



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Howard Goble House
Address:	Harland Avenue Sidcup Kent DA15 7LH

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:
David Lacey	1 7 0 3 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

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

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk 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:	Howard Goble House
Address:	Harland Avenue Sidcup Kent DA15 7LH
Telephone number:	02083083560
Fax number:	
Email address:	jcharlton@mcch.co.uk
Provider web address:	www.mcch.co.uk

Name of registered provider(s):	MCCH Society Ltd
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Type of registration:	care home
Number of places registered:	12

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	12	0
Additional conditions:		
The maximum number of service users who can be accommodated is: 12		
The registered person may provide the following category of service only: Care Home Only (CRH - PC) to service users of the following gender: Either whose primary care needs on admission to the home are within the following categories: Learning disability - Code LD		

Date of last inspection							
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Brief description of the care home
Howard Goble House provides personal care (which is registered with the CSCI) and supported living (which is not registered with the CSCI). There are two units for personal (registered) care, which provide for up to twelve people with learning disabilities, dementia and associated age related support needs. The home is a purpose built two-storey building with a lift and an enclosed back garden. Each unit in the home is self-contained with communal lounge and kitchen facilities. All of the bedrooms have en-suite toilet and shower facilities, and additional assisted bathrooms

Brief description of the care home

are available on each unit. The Commission is not at present able to provide specific information about the fees charged by this home. The provider (MCCH) has confirmed that residents normally pay a contribution from their benefits and that this is supplemented by additional payment from the local authority. Please contact MCCH for details of the fees charged.

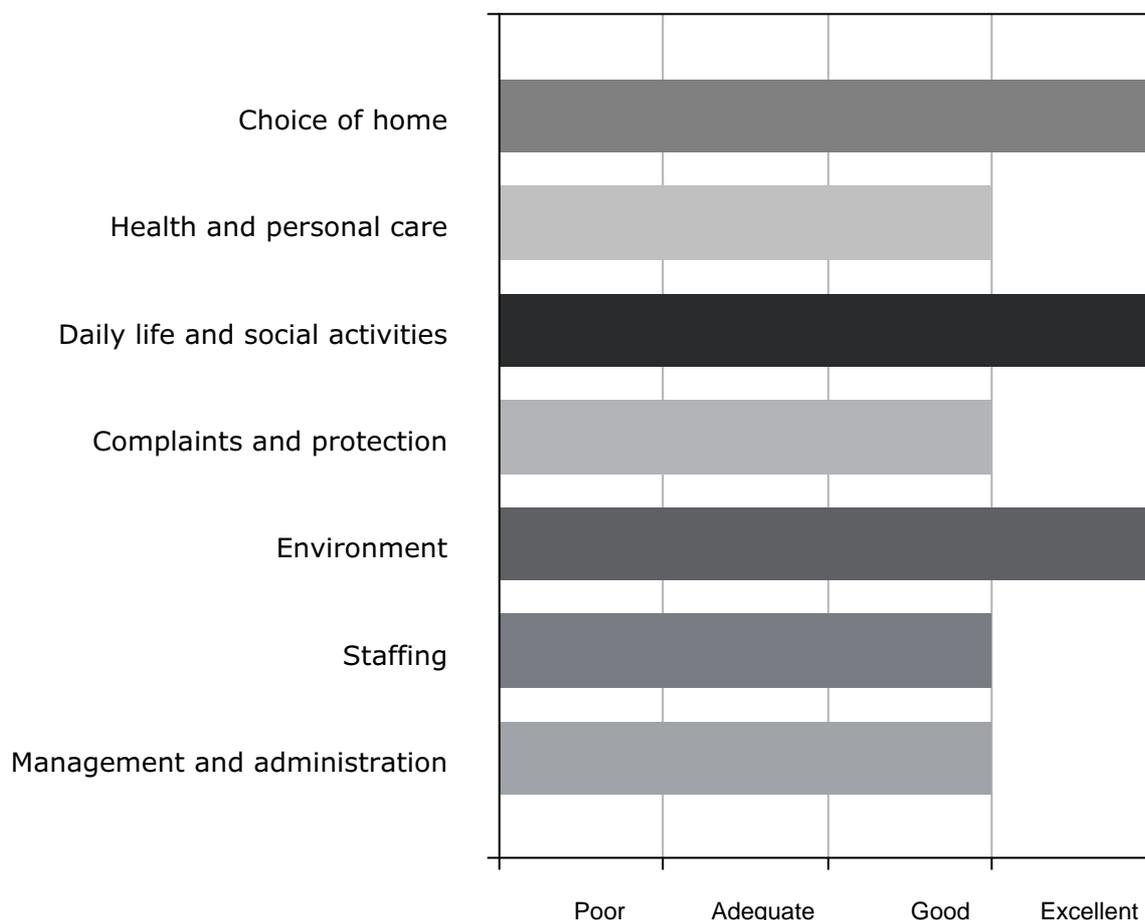
Summary

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:

The last inspection on this service was completed on 22/05/07.

The site visit for this present key inspection was completed over one day. One of the residents, the home's registered manager and the service coordinator facilitated the visit.

The visit included a tour of the premises, meeting with residents and staff members, observing practice, and sampling documentation such as care records, staff recruitment files, and policies and procedures. The care of four of the residents was looked at in detail.

As part of the inspection, we carried out a survey by questionnaire of a sample of residents, staff members and care managers. The responses received by the time of

writing this report have contributed to the evidence underpinning our judgements.

The inspection included a review of information received about this service. Since our last key inspection, we carried out an annual service review of the home and used findings from that review in planning this key inspection.

At our request, the care home provided us with its annual quality assurance assessment (AQAA), which also informed the inspection. This self-assessment document focuses on how outcomes are being met for residents and also gives us some numerical information.

The inspector would like to thank people living in the home, managers and staff members for taking the time to show him around and tell him about life at Howard Goble House.

What the care home does well:

Using a person-centred approach to underpin the running of the home, which makes sure the residents' best interests are given priority.

Making sure that residents live in a very comfortable environment and are supported to add personal touches to their bedrooms to make them as homely as possible. Keeping the home clean and making sure its facilities, decoration and furnishings are maintained at a high standard.

Involving residents in decisions about how they spend their time and taking into account their abilities, interests and choices. Supporting residents to take risks in order to maintain as much independence as possible and achieve their potential. Helping residents to attend day centres and college, and take part in other planned activities, both within and outside the home.

Ensuring care plans offer appropriate guidance to staff members so they can meet residents' assessed needs. Allocating each resident a key worker, which helps to ensure continuity of care. Making sure residents have ready access to health and social care professionals as required.

Allocating staffing provision to ensure residents' needs may be met effectively. Offering staff members very good training opportunities that are relevant to their work in the home. Making sure staff are supervised well and that this contributes to good care practice.

What has improved since the last inspection?

The home has addressed the requirements and recommendations we made at our previous inspection. These matters included: assessing each resident's needs before they move into the home; making sure there is a care plan for each resident; making sure each resident has a contract; producing a service user's guide; ensuring staff recruitment information is available for inspection; and keeping the temperature of the medicines room correct.

Bedrooms have been made more personal to the individual occupant. A new hoist has been purchased and staff have been trained how to use it.

Quality assurance strategies have been developed, and there is now clear evidence the home is being run in the best interest of its residents.

What they could do better:

Make sure each risk assessment is signed and dated, to show accountability and that the assessment is up to date. Whenever possible, have two staff members sign for checking in medication stock, to minimise the possibility of any errors occurring.

Put risk assessments in place for free-standing wardrobes in bedrooms and regularly check their stability, make sure legionella checks are kept up to date, and that there are always paper towels available in the laundry for hand drying. Attention to these matters will further enhance residents' safety.

Explore how they might further improve consideration of diversity, as part of the assessment process.

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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Outstanding statutory requirements

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.

The home has a statement of purpose and a service user guide that meet requirements. Residents have contracts detailing the terms and conditions between themselves and the home. Each resident's needs are assessed fully before they move into the home, to ensure the placement is suitable.

Evidence:

The home had a statement of purpose and a service user guide that meet requirements. The guide was available in accessible formats, using pictures and symbols. Each of the two units in the home provides a mix of support relating to dementia care and support to older people with learning disabilities.

One resident had been admitted to the home since our last inspection. It was evident from discussions and from examination of relevant documentation that the resident's needs had been assessed fully to ensure the home could meet them. Compatibility with other residents already living in the home had also been considered. A

Evidence:

transitional plan for his move had been put in place and he had been able to make trial visits over a one-month period to see if he was happy to move into the home. The provider had written to him to let him know the home could meet his needs, and a copy of this letter had been retained on his file. The resident was out at his day centre during the inspection so was not able to meet with the inspector but staff said he had settled in well and is very happy living at this home.

Residents responding to our survey confirmed they had been asked if they wanted to move into this home and had been given enough information before they moved in so they could decide if it was the right place for them. One commented s/he had been given lots of information about the home and had visited it before making the choice to move in. Feedback from a care manager was that the home's assessment arrangements always ensure that accurate information is gathered and that the right service is planned and given to individuals.

It was evident from the residents' files sampled that residents have contracts, made available in accessible formats as needed, that set out the terms and conditions of their placement at Howard Goble House.

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.

Residents have ready access to health care services as they need. All residents had comprehensive care plans to show how their assessed needs are to be met, with daily diaries showing how these plans are followed. The home has good medicines policies and procedures, which are put into practice to the benefit of residents.

Evidence:

All residents in the home during the inspection visit were dressed appropriately, clean and well groomed. The health and social care needs were being met well. Each resident is registered with a local GP practice. Staff support residents to access other health care services such as dental, optical and podiatry services, and to attend hospital appointments. For example, one resident has thyroid treatment and attends a clinic so this can be monitored. The home has good links with the community learning disability team (CLDT) and with the district nursing service. For example, one resident is seen regularly by the district nurse for catheter care. A staff member interviewed spoke of the dementia clinic held every six months at the home with the CLDT, the most recent just having taken place. She said the CLDT are "our backup if we need more specialist advice". A care manager providing feedback to us commented that

Evidence:

people living in the home are receiving the health care they need, and that their privacy and dignity is always respected.

Four residents' care files were examined. All of these showed that the residents' individual needs had been assessed, with person-centred care plans that enable residents to receive personal care in ways they prefer. Supporting risk assessments had been completed, though some of those seen had not been signed or dated, which made it difficult to establish accountability and whether they were up to date (see requirements). Files sampled showed assessments respected diversity although people's sexual orientation had not been considered and the manager was asked to address this (see recommendations). The manager recognised that staff need to be sensitive about obtaining such information and that training may be needed. It was evident that residents' care had been kept under regular review. Daily records of care provided to residents are kept in individual diaries. A resident showed the inspector her support plan for promoting independence. This was individually constructed and designed, and showed how she can develop skills.

All the current residents need support with medication and none were self-administering. The four medicine administration records sampled for inspection were satisfactory, with no unexplained gaps. Medication support plans showing how people prefer to take their medication and information sheets showing possible side effects were on file. The inspector asked that two staff members sign for checking in stock, to minimise the possibility of errors (see recommendations). The manager said that a senior carer always does this check, so it could be an opportunity for staff development to have a second person checking as well.

Medicines were being stored appropriately on both units. There is no natural or artificial ventilation in the medicines room but the home had taken action to make sure the room temperatures are monitored and action taken if necessary. An aircon unit had been installed.

The home's records of disposal of medicines were up to date and there was a current list of homely remedies, with protocols and residents' names, drawn up and signed by the GP. The list of staff members' signatures and initials was completed.

The home's policy and procedures for medicine administration were readily available to staff. Training is provided in-house by MCCH, and staff must complete this before giving medication.

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.

Residents are involved in activities, taking into account their abilities, interests and choices. Residents are encouraged to take part in domestic and leisure activities and to achieve their potential in all aspects of their lives.

Evidence:

A resident who was helping staff in the office let the inspector into the home. The resident works two days each week in the home's office, answering the phone and taking messages. She helped to facilitate the inspection, for example, by taking part in the entry meeting that began the inspection and by showing the inspector around the home and sharing her experiences of living at Howard Goble House.

There is an allocated key worker for each resident, to help them to make decisions about their lives. All the residents responding to our survey said they always make decisions about what they do each day. They said they can do what they want to during the day, evening and at weekends. Staff spoken during the inspection visit showed good understanding of the residents and their needs, communicating with residents in various ways. The home aims explicitly to encourage and respect residents' religious and cultural needs.

Evidence:

Feedback from a care manager was that the home supports its residents to live the life they choose wherever possible. For a resident with restricted vision, the home had obtained specialist advice from the local visual impairment team. The outcome of the specialist assessment was that the resident was given a ground floor room, opposite the lounge so he can move from his room to the lounge and back as independently as possible. The home made sure his room is next door to his good friend who also lives at the home.

Residents were involved in various activities such as attending day centres and various social events. Different in-house activities are available, which have been developed further since our last inspection. These include the 'Elderberries Group' within MCCH, where two staff from a local day centre visit the home each week to work with residents doing activities such as card making and cooking. The weekly 'Poppies' group aims to promote activities, choice and participation for residents.

A resident told the inspector about her holiday last year with her "best friend" who also lives at the home. They had been supported by two care workers. She was planning this year's holiday, again with her friend and two carers, and was excited about going abroad on a plane. Another resident while showing the inspector around his room in the morning told staff that as it was St Patrick's Day he would like to go to the pub. Staff members arranged to do this and took him out for lunch at a local pub.

The menus on display showed residents are given a varied and balanced diet. Staff members said residents' choices were incorporated into the menus. Residents were not able to cook their meals but some can assist staff with this and can help themselves to drinks. Food was stored properly and there were adequate stocks of food. Feeding aids were available for residents who needed these to maintain their independence. For example, there is a "neater eater" feeding aid installed in the kitchen on one of the units so that a resident with tremor can feed himself. Lunch during the inspection visit was a relaxed affair, with staff sitting with residents and making sure not to rush them but letting them eat at their own pace and feed independently wherever possible. Residents appeared to enjoy their meal, with one telling the inspector it was "very nice".

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 has good policies and procedures for complaints and for safeguarding residents. Residents may be confident their concerns and complaints will be taken seriously, and that they will be protected from abuse.

Evidence:

The commission has not received any complaints, concerns or allegations about this care home since our last inspection.

From discussions and observations, the culture of the home is an open one, where people are encouraged to express their views and concerns. For example, the inspector saw a resident raising a concern directly to the home's service coordinator who assured him it would be addressed and recorded this. The inspector saw the home's 'speak up and listen' file that ensures when a resident raises an issue this is written down and addressed. A record is made of the area of concern, who is dealing with the matter, whether it can be shared at the next residents' meeting, and the action taken. Entries for three of the residents being case-tracked were seen, including the concern referred to above.

All the residents responding to our survey said they knew who to speak to if they were not happy and how to make a complaint. One resident said he would tell a member of staff. For a resident with different means of communicating, staff were aware the person would become agitated or angry to show they were not happy about

Evidence:

something.

Residents appeared comfortable in their home and relaxed in their interactions with staff members. One commented, "My unit is very homely, I am very happy here". A resident who uses a symbol book to aid communication appeared relaxed and content, and indicated he is happy living in the home.

Staff members spoken with and those who responded to our survey confirmed they knew what to do if someone had concerns about the home. Feedback we received from a care manager was that the service has always responded appropriately to any concerns raised. Good links are maintained with residents' families or other representatives, and one resident without family has an independent advocate.

Staff members have safeguarding training, and protecting residents from abuse is kept as a team meeting agenda item. Safeguarding procedures are followed. A staff member interviewed confirmed she had completed safeguarding training and was aware of whistleblowing procedures. She said staff follow residents' risk assessments in making sure they are kept healthy and safe. Given an abuse scenario by the inspector and asked to imagine she was in charge of the shift, she said she would alert the home's on-call manager and seek further advice. She said she would remove the alleged perpetrator from the environment and make sure each resident was alright. She said she would record what had happened and the actions she had taken.

The manager confirmed residents are all entered on the electoral roll, and would be supported to vote in elections if that was their choice.

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.

The premises and its facilities are of a very good standard and suitable for the residents'

lifestyles and to the stated purpose of the home. There are high standards of cleanliness, decoration and furnishings.

Evidence:

A resident showed the inspector around the home, with the service coordinator and registered manager accompanying us. The home was clean, tidy, well maintained, decorated and equipped throughout.

The home is a fully accessible, purpose built, two-storey building with a lift and an enclosed back garden. Each of the two units is self-contained with communal lounge and kitchen facilities. There is a separate laundry room where the washing machine and dryer are located. Paper towels for hand drying were needed for the laundry, which the manager undertook to provide (see recommendations). The home has adaptive equipment to meet residents' needs, for example for feeding assistance. The home had purchased a new mobile hoist, and the AQAA confirmed staff had received training in manual handling and safe use of the new hoist.

All of the bedrooms have en-suite toilet and shower facilities, and assisted bathrooms

Evidence:

are available on each unit for additional convenience and choice. Each of the three bedrooms inspected against the standards were clean, bright, and spacious, and were well decorated and furnished. Residents had contributed to the choice of colour schemes, which were different for each room. Residents showed they were happy with their rooms. Two residents showed the inspector their rooms, which were well decorated and equipped, and full of their personal items. Bedrooms had been made more personal than was evident at our last inspection. The wardrobe in bedroom 6 was free standing and could potentially be tipped over. The manager agreed to ensure a risk assessment is put in place for this, to include regular checks of the wardrobe's stability (see requirements).

There is pleasant, well kept outdoor space for the residents. The enclosed garden has lighting, and includes a patio with seating and raised flowerbeds, with shrubs and flowers. At our last inspection, it was suggested the outdoor space would benefit from additional shade. It was evident the home had taken up this recommendation.

All of the residents who replied to our survey said the home is always fresh and clean. One said the staff make sure it is cleaned each day. A care manager commented that the home is warm and homely and that it has "the finest equipment and spacious rooms that are uniquely decorated for service users".

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.

The home's staffing arrangements ensure residents' needs are met. Staff members are

supported to undertake training that is relevant to their work with residents. Robust recruitment procedures that support and protect residents are always followed.

Evidence:

The staffing levels and skill mix were assessed by looking at the rotas, observation of practice, and discussion with managers and staff. This showed that staffing arrangements are designed to ensure residents' needs are met. Each unit has at least two staff on each day shift and a waking staff member on duty at night. There is always a staff handover between shifts, and a person with designated responsibility in the event of an emergency is available on every shift. Comments from staff showed there were usually enough permanent staff to meet the individual needs of the residents. One commented that, "Sometimes an absence may be caused by an illness, this is usually covered by a bank or an agency staff who are regular on the unit". The staffing structure of the home is a manager, senior support workers and support workers. The manager was aware the gender mix of the staff group could better reflect that of the residents. The staff group is predominantly female but the manager stated this is because there have been very few male applicants for posts. For continuity of care, staff normally stay on unit 1 or on unit 2. The single vacancy on unit 1 was being filled.

Evidence:

All new staff members complete an induction before starting work at the home and MCCH provides a wide range of relevant training for staff. Staff members responding to our survey stated their induction had covered what they needed to know to do the job when they started. One commented that, "the management made sure that I was properly inducted and trained in order to carry out my duties effectively and efficiently". A staff member spoken with during the site visit said she had been supernumerary for the first two weeks, even though she had previous care work experience including with MCCH. For these two weeks, she had worked with an experienced member of the home's staff, had worked through an induction pack, including an orientation to the building and health and safety matters.

Staff members confirmed they are given access to training that is relevant to their work in the home, helps them understand and meet residents' individual needs and that keeps them up to date with new ways of working. A staff member commented that "training staff and giving relevant support to staff" are things the home does well. A care worker interviewed had completed NVQ at level 3, health and safety training, and had experience in the care of people with dementia. It was evident from the three staff files selected for inspection that each of the three staff had completed NVQ at level 3.

The residents who responded to our survey all said that the staff always treat them well, and that the staff members always listen and act on what they say. One said that when s/he is angry or agitated, staff remain kind and respectful.

Three staff files were selected for inspection. Most recruitment information is held centrally by MCCH at its headquarters, by previous agreement with the commission. However, there was for each staff member a completed proforma with staff information. Thus, our previous requirement in this respect had been met. It was evident from examination of these files and from discussions with the manager and staff members that recruitment checks are robust, and aim to support and protect residents. Staff members responding to our survey confirmed the provider had carried out checks, such as CRB and references, before they started work in the home. One commented, "The company's policy does not allow anyone to work as staff on the premises without the CRB".

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 and their representatives can be confident that the manager has the skills and experience to manage the home effectively, and that she has access to good support. The home is being run in the best interests of its residents. Staff members are supervised well. The home promotes the health and safety of its residents and visitors.

Evidence:

The manager has been registered with the commission following a process of assessment. She has the skills and experience needed to manage this care home. The service coordinator for the project is also based in the building so support at this level is readily available. The management style within the home is open and inclusive.

Quality assurance strategies had been developed since our last inspection, and there was good evidence the home is being run in the best interest of its residents. The home's clear and detailed AQAA set out ways in which the views of residents have

Evidence:

been used to improve its services, and the outcome of a residents' survey in May 2008 was seen during the inspection visit. House meetings for residents (called tenants' meetings) are held regularly, with action drawn up after each meeting to take forward issues raised.

At our last inspection, we required the provider to make unannounced visits to the home at least monthly and produce a written report of the outcome. It was evident visits were taking place but also that they were now being carried out by another care home's manager. It was pointed out in discussion with the manager and service coordinator that, while undertaking regulation 26 visits may be seen as a learning and development opportunity for managers, it should be made evident there is provider oversight of this peer review process. It was recognised it is also important to make sure the absence of the manager from the home while she is carrying out a regulation 26 visit elsewhere is not detrimental to the running of Howard Goble House. The service coordinator stated it had already been decided to raise such issues with the provider.

There are good arrangements for staff supervision. Supervision agreements were in place, which are signed by both parties. These agreements set out conditions applying to the supervision arrangements for that person, for example, when information may need to be disclosed to a third party, the frequency and duration of sessions, and how they are to be recorded. Staff members responding to our survey stated their manager meets with them regularly to give support and discuss how they are working. One commented that management support is given, "in the form of supervision or whenever the situation arises".

The ways in which residents are supported with their finances remained unchanged from our last inspection. Residents' money for day to day use is kept in a locked room, in locked tins and checked at each handover. There is a safe for personal allowances. Records are kept and all residents have individually named bank accounts, with two signatures needed for withdrawal. A designated officer in the MCCH central accounts department is the appointee and deals with residents' benefits.

A sample of health and safety documentation was selected and checked. Most was found to be up to date and within the appropriate timeframes, though an updated check for legionella was needed (see requirements). There was evidence the home is being run in compliance with health and safety legislation. The MCCH health and safety team had visited in February 2009 to carry out an audit. The manager was working through the actions from this audit, with a completion date by the end of March. A fire risk assessment was in place, and fire drills and their outcomes had been

Evidence:

recorded. The environmental health department had visited the home in May 2008 for a hygiene inspection.

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	7	15	<p>The registered person must ensure all risk assessments are signed and dated.</p> <p>This shows accountability and that the assessments are up to date.</p>	30/04/2009
2	19	13	<p>The registered person must ensure risk assessments are put in place for free-standing wardrobes in bedrooms, to include regular checks of their stability.</p> <p>This is important for residents' safety.</p>	30/04/2009
3	38	13	<p>The registered person must ensure legionella checks are kept up to date.</p> <p>This is important for residents' health and safety.</p>	30/04/2009

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	The registered person should consider obtaining sensitively information about residents' sexual orientation, as part of the assessment process.
2	9	The registered person should ensure that whenever possible two staff members sign for checking in medication stock, to minimise the possibility of errors.
3	24	The registered person should ensure there are always paper towels available in the laundry for hand drying.

Helpline:

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Textphone: or

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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