and requires a PEG feed for nutrition. Consultations have taken place with the speech and language team and advice and recommendations made are recorded on the care plan as well as the

Evidence:

associated risks. Food and fluid intake charts were found to be up to date. A profiling bed with a pressure relieving mattress was supplied. The care plan acknowledged the risk of developing pressure sores and the importance of promoting tissue viability. We found that staff follow recommendations made by health professionals and that risks are minimized, these include correct positioning during a feeding regime. Records examined confirm the care and support given is in accordance with care plan, and also as swallowing issues are managed appropriately. We found signs that good progress was been made by the resident, and that at the time of admission he remained in bed for long periods. When we visited the resident was in the lounge with other residents and appeared settled in his environment. He was unable to communicate with us due to language barrier, but he smiled and indicated that he was very pleased with his progress. Another resident we found was recently seen by the physiotherapist. Following the consultation a programme of exercise was recommended. This programme is promoted by the carers as recommended, and daily records indicate the take up of this activity by the resident. Two residents currently require wound care, one has a leg ulcer, the other resident has pressure sore that was acquired during a recent hospital stay. Both are nursed on profiling beds with pressure relieving mattresses, the tissue viability nurses is involved with the wound care for both residents and records confirm that treatment is given as recommended by the tissue viability nurse. All residents have allocated key workers as well as named nurses.

For people on the EMI unit on the first floor the service continues to produce a more fulfilling quality of life. Prior to admission prospective residents to this unit are usually assessed by a nurse with an dementia care background. A high percentage of staff on the unit have completed person centered dementia care training. Care plans we found to be person centered, evaluations were found to be current. The organisation has introduced the Pearl Project to the upstairs EMI unit. This is a specific model of care introduced by Fourseasons that incorporates best practice approaches, and that meet the needs of residents with dementia. Following a validation process the unit received the Pearl Specialised Dementia Services Status and was awarded a Silver Award. This unit has a strong focus on staff getting to know the residents and developing a person centred approach. We examined the care arrangements in place for three residents. We found that on this unit staff are familiar with residents' needs and proactive in recognising the needs of those not able to communicate their needs verbally. Residents appeared well cared for, records also confirm that individuals' needs such as nutrition, personal and medical care, anxiety, exercise are attended to by staff. Risk assessments demonstrate that those at risk of falls are identified and that measures are operated to maintain safety without imposing restrictions. Residents that are highlighted as at risk of possibly harming others have a care plan in place to minimise the risk to others.

Evidence:

The unit also monitors and assesses those at risk of depression and that experience anxiety. Persons were observed to walk around unrestricted, we observed a sense of calm. The use of psychotropic medication is low. Staff were observed to recognise the onset of anxiety attacks in residents, and use positive approaches in engaging with the individual. Residents appearing distressed were observed to be reassured and comforted by staff they are familiar with. Bed rail assessments were found for two residents, these were regularly checked and reviewed in accordance with company policy. The care plans were very good and centred round the residents. Care plans are regularly audited to identify any shortfalls and improve the recording system. Two of the residents were recently referred to social services regarding the completion of the deprivation of Liberties Assessment. Capacity and decision making are considered in the day to day care of individuals.

Medication procedures were examined by the pharmacy inspector. The medication was well managed, no requirements were made. We inspected medication records, medication storage areas, and controlled drug storage and records on both units. All records were completed accurately, all prescribed medicines were available, residents receive their medicines as prescribed, and the GP reviews medication regularly. Medicines are stored safely and at the correct temperatures. Records of medicines received, used and returned showed that the home can account for all medicines kept on behalf of residents. Allergy information is recorded for all residents for their safety. Weekly checks are carried out on medication and records to identify and correct any issues, these checks show that the home is managing medicines well and safely. Four residents have necessary medicines mixed in food because of constant refusals, care plans are in place for these residents, and show that approvals have been obtained at a multidisciplinary meeting to ensure this is in the residents best interests. The pharmacist has also confirmed that mixing or crushing these medicines is safe. There are individual blood glucose meters for residents who need these checks to avoid cross-infection. No residents keep and take their own medicines, but there is lockable storage and a policy in place if anyone wishes to do this in the future. No over the counter medicines for minor ailments are kept at the home, but there are plans to do this in the future to avoid calling the GP out unnecessarily. Some residents are on pain relieving medicines, and it would be good practice to put in place a "prn" as required protocol to show how these will be given e.g. whether the resident can ask for them if needed, or whether staff have to offer them regularly.

The home is working towards accreditation for The Gold Standard Framework for end of life care. We heard from the coordinator at the hospice on the progress at the home with this project. She finds that there is a positive attitude by staff to take this on

Evidence:

board, staff show enthusiasm and want to provide people approaching the end of life with dignity and sensitivity. Staff are involved in training and are working to wards accreditation, training is delivered by the hospice team. This involves monthly meetings with resident, the GP and relatives and staff. We heard from the GP the good progress made in this area and the dignified and sensitive manner in which people approaching the end of life are cared for at the home.

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

The activity programmer is varied, creative and imaginative and tailored to individual lifestyles. Particular consideration given to the needs of people with dementia.

The home welcomes the contribution of relatives, they cooperate fully in promoting a good relationship via attending the relatives group.

Meal times are relaxed. a variety of meals are served that cater for individual tastes and special dietary requirements.

Evidence:

Before or during admission a record is made of the life history with the person, if the resident lacks the capacity to share this a close relative is involved in providing this information. This life review continues to be developed as staff become more familiar with the individual's personality. Information gathered in life histories is used and incorporated into everyday activities. There is a general activities programme for the home with regular activities that people who chose to are supported to engage in. All staff take an active role in engaging residents in activities and do not view it as solely the role of the activities coordinator. All residents on the EMI unit are assessed as to their level of need for activity or engagement using the assessment tool. For people with advancing dementia they are offered the chance to enjoy the sensory activity which is offered as a structured activity to the home. We found other new objects and

Evidence:

activities that are in use, a rummage box is placed in the lounge which offers a variety of objects for people to access, dolls therapy is used. We observed a number of female residents enjoy this activity, they displayed a good sense of self being.

Work is ongoing in developing photographs, each bedroom has a photograph of the resident to help with orientation. Photo albums are held in the reception area of residents enjoying activities. To compliment the person centred care approach the home has introduced the "resident's special day". Before celebrating the Special Day, the resident is given the chance to plan on what he/she wants to do on that day. We observed the variety of activities chosen by residents for this day, these ranged from a special lunch in the quiet room with a limited number of guests selected to share it, to a pampering spa session. Each resident has a special day a month where the focus is on making this as enjoyable as possible. This we were told has greatly enhanced life, "I love having my special day. The following is Representative of the comments, " the special day is great, it is all about me", "I never thought I could have my close friends for a special lunch as I am no longer able to cook" . A weekly, monthly and yearly activity plan is also posted on each floor. Evaluations take place of social care plans, and that reflect levels of activities and the affect this has on mood and well being. The home welcomes visitors, relatives tell us that there is a sense of warmth at the home. Relatives remarked on the sense of inclusiveness, they made the following remarks, "we are offered drinks and can spend as long as we wish with mother", "staff go out of the way to make us welcome" Relatives at this home are actively involved in supporting the home, they have organized fund raising events that compliment the services for residents. We heard at the residents and relatives meeting of the further plans to contribute to the improvements in the garden. We observed the open forum at the relatives meeting, the views and suggestions of relatives and residents were invited. Individuals are helped to exercise choice. Residents that choose to take personal effects such as furniture. One resident we spoke to moved from the North of England to be near her family in London. Pride of place in her bedroom is a Grandfather clock passed down from previous generations. Residents handle their own financial affairs for as long as possible. The home has safe systems in place to support residents requiring support to manage their finances. We examined the financial transactions and audit trail for two residents For individual that are subject to power of attorney with the local authority the office administrator has a system to request money from the individual fund held for each resident. We found that the home has sound financial procedures in place and that asset checks are completed by the responsible individual.

Mealtimes at the home were observed on both units. Breakfasts were being served at the start of the day, people felt relaxed and those that wanted to took breakfast in

Evidence:

their bedrooms. Snacks and drinks were served mid morning. At lunch time the majority had their meals in the dining rooms. The dining rooms were well staffed. Residents needing assistance with meals were helped by care staff. Relatives also visit the home and assist at mealtimes. The menu changes frequently, with a four week cycle. There was a choice of meals, pork chops with vegetables or a salad. Those with swallowing difficulties were served pureed meals. These were attractively presented. Lists of individual preferences as well as dietary requirements are displayed in the kitchen, the chef we found to be familiar with personal preferences. For residents they are able to choose other options at short notice daily such as omelette's. If a resident is not satisfied with the meals this can be raised via management. We observed examples of staff response when a resident was not pleased with his meal. Kitchen staff make every effort to serve alternative meals that are of a high quality. Meetings take place with the chef to plan the meals, also to report back on areas where improvements are needed. On York Unit four staff helped residents in the dining room with their food, and the food was kept hot in the trolley until they were ready to eat. The nurse in charge administered medication. It is recommended that protected meal times are introduced. There is a list kept in the dining room of who has soft / blended food and it was served attractively. One resident refused food but eventually after being left and offered it again she accepted it. One resident wanted to finish their meal in their room and staff took him to his room with his food. There were plenty of drinks offered and some residents were asked if they would like more. The food was tasty not too highly seasoned. The chops were very tender but still some residents might need to be reassessed depending on the type of food being offered that day. It is recommended that if residents are offered chops or meat such as beef, this could be either blended or roughly chopped or minced up.

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.

The home operates robust procedures that safeguard vulnerable people. Staff are trained and competent to respond to suspicions of abuse or neglect.

Complaints are taken seriously, the culture being that complaints/comments are viewed as a way to improve.

Evidence:

The home has an inclusive environment where people feel free to raise issues, make complaints. They have confidence in the system and feel assured that any issues raised are responded to appropriately. The number of formal complaints is low, people are able to raise issues that are minor. These are responded to promptly and addressed before they escalate. All complaints are taken seriously with the culture being that complaints/comments are viewed as a way to improve. We observed during the inspection visits that individual residents were at ease as they reported to the manager on some minor issues. We observed others to offer their gratitude for the prompt responses given by management in addressing issues. Our observations of an open and positive environment where people felt comfortable about raising concerns, this was also confirmed by individual residents and relatives we spoke to, also in surveys received. We felt that the service has become more focused on customer satisfaction, the caring considerate approach has enhanced personal experiences for residents.

We examined the number of issues in relation to safeguarding since the last key

Evidence:

inspection in 2007.

There are no concerns about the procedures adopted by the home, reporting procedures are robust. Relevant notifications are made promptly. Photographs are made as well as body maps of any changes to skin, unexplained bruising is investigated fully, as well as a referral to the GP.

Lessons were learned from an incident in 2008 when there was a shortfall experienced once in reporting procedures.

The response since to any concerns identified demonstrates a confidence by staff in following procedures that safeguard vulnerable people.

This was also the view of health professionals involved in the care of residents at the home.

We met with eight staff, and discussed with them the safeguarding procedures. They demonstrated clearly that they are familiar with and competent at adhering to local authority procedures.

New staff receive training on safeguarding as part of the programme of induction, there is ongoing training on safeguarding procedures.

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 provides a safe attractive environment that is homely, and where people enjoy living. Good hygiene is promoted ,with good infection control measures and a clean premises maintained.

Evidence:

We toured the premises, all communal areas were attractively presented and in good decorative order. A selection of reminiscence pictures and photographs are displayed internally on the corridors and lounges, these are highlighted by soft lighting. They contribute to the overall ambiance of the home. The range of shared space is good. A selection of comfortable furniture is provided in lounges. We did find the dining rooms rather bare and would recommend some additions to enhance these rooms.

We viewed twenty bedrooms, these were personalized clean and attractive. Of those viewed two on the Canterbury Unit need redecorating. The refurbishment programme we are told has included these rooms for decoration.A recommendation is made . Residents' bedrooms are homely with the majority having personal possessions on display. On corridors rest stops are provided along the way for people on the York Unit, these are inviting as they have small tables and chairs with flowers displayed. Handrails are provided on the corridors for people with mobility difficulties to use. Suitable numbers of additional toilets and showers are provided. Toilet doors are

Evidence:

identified by an illustration, and highlighted with a different colour from the corridors. Each bedroom is en suited. Doors in the corridors are not locked unless there is a specific risk, a keypad is used to access the downstairs unit. The housekeeping staff take good care of the internal areas, bedrooms and all communal areas. The home retains a high standard of hygiene, infection control is good. The internal premises was fresh smelling without the overuse of air fresheners.

The kitchen was awarded four stars in a recent environmental inspection. We found that the kitchen was maintaining satisfactory standards. We found that the home was well ventilated as it has air conditioning. Information supplied included confirmation of a good maintenance programme. A maintenance person is employed, residents told us of the speedy response to any repair requests. We found that the maintenance person is very much part of the staff team and helps to promote a safe environment. The home has the kitchen, laundry and hairdressing room housed in the older part of the premises and reached through external doors.

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

The service fosters an inclusive environment which raises and retains high morale among the staff team. The service benefits from the presence of a good number of skilled and competent staff.

Recruitment procedures are robust and safeguard vulnerable people.

Evidence:

There is a notable improvement in staff morale. A high number of staff have started employment in the past year and the caring nurturing spirit fostered is tangeable during the visits to the home. Care staff have a good understanding of the needs of residents, in particular those unable to verbalise. The communication between staff and residents was observed to be good, with staff understanding the messages given by people non verbal. We examined personnel files for ten new staff. The management have involved residents in the recruitment programmes. Two residents involved spoke to us about the qualities they look for in applicants, they feel that staff at the home demonstrote these qualities. All staff had records to confirm that CRB Enhanced disclosures were received before they began employment. With each completed application form two relevant references were held. The professional reference was received in writing from previous employment. Two of the references did not have accompanying letterheads or compliment slips. The manager felt confident that the references were authentic as he completed his own check of the company. It is recommended that professional references are supported by

Evidence:

appropriate compliment slips or letterheads. Proof of identity with immigration status was maintained on the personnel file. For qualified nurses proof of current registration was present. All new staff receive an induction that is structured. We saw examples of good practice, and of methods used that contributes to improvements. We saw examples of probationary periods that are extended if a new member of staff is not demonstrating suitable skills and competencies during the probationary period. We observe that records are made shortfalls in practice, how these are identified and addressed by management and senior staff. We spoke to eight staff individually. Staff said they had regular supervision and felt supported. The RGM spoken to said she felt the training was very good. new staff spoken to described the recruitment procedure and said it was fair and they could not start before all references and an up to date CRB was in place. Staff are issued with codes of conduct and know the standards expected. All found that they received suitable induction. Mandatory training is given in the first two weeks. New carers shadow a senior carer when they first work on the floor. We heard from residents and relatives about positive changes that have arised. The service has attracted some new care staff that residents find to be kind and that care about the residents. Residents said "They have a good attitude which people find approachable ", " just the gentle touch shown to me displays that my key worker is a good carer."

One of the nurses in charge said she was an NVQ assessor. She said she usually works on the Canterbury unit, she was asked to move from the ground floor to upstairs. The home has a good training and development programme, it equips staff with the skills and competencies they need. The mandatory training is kept up to date, additional training such response when diffusing a situation is also given to staff. A high percentage of care staff have achieved NVQ levels 2 & 3. We received the training matrix, we observed that there is further training planned to respond to individual training needs. Occasional gaps were found. It is recommended that any gaps in individual training are responded to and addressed with relevant training. We observed that many of the nursing staff have developed professionally, and built self confidence. We observed presentations delivered by two nurses, one delivered a presentation on the End of life Care to achieve Gold Standard Framework, the other nurse's presentation included information on dementia care and the Pearl Status of the Home, and how this was accredited. There is always a first aider on duty as nine staff have completed the course. Staffing levels are very good with regular staff on duty that are familiar to residents. On duty every day for each unit there are six carers as well as two trained nurses. When a resident has a prearranged appointment additional carers are rostered to cover these escort duties to hospital. Additional numbers of ancillary staff are employed to perform housekeeping duties. The standard of housekeeping is high, with people feeling welcome with refreshments.

Evidence:

The use of agency staff is minimal, the home preferring to support and retain their own competent staff for the benefit of the residents. Residents like the consistency this provides.

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.

Residents benefit from living in a well run home where a committed and inspirational manager lead a motivated staff team.

The service has effective quality assurance systems in place to evaluate how the service performs and to recognize strengths, weaknesses and to drive further improvements.

Evidence:

The manager is qualified, experienced and skilled. He has demonstrated his work ethos and commitment to improving the quality of life for residents since he started work as deputy manager, and has made a large contribution in raising standards at the home. He was appointed to the post as manager in January 2009.

Residents and relatives find it easy to share any concerns with him, he is sensitive to people's needs and is passionate about achieving the best outcomes for residents. He inspires, coaches and motivates the staff team. Staff respect him and are inspired by his example and work ethos. The manager makes sure that out of hours spot checks

Evidence:

take place at night time, and that residents are well cared for at all times.

The home has an effective quality assurance system in place with key indicators used to measure the outcomes. It includes the views of people using services, the outcome of reviews, also external stakeholders contribute to the annual evaluation.

The premises has equipment that is service regularly and maintained well. A current electrical certificate and gas certificate were seen. A fire risk assessment was reviewed recently. Fire fighting equipment is supplied in building. Regular maintenance takes place of fire alarms, emergency lighting, and fire extinguishers. Some delays were experienced in the supply of replacement fire extinguishers. There appears to be some difficulty with communication between the estates management team and the management of the home. It is recommended that estates management are actively supporting management with areas of maintenance of the premises and it's equipment. We found that some wheelchairs need attention, three new wheelchairs were supplied and more were on order. A requirement is made regarding the maintenance of wheelchairs. Staff are pleased with the supervision and support they receive, records show this to be regular and consistent. The home focuses on training and developing the staff team, and to promote excellence within the service. We examine how people are supported to manage their finances. The administrator retains records, they are well ordered. We found that procedures of the home are followed, records are maintained of all financial transactions. A clear audit trail enabled us to track the expenditures and management of incoming money.

Regular team meetings take place for the staff team. Relatives too have contributed to events at the home, the relatives group plans to support the home in fund raising and purchasing items for garden and social activities. Record keeping is good. We found that staff are much clearer about recording information. A social worker spoken to told us that she finds that record keeping is excellent

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

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

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
1	38	13	<p>Unnecessary risks to the health and safety of service users are identified and as far as possible are eliminated. Wheelchairs needing repairs must be taken out of circulation.</p> <p>To avoid placing residents at risk.</p>	30/09/2009

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	A recommendation is made that for each significant incident, that this information be cross referenced and referred to in the monthly review.
2	15	It is recommended that protected meal times are introduced for residents, and that medication is not administered at the this time.
3	15	It is recommended that when residents are offered chops or meat such as beef, this could be either blended or roughly chopped or minced up for those with mastication problems.

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
4	20	it is recommended that efforts are made to make the dining rooms more attractive and comfortable for residents.
5	29	It is recommended that professional references are supported by appropriate compliment slips or letterheads
6	30	It is recommended that any gaps in individual's training are responded to and addressed with relevant training.
7	38	It is recommended that an electrical contractor reports back on the reason for the power cuts at the older premises. A copy of the report to be sent to CQC.
8	38	It is recommended that estates management actively support the home's management team with areas of maintenance of the premises and it's equipment.

Helpline:

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Textphone: or

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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