



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for adults (18-65 years)

Name:	104 Wimborne Road
Address:	104 Wimborne Road Southend On Sea Essex SS2 4JR

The quality rating for this care home is:

two star good service

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

Lead inspector:	Date:
Vicky Dutton	2 2 0 7 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 Adults (18-65 years) can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	104 Wimborne Road
Address:	104 Wimborne Road Southend On Sea Essex SS2 4JR
Telephone number:	01702603698
Fax number:	01702603698
Email address:	wimbourne@mcch.org.uk
Provider web address:	www.mcch.co.uk

Name of registered provider(s):	MCCH Society Ltd
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Name of registered manager (if applicable)	
Mr Lee Ritson	
Type of registration:	care home
Number of places registered:	6

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
mental disorder, excluding learning disability or dementia	6	0
Additional conditions:		
The maximum number of service users who can be accommodated is 6		
The registered person may provide the following categories of service only: Care Home only - Code PC, to service users of the following gender: Either, whose primary care needs on admission to the home are within the following categories: Mental Disorder, excluding learning disability or dementia - Code MD		
Date of last inspection		
Brief description of the care home		
104 Wimborne Road is run by the MCCH Society Ltd. and provides accommodation and personal care for up to six adults with a mental disorder. This includes residents aged 18 to 65 years although some are now over 65 years of age. The registration category		

Brief description of the care home

does not include people who may have dementia or a learning disability. The premises are a two-storey house in a residential area situated in Southchurch, Southend-on-Sea and is in close proximity to all local community facilities, amenities and transport links. The accommodation includes six single bedrooms all of which have call bells, television and telephone points. There are separate lounge and dining areas, kitchen, and a small garden with a patio. The surrounding area provides good parking facilities. The current rate of fees as identified in the Service Users Guide and on display in the home are £1,287.00 per week. Residents contribution is from £83.50 to £108.05 per week. Residents may also pay for their own hairdressing, chiropody, transport, toiletries, leisure activities and holidays. Previous inspection reports are available to residents.

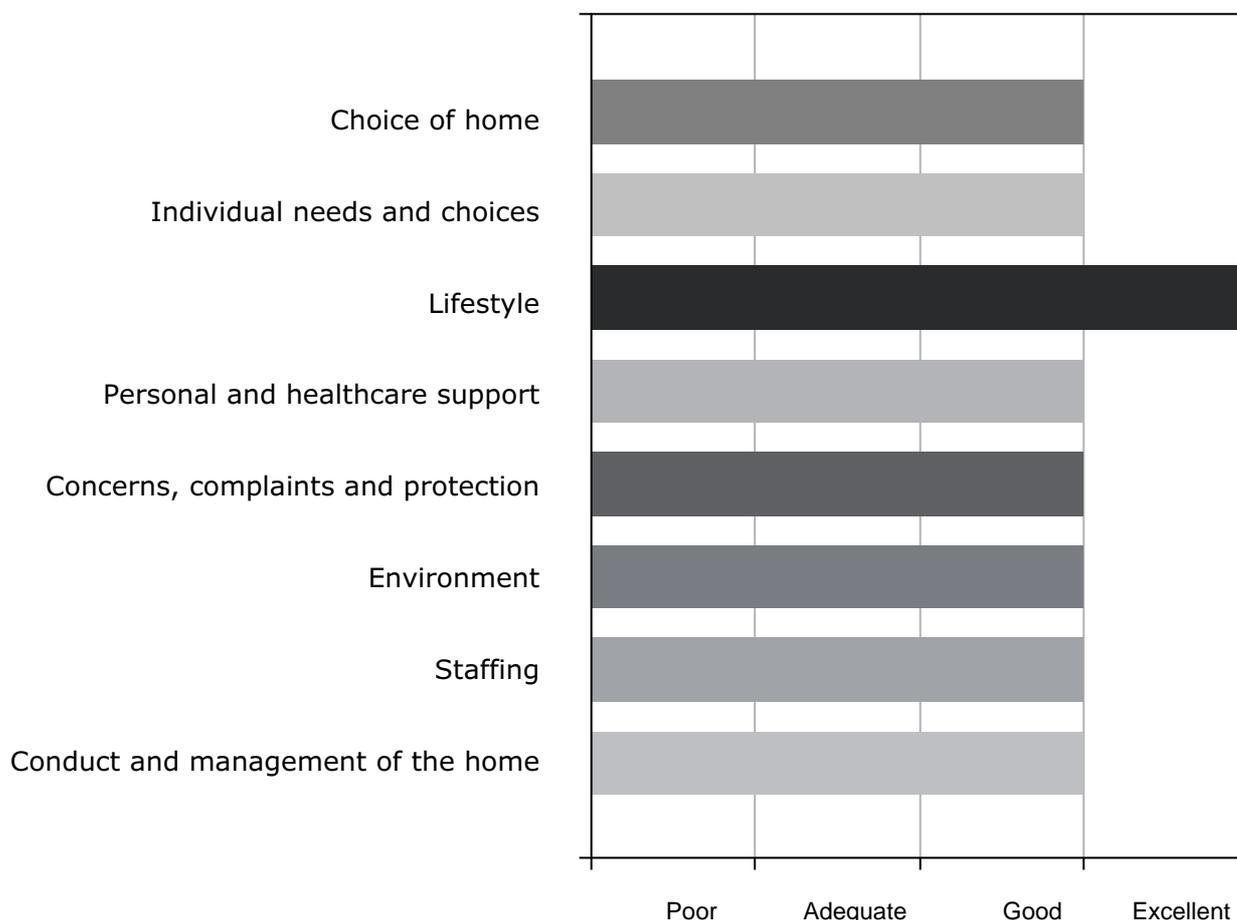
Summary

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

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

This was an unannounced 'key' site visit. The previous site visit to the home took place on 9th August 2007. At this visit we (CQC) considered how well the home meets the needs of the people living there, how staff and management work to provide good outcomes for people, and how people are helped to have a lifestyle that is acceptable to them.

We spent six hours at Wimborne Road. We looked around the premises to see if it was pleasant and safe for people. We viewed some care records, staff records, medication records and other documentation to see how well these aspects of care and running the home are managed. Time was spent talking with people living at the home, and talking to management and staff. We also spoke to a befriender during the site visit.

The home's Annual Quality Assurance Assessment (AQAA) was sent in to us. The AQAA

is a self assessment that providers are required by Law to complete. It was received by the due date, was fully completed, and outlined how management feel they are performing against the National Minimum Standards, and how they can evidence this.

Before the site visit a selection of surveys with addressed return envelopes had been sent to the home for distribution to residents, relatives, involved professionals and staff. We received responses from all five people living at the home, one relative, one visiting professional and four staff. The views expressed at the site visit and in survey responses have been incorporated into this report where appropriate.

We were assisted at the site visit by the deputy manager and other members of the staff team. Feedback on findings was provided throughout the inspection. The opportunity for discussion or clarification was given.

We would like to thank the staff team, residents, relatives and visiting professionals for their help throughout the inspection process.

What the care home does well:

If people are considering a placement at Wimborne Road there is good information available to them.

Observations, documentation viewed and feedback on surveys showed that 104 Wimborne Road offers the people living there very good care, healthcare and support that is based on meeting their individual needs. Staff have all worked at the home for some time and know the residents and their individual needs very well.

People are supported in making choices and doing the things that they wish to do. People make good use of the local community and have good leisure opportunities.

Staff have good training opportunities so that they have the right skills to meet residents needs.

Health and safety is given a high priority ensuring that people are cared for safely in a safe environment.

What has improved since the last inspection?

A new manager has started work at the home. They are proactive in their approach and are supporting residents and staff through a period of significant organisational change.

People living at Wimborne Road now have the opportunity to go away on holidays and have a break from the home.

The front of the building has been redecorated making the home look well maintained and welcoming. Residents have had the opportunity to have their bedrooms redecorated.

Some equipment has been renewed, and a new television with freeview has been provided in the main lounge.

The garden area has been improved to create more space for people to enjoy.

The home are in the process of installing 'assistive technology.' This is to improve security, and to provide for the monitoring, support and safety of residents in the proposed change to supported living status.

The home are introducing the 'Recovery Star' system of assessment and support. This is geared towards people agreeing their strengths and weaknesses, and maximising their abilities and level of independence.

Staff training has been ongoing and all staff have now completed National Vocational Qualifications in care to at least level two.

More robust risk assessments are now in place relating to both residents' care and general practice in the home.

What they could do better:

Some communal areas of the home are looking tired and would benefit from redecoration. The flooring also needs replacing in some areas so that the environment remains pleasant for people.

It is understood that plans are in place to introduce person centred care plans. This will be beneficial. At the moment care planning and documentation at the home is comprehensive and detailed, but as there is so much of it sometimes the information is repeated, or is not held in the most relevant place.

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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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, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. 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 the person 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 considering moving into Wimborne Road will be involved in assessments and have good information to help them make decisions

Evidence:

To ensure that there is information available to people we saw that there was a Statement of Purpose and Service Users Guide readily available in the home. Both documents had been reviewed in June 2009. The Service Users Guide was easy to understand. It contained pictures to aid understanding and photographs of various aspects of the home.

Everyone living at Wimborne Road has done so for some time. There have been no new admissions to the home since the previous inspection. The deputy manager said that appropriate procedures are in place relating to admissions. They confirmed that assessments and a phased approach to suit individual needs would be adopted.

Individual needs and choices

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 needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

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 can feel confident that the home will be responsive to their changing needs and respect their choices.

Evidence:

We saw that each person living at Wimborne Road had three files in place relating to their care. One for care plans and daily care and monitoring records, a personal file containing a person centered care profile, assessments, risk assessments, other monitoring tools and general information. The third file was for medical and financial information. Care plans reflected people's needs and had all been signed by them. Some care plans were dated some time ago for example 2004 and 2007. The deputy manager and staff said that this reflected the date of the original care plan for that aspect of care, and that they had been renewed since that time. The deputy manager said that they are soon to start work on person centred care plans. The home are also about to start using the 'Recovery Star' model. This is a tool for supporting, encouraging and measuring change in people who have mental health issues. This work will also impact on care planning. Although there is a wealth of information

Evidence:

available to enable staff to offer good and safe support, there is some need for review and consolidation, for example risk assessments being held separately to care plans. The person centred care profile not being held in the care plan file and so on. Monitoring and review systems at the home are very good. Each month the keyworker compiles a detailed 'monthly evaluation.' People are involved in their reviews and have a say in any proposed changes. People had consented to information sharing with other agencies. Regular reviews with the liaison social worker are held, and detailed reports also written for these. In a letter of compliment a professional said, "I must thank you and your staff for their kind efficiency in always providing detailed in-house notes for the purpose of client review meetings. It is really helpful to have an update on each clients well being and recent history provided before each meeting."

Everyone living at the home returned a survey to us. People said that they made decisions about what to do each day. During the day of the site visit people made choices about where they went and what they did. People followed their own routines, coming and going as they wished. People's right to make choices, within any limitations, is recognised and encouraged. The ethos of the home is to support people to live their lives as independently and flexibly as possible within a residential environment, taking into account their assessed needs.

We saw from minutes that regular residents meetings are held. Copies of minutes are available in a file in the residents lounge for them to view at any time. People are also able to be involved and have their say through a clients forum organised by the provider, and other advocacy groups that are available to them. The AQAA recognised that residents do not always take advantage of these opportunities and need encouragement. Care records showed that people are supported in managing their finances.

A new format for assessing risk has been introduced. These were relevant to individual's needs. Actions and processes for managing these risks was in place.

Lifestyle

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 can take part in activities that are appropriate to their age and culture and 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 and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

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.

People enjoy a lifestyle that suits their needs and preferences.

Evidence:

From discussion, observation and documentation it was evident that residents are encouraged to lead varied and active lifestyles that suit their individual needs and wishes. During the days, some attend a local day centre and drop in centre, one person is involved in a gardening project, another enjoys going out with a befriender, others follow their own established routines of using local cafes and pubs and going into town. We saw that there was plenty of information available to people about local services and opportunities. People make full use of the local community. Records and monthly care reviews highlight what activities have been participated in during the month. Participation in leisure activities is person centred according to individual needs and wishes. We saw that people attend the theater and concerts, go on coach trips and attend events organised by the provider such as beach parties and a cricket

Evidence:

match. This year people have been away on holidays and further trips are planned.

Family contact is encouraged and supported by the home in line with the individual needs and wishes of residents. The AQAA indicated that this area is being further encouraged and said, 'Families of service users have been regularly involved in daily living, social activities, day trips and family home visits.' They also said that they wish to continue this by, 'Seeking new ways to involve friends and family.'

Independence and autonomy are encouraged. We saw that people were given their own post and came and went using their own front door keys. On surveys people said that they could do as they wished at all times, and that staff were responsive to their needs. People are encouraged to be involved in household chores and maintaining their rooms. These tasks are reflected in care planning and risk assessments. Minutes of residents meetings showed that people are encouraged to have their say about how the home is run.

We saw from meeting minutes that menus are discussed with residents. The home have a four weekly menu plan. This showed that a good range of foods and choice is offered. Breakfast and lunch are flexible and people have what they want, when they want. For main meals people are free to choose any alternative to the main menu that they wish, and we saw that they did so. People are encouraged with support to be involved with food preparation. People said that they liked the food and enjoyed having a takeaway at weekends.

Personal and healthcare support

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 receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people 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.

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

This is what people staying in this care home experience:

Judgement:

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

People receive good personal and healthcare support to meet their individual needs.

Evidence:

Discussions with the deputy manager and staff showed that people living at Wimborne Road benefit from being supported by a staff team that are well established, and have a good understanding of their individual needs. This is supported by a good key working system and documentation. On a survey a resident said, "Staff look after me well and my needs are met." People living at Wimborne Road do not generally require physical help with their personal care, but discussions with staff showed that they understood people's needs and assisted when necessary.

Care documentation showed that people's healthcare needs are closely monitored and documented. Good daily records and observations charts are kept so that any change in people's mood or condition is quickly highlighted. Where appropriate 'relapse plans' are in place so that appropriate actions are taken at the appropriate time. Since the previous inspection the home have established good links with the local mental health services team. This has helped in getting support in a timely manner when people need additional support, or to have their needs reviewed. A professional from this

Evidence:

team said, "I am always impressed at how the service completes a quite full report on each resident prior to outpatients appointments in order to advise/update the consultant psychiatrist. Similarly prior to review meetings each attendee is given an updated written statement of the clients level of mental health, physical health, behaviour and any specific issues to be discussed/addressed." Aside from their mental health needs we saw from records that people access other healthcare professionals such as dentists, opticians, chiropodists and doctors. We saw on the day of the site visit that staff support people to attend appointments and go for blood tests. Records of all appointments are maintained.

No one living at Wimborne Road manages their own medications. We looked at systems in place to ensure that this aspect of their care is managed safely. We saw that good systems of storage and recording were in place. Everyone has their own medication file, and their own clipboard. This held the in use medication administration record, appropriate protocols for medicines that are prescribed for use on an as and when basis, (PRN), and information on homely remedies. When medication was being given we saw that safeguards were in place. The resident and a second member of staff were asked to verify that the correct box (NOMAD monitored dosage system) had been selected and that the correct day/time was to be given. Medication is also audited between each shift to confirm correct quantities and no errors. Although very good standards are generally maintained some practice advice was given such as boxed/bottled medication should always be dated when actually commenced to provide a good audit trail. Devices such as inhalers should be labeled on the device as well as on the box in case they become separated. We also saw that one persons infrequently used PRN medication had recently gone out of date. the deputy manager undertook to address this.

Staff training records and discussion showed that staff are trained in medication administration. They also have six monthly in house updates to ensure that their competence and practice remains good.

Concerns, 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. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

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.

People are cared for safely through staff awareness and practice.

Evidence:

The home has a complaints procedure in place. A colourful and easy read format of this was on display for people. The complaints procedure does however need updating to reflect our, (CQC), role in complaints management, our correct contact details, and to advise people that they can take any concerns to the Local Authority/Health Authority involved with their care. On surveys everyone said that they knew who to talk to if they were not happy, and how to raise any concerns. No complaints have been raised with us or the home since the previous inspection.

Discussions with staff and viewing of training records showed that staff have received training in safeguarding vulnerable adults, and have a good understanding of this area. Staff have also received recent training in Deprivation of Liberties Safeguards, and information about this was available to people.

Although the home had a safeguarding policy in place, and old local guidelines were available, the home did not have a copy of the most recent Southend/Essex/Thurrock Guidelines and appropriate referral forms. The deputy manager agreed to try and get a copy of these. We did however see that information and contact details were available to staff should a safeguarding incident occur.

Care files viewed recognised individuals behavioural needs and gave staff some guidelines for managing these. Support staff have received training in managing

Evidence:

challenging behaviour, and further training is currently being delivered. Staff spoken with felt that the training they have had is sufficient to meet the current needs of residents.

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, comfortable, 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. People have enough privacy when using toilets and bathrooms.

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 live in a pleasant and clean home.

Evidence:

Wimborne Road provides homely and comfortable accommodation for people. One resident said, "It's a very nice home." There is one bedroom on the ground floor, the remaining bedrooms are on the first floor. The home does not have a lift. Everyone has their own bedroom that they can personalise and decorate to their taste. Bedrooms are not en suite and a communal bathroom is provided on each floor. Communal space consists of a main lounge, a small quiet lounge and a dining room. The AQAA said that resident's rooms have all been redecorated according to their wishes. Communal areas are due to be done this year. We saw that this is necessary as, in particular corridor areas, are looking tired. Flooring in some corridor and lounge areas is worn/stained and would benefit from replacement. A resident said, "The home could do with new carpets and furniture and a new kitchen." The home has a small garden with an outdoor smoking area, garden furniture, green house and vegetable plot.

On the day of the site visit the home was clean and tidy. Domestic staff are not employed and support staff and residents carry out cleaning tasks. Much of the cleaning is carried out by the person on the night shift. Staff feel some concern as to

Evidence:

how standards will be maintained after the proposed move to supported living status, when there may not be a member of staff on a 'waking' night shift.

We saw that good cleaning schedules and processes are in place to ensure that standards are maintained. This included 'Spring cleaning 2009.'

We saw that the home has a suitable laundry area. Discussion and staff training records showed that staff are trained in infection control and are aware of good practice.

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, qualified 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. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

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 are supported by caring and well trained staff.

Evidence:

During the day we saw that staff had a good understanding of people's needs, and worked with people in a kind, caring and friendly manner. Staff spoken with and on surveys seemed motivated and were positive about their role. They said, "We provide a safe and friendly environment," "We support service users in every aspect very well," and, "We work well with service users and well as a team." On surveys residents said that care staff and managers treated them well, and listened and acted on what they said. All staff have worked at Wimborne Road for some time and this provides familiarity and stability for residents. From observations, discussions and training records viewed, staff have the right skills to meet people's needs. The AQAA said, and it was confirmed at the site visit, that all 10 support staff working at the home have achieved a National Vocational Qualification in care. This shows that the provider is committed to having a well trained workforce.

There are currently five people living at Wimborne Road. There are two staff on shift during the day to meet their needs and one person awake at night. The managers hours are often supernumerary to this. The deputy manager said that this basic level is flexible according to need.

Evidence:

The previous inspection identified that the recruitment of staff was carried out to a good standard so that residents were safeguarded. Apart from the manager we were told that no staff currently working at the home have been recruited since the previous inspection. However one person did restart after a short break. For this member of staff we saw that a new Criminal Records Bureau check had been undertaken, and induction procedures had been carried out. The deputy manager said that recruitment procedures were thorough and that no staff started before all checks had been carried out. On four staff surveys returned everyone said that their recruitment had included all checks, and had been done fairly. Agency staff are sometimes used at the home. The AQAA said that eight shifts had been covered by agency staff in the preceding three months. The deputy manager said that they try to use the same people. It was demonstrated that good practice is maintained through verifying the safe recruitment and appropriate training of agency staff.

We saw from staff records that a detailed modular induction programme was in place based on the Common Induction Standards. Training records viewed show that a training needs matrix had been established for this year. This identified what training needs to be undertaken by individual members of staff. In discussion with staff and on staff surveys people felt that levels of training provided were good. Training records supported this, and we saw that staff had undertaken a good level of training to support them in their role. This included recent training in Epilepsy, Care Planning and Mental Health Awareness.

Records viewed showed that the home aims to provide staff with monthly support and supervision, and are mainly successful in this. We also saw from staff files that detailed annual appraisals are carried out. On surveys everyone said that they had enough support and met 'regularly' with their manager to discuss how they were working.

Conduct and management of the 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 have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because 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. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

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 live in a safe and well managed home where their views are sought and listened to.

Evidence:

Since the previous inspection a new manager has been appointed at Wimborne Road. They have been in post for nearly a year and have recently successfully completed the process to become registered with us. The manager has appropriate experience and qualifications. Staff were positive about the management of the home. Team building days have been held aid the development of a strong team.

There are strategies in place to monitor the quality of the service. Twice a year residents are asked to complete Carers and Users Expectations of Service questionnaires, (CUES.) The deputy manager said that if these highlighted any concerns they would be fed up within the organisation. People also have regular opportunities to comment on the service through residents meetings and monthly and periodic reviews. As is required by Regulation, a monthly visit is carried out to the home by a senior person in the organisation. This is to ensure that the home is

Evidence:

complying with Regulations and Standards. These visits include talking to people living in the home. Other practices such as daily medication and monies audits contribute to overall quality monitoring at the home. The manager had completed the AQAA. This was well completed. It showed us that the service is being effectively managed, and that the manager recognises what further improvements could be made. A development plan for 2008/09 was in place. This highlighted how standards were to be maintained and developments achieved.

No health and safety issues were highlighted during the site visit. The AQAA identified that systems and services are checked and maintained on a regular basis. Good practices such as weekly 'walking routes' ensure that all areas are monitored and any potential hazards picked up at an early stage.

Staff training records showed that staff training in core areas such as food hygiene and first aid is ongoing with updates planned as necessary.

Fire records viewed were satisfactorily maintained and a fire risk assessment was in place. Regular tests and evacuations are carried out to ensure that everyone knows what to do in the event of an emergency. A recent fire service visit in April this year highlighted no concerns.

An environmental Health officer visited the home in November 2008 and found that good standards were being maintained in the kitchen.

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

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

Helpline:

Telephone: 03000 616161 or

Textphone: or

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

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