



Making Social Care Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Heatherbrook Nursing Home
Address:	80 Como Street Romford Essex RM7 7DT

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

Lead inspector:	Date:
Harbinder Ghir	0 3 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:	Heatherbrook Nursing Home
Address:	80 Como Street Romford Essex RM7 7DT
Telephone number:	01708737961
Fax number:	01708737962
Email address:	manager.heatherbrook@careuk.com
Provider web address:	manager.burroughs@careuk.com

Name of registered provider(s):	Care UK Community Partnerships Ltd
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Type of registration:	care home
Number of places registered:	45

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	45	0

Additional conditions:
The maximum number of service users who can be accommodated is: 45
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 category: Dementia - Code DE

Date of last inspection								
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Brief description of the care home
Heatherbrook is a purpose built home registered to provide nursing care to 45 older people with dementia. Care UK Community Partnerships Limited, a company that operates similar homes across the country, operates the home. The home is situated in a residential area of Romford and is in walking distance of local shops and public transport links. Residents are accommodated on two floors, Bluebell on the ground floor and Hylands on the first floor. A passenger lift is available. All rooms are single

Brief description of the care home

occupancy and have en-suite facilities. The current scale of charges is from £520.00 to £650.00 per week. There are additional costs for items such as hairdressing, toiletries, chiropody and newspapers. Information is made available to prospective residents and their relatives via a Service Users Guide, which is available prior to admission. A copy of the most recent inspection report is also available at the home.

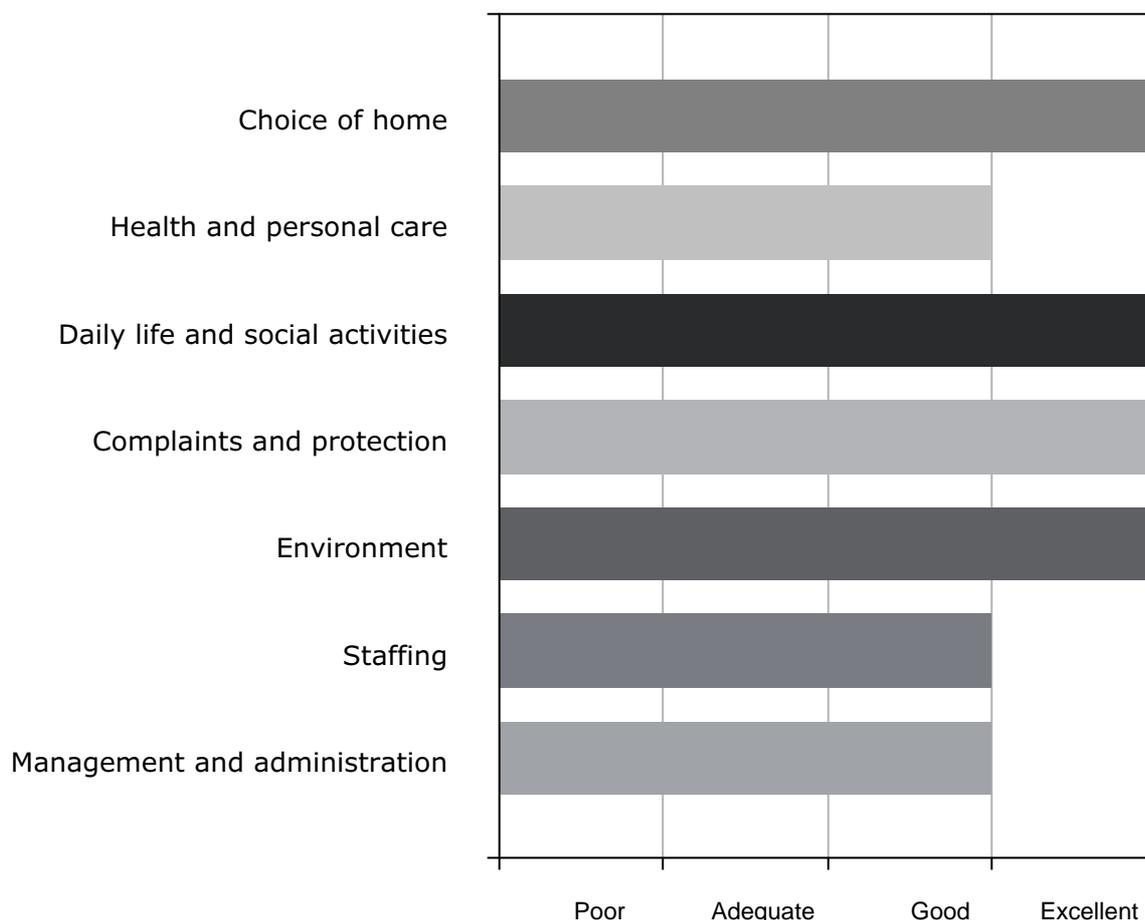
Summary

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:

This was an unannounced inspection undertaken by Regulation Inspector Harbinder Ghir. The inspection took place over one day on the 27th July 2009 and a further two days were spent speaking to relatives via telephone, seeking their views on the service.

During the inspection the inspector was unable to talk to the residents residing at the home due to their high dependency needs and communication levels. Relatives who were visiting during the inspection were spoken to. All relatives' feedback has been included in the report.

As part of the inspection the inspector toured the home, read records of people who use the service and examined documents in relation to the management of the home.

The inspector would like to thank everyone involved in the inspection process.

The Commission for Social Care Inspection received a completed Annual Quality Assurance Assessment prior to the inspection.

What the care home does well:

The service has a comprehensive activities programme, to ensure they can meet all the needs of residents. There is a good selection of meals provided at the home and residents made very positive comments about the menu at the home. There is also a picture menu which staff sit down and go through with residents before meal times to support them to make meal choices. Pre-admission assessments are completed before prospective residents move into the home, ensuring the service will meet their needs and to ensure that they receive a personalised service. Very positive feedback was received from relatives regarding the amount of information and time was given to them by the management of the home, before their loved one moved in. Care planning is very comprehensive and person centred with particular attention given to meeting residents' personal preferences and respecting their individuality. All residents could also be assured that at the time of their death, staff would treat them and their family with care, sensitivity and respect. The home has a clear complaints procedure, which includes timescales within which a complaint is to be investigated. There are numerous ways that relatives can express their thoughts about the service without having to directly talk to the manager at the home. It was evident that the management of the home operate a open door culture welcoming complaints and feedback. The health and safety of staff and residents is promoted by the home's policies and procedures and the environment of the home has been refurbished to a very high standard, with particular attention being given to providing a environment which meets the needs of residents with dementia. The service has robust recruitment procedures ensuring the safety of residents and there are enough members of staff on duty to meet the needs of residents at all times.

What has improved since the last inspection?

At the last inspection four requirements were made in the areas of improving the environment of the home, to ensure all fluid recording charts were kept up to date, to review the use of child safety gates and to ensure the layout of both units reflected good practise in regards to dementia care. At this inspection all of these requirements have been complied with.

What they could do better:

Two requirements have been made at this inspection in the areas of medication administration recording and ensuring that all staff are supervised at least six times a year.

Failure to act on requirements that relate to the care provided for the people living in the home impacts on the welfare and safety of service users and may lead to the Commission taking enforcement action against the registered person.

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

At this inspection we looked at standards 3, 4, 5, 6.

The service completes comprehensive pre-admission assessments, to ensure they can fully meet the needs of prospective residents.

Trial visits are offered to all prospective residents, to ensure residents have information on the services and facilities provided at the home.

People who use the service know that the home they enter will meet their needs.

The service does not provide intermediate care.

Evidence:

The service has a comprehensive pre-admission policy and procedure in place and admissions would not be made to the home until a full needs assessment has been

Evidence:

undertaken. Pre-admission assessments were closely examined and assessments comprehensively covered the personal, health care and social care needs of residents. Assessments were personalised and also included information on the life history of the individual and their likes and dislikes. Assessments clearly focused on achieving positive outcomes for people and this included ensuring that the services provided at the home met the diversity needs of the individual. For example residents' religion was identified on their pre-admission assessment and whether they practised or not. Residents with poor mobility were provided with the required specialist equipment or with wheelchairs. The Annual Quality Assurance Assessment informs us that 'Relatives are encouraged to visit the home, and during the first meeting the manager tries to establish what information they already have and to supplement it where possible.' It was evident from speaking to relatives during the inspection and examining the assessments that significant time and effort is spent planning to make admissions to the home personal and well managed. One relative spoken to as part of the inspection informed 'We came to have a look around and thought it was brilliant. We were satisfied with what we saw. The manager explained all the facilities to us. We were definitely involved throughout the process.' Another relative informed 'I came to have a look at the home and saw the bedroom which we liked. They explained everything to us and the answers we got were good.'

It is evident that residents and their families are treated as individuals and with dignity and respect for the life-changing decisions they need to make. There is a high value within the home on responding to individual needs for information, reassurance and support. Where those residents were funded by a local authority, the service had obtained care management assessments from the placing authority and information on the homes assessments and care plans was consistent with the information provided by the funding authority.

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.

At this inspection we looked at standards 7, 8, 9, 10, 11.

Residents' health and personal care needs are set out in individual care plans. Care plans are detailed, to ensure the needs of residents can be met effectively.

There are clear medication policies and procedures to follow and the management of the home ensures that their are safe medication administration practises in place most of the time. However, the management of the home needs to ensure that staff date the Medication administration records when making hand written entries, to ensure its validation.

All residents can be assured that, at the time of their death, staff would treat them and their family with care, sensitivity and respect.

Evidence:

A total of eight care plans were closely examined and case tracked, four from each unit. The home also uses a computerised care planning system, Saturn, and in

Evidence:

In addition each resident has a separate file containing hand written records and items of correspondence. All staff receive training in how to use the system and demonstrated confidence and competence in its use when assisting the inspector to access residents' care plans.

Each care plan file contained a large photo card of the resident, details of their next of kin and emergency contacts. Information covered the comfort and safety of residents, their communication needs, their nutritional needs, personal care, mobility and their hobbies and leisure. Care plans were very comprehensive and gave attention to particular attention to how each individual resident would like their needs met. The times residents like to get up and go to bed were also identified in their care plans and their communication needs and how staff must meet these. Staff also completed life histories with residents which included information on the resident's family and past working life, what they enjoy, important people in their lives and their special thoughts. It was evident that residents receive effective personal and health care support using person centred approaches with support based upon the rights of dignity, equality, fairness and respect.

The documentation/ health records relating to pressure care areas; management of diabetes, falls were examined. The records for these were found to be detailed and were adequately maintained. There was evidence that care plans were being reviewed regularly or as and when required and risk assessments were updated accordingly. Care planning also included the management and understanding of the cognitive and affective features presented by people living with dementia. Details such as the use of visual prompts and maintaining independence were clearly recorded. For example the importance of effective communication was recorded in each care plan examined. For one resident their care plan instructed staff in how to communicate to the resident if they became agitated or challenging. It stated 'If X is becoming distressed and agitated staff must back away and talk calmly and reassure X.'

Risk assessments are routinely undertaken for all residents around nutrition, manual handling, continence, falls and pressure care areas and are reviewed on a regular basis. Monthly weight checks were in place where necessary and fluid intake charts were also in place where there were concerns regarding nutritional intake. These charts were up to date and turn charts were also completed in full and updated after each visit to the resident. Records indicated other health professionals such as the tissue viability nurses, optical, dental and chiropody services saw residents.

Daily case recording notes were examined which are linked to the care plan and focus on the specific needs of residents rather than recording information in a general

Evidence:

manner. Each resident has a personalised case recording sheet which may focus on their challenging behaviour, their diet or the risks they are posed to, which provided specific information about each resident which is used to monitor their care needs or their behaviour on a on-going basis.

All care plans viewed contained information on the end of life wishes of residents and the contact details of relatives and representatives where appropriate. All staff receive training and practical advice and have continuous support and opportunities to discuss any areas of anxiety and concern.

There are policies and procedures for the handling and recording of medicines. A member of staff was observed administering medication at lunch time. She made sure that each individual had a fresh drink of water and signed the medication administration record after she observed the individual taking the medication. An audit was undertaken of the management of medicine within the home and a random sample of Medication Administration Records (MAR) charts were examined. The medication file included the identification signatures of staff with permission to administer medication. Each resident medication file included a photo card, and if they had any allergies. However, the following issue was highlighted and discussed with the manager of the home.

There was a hand written entry made on the Medication Administration Record for one resident. The member of staff had signed to indicate they had made the entry but did not date the entry to indicate when the entry was being made. A requirement will be made in relation to this finding.

The home has also made it their main focus to work in partnership with their general practitioner and consultant nurse who they meet with on a quarterly basis to review all residents' medication. The registered manager informed that this has dramatically reduced their hospital admission rate and levels of prescribed medication.

Due to the high dependency needs of residents in relation to their dementia, it was not possible to fully obtain the views of residents during the inspection. However, residents were observed to be well groomed and well dressed. They were relaxed and comfortable in their environment and interacted well with staff. Relatives spoken to as part of the inspection spoke very positively regarding the care provided at the home. 'He is well looked after here,' informed a relative. They went further onto state 'Care staff understand him and our situation. Staff do their absolute best to reassure us that he is ok. They have told us that its about family as well and the care is better then we expected.' 'The care is terrific and I visit everyday. We can't fault it here. The food is

Evidence:

really good, the room is kept clean and if there are any problems they sort it out. We like it. We cant fault it, mum is looks allot better then when she first came in. Staff are brilliant' said another relative.

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.

At this inspection we looked at standards 12, 13, 14, 15.

There is a varied programme of activities available at the home.

There is a wide choice of meals in the home, to ensure they meet the needs and choices of all residents.

Visiting times are flexible and people are made to feel welcome in the home, so that residents are able to maintain contact with their family and friends as they wish.

Evidence:

The home employs a full time activities co-ordinator and currently has a part-time co-ordinator which however is under review. During the inspection group activities were seen to be taking place. During the morning residents were seen to be making fairy cakes which were baked for them and were ready by the afternoon to be iced by residents. Residents were seen to be enjoying the cake making and were fully involved in the activity. Other residents were seen to be folding napkins or helping staff to lay the tables for lunch time. Such activities are important as they enable people living with dementia to retain a level of independence and be involved in everyday living.

Evidence:

The home also celebrates different festivals through out the year and created a Santa's Grotto in one of the lounges on the first floor at Christmas time. This is now used as a theme room and currently had the 'Wild West' theme in the room.

There is a four weekly menu, which is also provided in picture format which is shown to residents to make their meal choice. Staff were seen showing residents of the meal choices on the day of the inspection and were supporting residents to make choices. The menu included a variety of fresh fruits and vegetables and a choice of meals at lunchtime and snacks throughout the day. On speaking to the chef, she was able to demonstrate her knowledge of those residents requiring special diets, for example diabetic and pureed diets. Residents and relatives spoken to spoke very highly of the meals provided at the home. The inspector joined residents for lunch and the menu for the day was tuna pasta bake or cottage pie with creamed potatoes and peas or a salad which was available on request. Dessert was bake well tarts with custard. Lunch was observed being served which looked and smelt appetising. There were condiments placed on each table and attention was given to dressing the tables with table clothes. Residents were offered a choice of drinks. Very positive comments were received about the lunch being served, which included 'Its nice', 'Very tasty', 'Its very nice and hot.' A relative informed 'I sometimes have my dinner here, and its lovely, it always varies. Chefs in the kitchen are good. We came to an event here that the home organised, and the food was lovely.'

Visiting times were flexible and visitors could visit at any time convenient to residents. Relatives, family and friends were seen to visit residents throughout the time of the inspection and were made to feel welcomed by the staff at the home.

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

At this inspection we looked at standards 16, 18.

People who use the service can be assured their views are listened to and acted on. All complaints are recorded, including concerns to ensure any dissatisfaction is acted upon regardless of source.

All staff have received up to date training in safeguarding adults, which ensures the protection of residents.

Evidence:

The ethos of the home is that it welcomes complaints and suggestions about the service, uses them positively and learns from them. Relatives spoken to informed that they were satisfied with the service, felt safe and well supported. Relatives could also leave comments, concerns, complaints or compliments in a book that is kept in the reception area which the manager viewed on a daily basis and actioned any issues of concern promptly.

The complaints procedure is clear and easy to follow and was displayed in the home. Timescales within which a complaint would be investigated were stated on the complaints procedure. A complaints logbook is kept by the home, which was viewed. The service investigated the concerns highlighted satisfactorily. The Care Quality Commission has not been informed of any complaints. The home also holds regular

Evidence:

relatives' meetings to ensure that all concerns raised by people using the service were listened to.

All staff attend POVA training and adult protection is comprehensively covered in the induction programme. The service has comprehensive safeguarding adults procedures and protocols in place. The service has obtained safeguarding adult protection procedures devised by The London Borough of Havering.

Education sessions have also been organised for relatives and family on dementia. To ensure they are provided with information about dementia to ensure any misunderstandings regarding the care are clarified.

At the last inspection a requirement was made that the registered persons reviews the use of child safety gates and consider alternative ways of managing and identified risk around the safety of individual residents. The use of 13 child safety gates has been reviewed and now the home has 8 gates in place. Those residents who have safety gates in place are bed bound and have a high level of dependency needs and gates have been put in place due to concerns around other more confused residents wandering into the bedrooms and taking items from the room; or disturbing residents who need to be nursed in bed, due to increasing frailty. Evidence was seen of the review of these gates discussed in relatives meetings and each relative being written to personally seeking their views on the use of these gates. Responses from relatives have strongly supported the use of these gates and have consented to the home to continue to use them.

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

At this inspection we looked at standards 19, 20, 21, 22, 23, 24, 25, 26.

Residents live in a comfortable environment and decor is of an excellent standard and provides a homely and pleasant living environment enhancing residents' comfort.

Evidence:

The registered manager of the home has ensured that the physical environment of the home provides for the individual requirements of the people who use the service. The living environment is appropriate for the lifestyle and needs of the residents and is homely, clean, comfortable and is well maintained. The home has maintained very high standards of hygiene and safety. The service has gone an 'extra mile' to provide an environment that fully meets the needs of all residents and has a wide range of up to date specialist equipment and adaptations to meet the individual needs of people who use the service.

The home has made it a priority to ensure that the environment meets the needs of those with dementia. The walls throughout the home now have interactive art on them which residents can touch and feel, providing sensory stimulation. The art on the walls is full of bright colours which has also been created by some residents. There are also hanging baskets off the walls and around the home with tactile objects in them. The home has involved a local artist in transforming the environment of the home who has

Evidence:

helped the home develop its visually stimulating and interactive art works. Residents who are bed bound have also been provided with sensory stimulation, with mobiles and wall decorations being provided. Some rooms were viewed as part of the inspection which all have en-suite facilities, which were comfortable with good quality fixtures and furnishings and were also personalised by residents with personal family photos and furniture. There were no offensive odours and the home was clean and tidy. The external grounds were secure and were very well maintained.

There has also been a rolling re-decoration programme in place. Since the last inspection, carpets throughout the home have been replaced and the floors in the dining areas have been replaced with laminate flooring. Seating around the home has also been rearranged, with smaller seating areas now being provided to provide more intimate seating arrangements.

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.

At this inspection we looked standards 27, 28, 29, 30.

Recruitment practises are robust and ensure residents are in safe hands at all times.

Adequate staff training is provided to all care staff, to ensure they are equipped with the skills and are competent to do their jobs.

There is good skill mix of staff to meet the needs of residents.

Evidence:

Three staff files were closely examined, which were of newly recruited members of staff. These files were found to be in good working order with necessary references and checks, with Criminal Records Bureau disclosures completed and obtained before the start of employment and application forms were completed in full.

The service has made a commitment to staff training that is focused on delivering improved outcomes for people who use the service. The service has a very comprehensive training programme in place and management prioritise training and facilitate staff members to undertake external qualifications beyond basic requirements. The service also has a internal development training programme, to

Evidence:

complement formal training as part of an ongoing training plan. Staff training included training in first aid, food hygiene, manual handling, health and safety, fire training, safeguarding adults, medication, mental capacity act, infection control. Staff had also completed training in dementia awareness and challenging behaviour. The service uses a computerised system El Box to monitor all staff training, which staff also use to complete their assessments after each mandatory training sessions. Staff records indicated that most staff achieve a 100 per cent pass rate. The Annual Quality Assurance Assessment informs us the home currently has 60 per cent of their staff team who have achieved a National Vocational Qualification.

Staffing levels evidenced that there is a good skill mix of qualified staff. During the inspection it was identified that there was sufficient numbers of staff to meet the needs of residents. The Annual Quality Assurance Assessment informs us that locum staff are not used at the home and staff rotas are planned 4 weeks in advance. The home does use staff from its internal bank system and these members of staff undergo the same training as permanent members of staff.

Relatives spoken to as part of the inspection spoke very positively regarding the staff team. 'We are 100 per cent pleased with the staff here. From the cleaner to the management, they are all very nice' said one relative. 'The staff are very nice here. They are always asking how I am. Y couldn't even get out of the chair or stand up, they've improved that. Y had his 80th birthday recently and they put such a nice spread on for us. We had about 30 members of family and relatives turn up and food was provided for us. They put up decorations when its residents' birthdays, they don't have to do that. I am quite satisfied with the service. If Y is tired or not well, they don't get him up. Its like being at home here. Its a weight off my mind having him here,' informed another relative.

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.

At this inspection we looked at standards 31, 33, 35, 36, 38.

Residents benefit from an experienced manager who recognises their needs and adequately manages the home.

The systems for service user consultation ensure the home is run in the best interests of residents.

The welfare of staff and residents is promoted by the home's policies and procedures.

Service users' financial interests are safeguarded.

Staff are not supervised at least six times year, which does not ensure that they are kept updated with current practises and that their care practises are reviewed on a regular basis.

Evidence:

The manager is commended for her organisational skills as all documentation required for inspection purposes was easily accessible. The manager also demonstrates through her formal qualifications, robust operational systems and her professional experience and ability that she is knowledgeable and highly competent in a range of areas, which included good practise areas, understanding current legislation, and the importance and purpose of having effective quality assurance systems in place. The manager is very resident focused and ensures that residents quality of life is increased and that their needs are met by the service.

Quality assurance systems have been developed and surveys for people who use the service have been devised. Surveys for relatives, were seen which included open-ended questions on all aspects of the care provided at the home. The results of surveys had been analysed and incorporated into a report. Relatives meetings are also held every three months which are minuted and any points raised are actioned by the management of the home.

The home works to clear health and safety policy. Health and Safety records were inspected. All documentation was in order and appropriately completed. Certificates viewed included certificates verifying up to date portable appliance testing, electrical installation, gas safety, employers liability insurance and records of fire drills and fire alarm testing and water temperature testing.

A clear recording system was in place to evidence all monies received and spent on the service users' behalf and how that money had been spent. All amounts were accounted correctly and were in order.

Regulation 26 visit reports were examined during the inspection which are undertaken by a senior manager within the organisation. These reports were completed monthly and were very comprehensive and also included action points where any areas for improvement had been identified and were reviewed to check for compliance.

The accident and incident records were closely examined which evidenced that all accidents and incidents were comprehensively recorded and further follow up checks were also completed by the manager of the home to ensure residents did not have any further health associated risks posed to them.

A completed Annual Quality Assurance Assessment was received before the inspection and was supported by a wide range of evidence. It informed of the changes the service has made and where they still need to make improvements.

Evidence:

The latest supervision records were viewed for staff. Staff files evidenced that staff members are not being supervised formally on a regular basis (at least six times a year). This does not always ensure that staff are kept updated with the latest care practises by the management team and that their care practises are always under review. A requirement will be made in relation to these findings.

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		13	The Registered Persons must ensure that all hand written entries made on Medication Administration Records are dated to ensure their validity.	31/08/2009
2	36	18	The Registered Persons must ensure that staff are supervised formally on a regular basis (at least six times a year), to ensure that staff are kept updated with the latest care practises by the management team and that their care practises are always under review.	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
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