

## Key inspection report

### Care homes for adults (18-65 years)

<b>Name:</b>	340 Wilson Avenue
<b>Address:</b>	340 Wilson Avenue Rochester Kent ME1 2ST

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

<b>Lead inspector:</b>	<b>Date:</b>
Eamonn Kelly	0 5 0 1 2 0 1 0

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

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.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

## Reader Information

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## Information about the care home

Name of care home:	340 Wilson Avenue
Address:	340 Wilson Avenue Rochester Kent ME1 2ST
Telephone number:	01622769100
Fax number:	
Email address:	wilsonave@mcch.org.uk
Provider web address:	www.mcch.co.uk

Name of registered provider(s):	MCCH Society Ltd
Type of registration:	care home
Number of places registered:	3

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

learning disability	2	0
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Additional conditions:

The maximum number of service users to be accommodated is 3.

The registered person may provide the following category/ies of service only: Care home only - (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 (LD).

Date of last inspection									
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Brief description of the care home

340 Wilson Avenue is part of MCCH Society Ltd. This organisation runs a number of support services and further information may be obtained from its website on the internet.

The service supports two people with learning and physical disabilities.

The premises are located relatively close to local shops, post office and pubs.

Residents, visitors and staff have access to a garden and there is on-street parking nearby.

Brief description of the care home

Information about fees, other charges that may apply and information about services and facilities may be obtained from the manager.

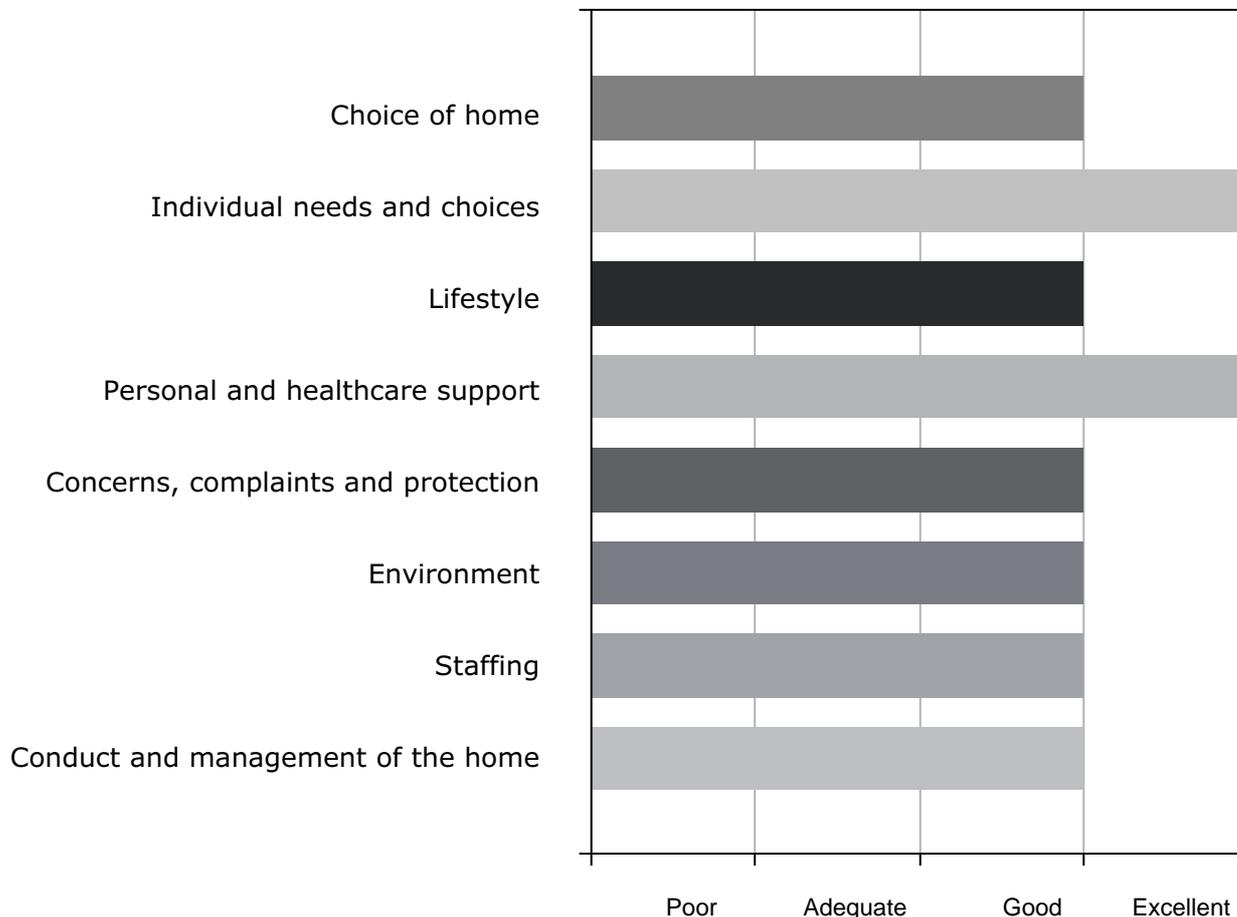
## Summary

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:

The quality rating for this service is 3-Star. This means that people who use the service experience excellent quality outcomes.

The inspection took place on 5th January 2010. It comprised discussions with the manager, Kathryn Allison, and a support worker on duty. Both residents were met during the inspection visit.

Care practices were discussed and all parts of the premises were visited. Some records were seen during the visit principally those addressing the personal and healthcare support of residents.

The Commission received an annual quality assurance assessment (AQAA). This provided information about how residents are currently supported and how the service is being developed. The information in the AQAA was helpful in the preparation of this

report.

The previous inspection report and the Commission's annual service review were checked as part of this inspection.

The requirements contained in the previous inspection report have been addressed.

The evidence of this inspection visit indicated that progress is being made in the interests of resident welfare and comfort and towards meeting the overall objectives of the service.

This report contains no recommendations or requirements.

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

Care plan records reflect the needs of residents and their aspirations. These contain extensive information about how residents are progressing, aims of care identified by staff and agreed with residents, their health requirements and risks associated with their daily living and activities. Each resident has a range of opportunities for leisure and developing their skills.

The premises are suitable for the care of residents.

The complaints procedure is in written and picture format.

Members of staff at MCCH have qualified as person centred planning facilitators. As part of current procedures by the company to modernise the service, person centred planning is employed to enable decisions to be made as to the best longer term options for individual residents throughout the organisation.

In examples of profiles discussed with staff during the inspection visit and from the content of personal folders of residents, it was clear that members of staff had in-depth knowledge of how to meet resident's support needs.

Each resident has a clinical file containing full information about health requirement; this includes an information pack that accompanies the resident on hospital admissions.

All members of staff hold a NVQ level 2 or above. The AQAA stated that all members of staff must avail of personal development necessary for the support of residents and that progress is carefully recorded in staff files.

The AQAA outlined how staff awareness of lifestyle issues has been raised through training, staff meetings and coaching sessions. Residents are helped to lead an active life.

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

The issues brought to the attention of the manager were addressed. The manager is asking the housing provider to progress the necessary maintenance of premises.

The written guide to the home has been updated.

Resident's support plans have been updated and improved.

As part of menu plans and health action plans, nutritional assessment procedures are being adopted.

Working with residents to implement realistic goals to support their independence is progressing.

Evaluation of the effectiveness and safety of medication administration and storage procedures have led to changes for the benefit of staff and residents.

Procedures (referred to as "Reach") for measuring the quality of services are continuing.

**What they could do better:**

This report contains no recommendations or requirements. The manager was requested to contact the Commission with regard to progressing her registration for registered services under her control.

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 on page 4.

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line 0870 240 7535.

## Details of our findings

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## 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.

Whilst the service has been built around two residents for many years, if new admissions were to be considered in the future prospective residents would receive in-depth assessments to enable decisions to be made about the suitability of the service to meet their support needs.

Evidence:

The information available to potential new residents and their representatives has been updated in line with the company's modernisation programme. Advocates are able to obtain information about the service and other associated services provided by the company from the manager.

The AQAA (annual quality assurance assessment) prepared by the manager to assess the current service to residents and to identify areas for improvement stated that consideration is being given towards aspects of how the service may be improved for both residents and whether the current procedure for their support is still the best option.

## Evidence:

The evidence from resident's files seen during the inspection and discussion with the support worker on duty and manager was that careful consideration is being given during the time their care plan folders are being updated. The information seen in the folders was extensive and up to date.

This includes carrying out a range of activities involving both residents, advocates, medical practitioners and care managers.

From the examples of records seen and individual profiles discussed, these are subject to constant amendment as the needs of residents are re-assessed over time and as the corresponding care plan and risk assessments are updated.

Each resident was provided with a contract that outlines the main aspects of the responsibilities of both parties. The AQAA refers to ongoing efforts to provide residents with ever improving user-friendly versions of key documents.

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

Residents are helped to make decisions and to express themselves as part of developing their confidence and quality of life.

Evidence:

Each resident has an individual care plan formed from original and subsequent assessments of their needs. They are encouraged to make their own decisions and choices. The support worker on duty and manager provided an insight into how this is being achieved in the case of both residents.

Resident's files seen during the inspection outlined the support needs of residents and included information all areas of their lives. The support worker and manager explained how the staff team have the skills and ability to support and encourage residents to be involved in the ongoing development of their plan.

One care plan folder has been redesigned and updated whilst the other will soon be transferred into the new pattern and updated.

## Evidence:

The manager outlined a variety of ways used to help residents communicate their aspirations and difficulties. Residents have lived at the premises for many years and they have considerable support needs. Both are registered blind and there was evidence that staff are in close contact with KAB.

From the evidence of individual profiles discussed, it was clear that members of staff have a good knowledge of the types of support residents need and, from the evidence of the excellent support plans seen, the staff team are succeeding in helping residents exercise choice and make plans for the future. The evidence from profiles discussed and care plan folders seen was that both residents have independent lifestyles with agreed levels of staff support.

Residents are supported to take reasonable risks to allow them to participate in a range of activities. Risk assessments within their personal folders indicated how relevant risks are assessed and kept under review. These, on the evidence seen during the inspection, are kept up-to-date and focus on how residents develop their skills. Examples of how support workers encouraged residents to undertake tasks, however small, were observed and it was apparent that residents benefitted from such participation.

During the visit, a support worker observed the reactions of a resident closely and decided that some of the resident's reactions were not in keeping with his usual routines. She called a GP and made an appointment for later in the day.

The AQAA stated that the service has recently had an internal audit of resident's records, including health action plans, PCP (person-centred planning) files and that the service was provided with an action plan for recommended improvements to these documents. It is the stated intention for the service to complete the action plan following an audit of information contained in resident's support records and to take advantage of the opportunity to avail of PCP facilitator training for all members of staff.

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

Routines and activities developed with each resident give them opportunities to exercise preferences on a day-to-day basis. Residents are helped to take part in activities they enjoy and to be a part of community life.

Evidence:

The support worker and manager outlined ways used to help residents communicate their wishes and difficulties. New communication methods are being implemented to assist residents and staff in this objective, some with input from Kent Association for the Blind. Residents have lived at the premises for many years and they have considerable support needs. The support worker and manager gave examples of how they and their colleagues seek to improve the lives of residents. Each resident has an agreed weekly timetable of activities and efforts are made to enable these to be carried out.

## Evidence:

Current activities include outings by taxi, bus or staff vehicle (if booked, but there are continuing difficulties with finding suitable drivers). Residents have trips out for a meal or other activity.

They have access to TV/DVD within the premises. Each resident has his/her bedroom maintained in a way they prefer and they receive staff support in keeping their rooms safe and well maintained.

There was evidence that daily routines are flexible to suit the different needs of residents. Residents are helped in keeping touch with family members and friends.

There was evidence of a varied menu and examples of how residents are included in meal preparation and planning were discussed during the inspection visit.

Menu plans are used as part of health action plans and nutritional assessment procedure is being introduced in support of this.

The AQAA contained useful information about how residents have care plans in place covering family contact, communication (including promoting independence and life skills, leisure activities, daily routines and any restrictions due to assessed areas of risk. Risk assessments are undertaken and recorded for all identified hazards related to daily living or activities undertaken.

The evidence was that residents are supported to use facilities including the pub and shopping centre. Residents and staff have built up neighbourly relationships within the local community as a result of frequent visits to local services and facilities.

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

Residents receive good physical, emotional and personal support. They are protected by procedures for administering medication.

#### Evidence:

The evidence from care plan records and discussion of individual profiles of both residents indicated that residents receive good healthcare support.

During the visit, a support worker observed the reactions of a resident closely and decided that some of the resident's reactions were not in keeping with his usual routines. She called a GP and made an appointment for later in the day.

Information in both care plan folders indicated good access to GPs and NHS healthcare facilities. The example in the preceding paragraph supports this view. Regular appointments are seen as important and systems are in place to ensure they are not missed. The home arranges for health professionals to visit residents at home when necessary.

There is good quality planning and support in place for residents. The support worker

## Evidence:

and manager outlined the current needs of both residents. It was apparent that they have a high level of awareness of resident's emotional needs. They were looking out constantly for changes in a resident's behaviour patterns because they felt his demeanor was untypical. This led to a change in the planned support for the resident.

Medication is stored in a new locked cupboard and MAR sheets were seen to be updated when medicines were administered. Procedures have been reviewed and changes made as a result.

Over recent months, the service manager introduced new standards of medication administration. This included identification of medication errors, corrective action taken and lessons learnt to help prevent re-occurrence. The evidence is that the Commission is advised via the 'notification' procedure of examples as part of the openness of the service for the benefit of residents.

Resident's individual plans recorded their personal and healthcare needs and outline how these were being met. Members of staff ensure that personal support is flexible and able to meet the changing needs of residents. They provided examples of how they know and respect resident's preferences.

In the case of both residents, a "memory box" is maintained. These include objects that residents are able to identify and associate with including tactile objects because of their lack of sight.

The home has a detailed policy, procedure and practice guidance to help staff when caring for residents with complex physical conditions including blindness. The evidence was that members of staff receive practical support and advice and have opportunities to discuss any areas of anxiety and concern they may have about how residents are developing or otherwise.

There was evidence that the staff team reviewed all aspects of resident's personal and healthcare needs over the past six months. This was evidenced through discussion of resident's profiles. The extensive nature of care plan and healthcare records and AQAA reflections supported this conclusion.

The AQAA referred to how risk assessments have been updated and to how they form part of individual care plans.

## 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.

Residents are protected from abuse.

Evidence:

Policies and procedures for safeguarding adults are available, according to the support worker and manager, to all members of staff and these give specific guidance to those using them. Staff working at the service said they understand local authority procedures for Safeguarding Adults. Members of staff said they welcome comments from resident's advocates about how care and support is provided.

According to the AQAA, no complaints were received since the previous inspection visit.

The Commission was notified of incidents that occurred and reflection on these is reportedly used as part of quality assurance measures for the protection of residents. The support worker and manager said that these issues are included in the programme for assessing the success to the service (known as "REACH").

The evidence was that staff receive regular supervision meetings and these were said to contribute to identifying areas where practice is good and where improvements might be possible for the benefit of staff and residents.

The recruitment procedure contains the checks (including CRB checks) necessary to

Evidence:

help contribute to the protection of residents and all members of staff receive training for their responsibilities under current POVA arrangements. The manager was aware of the implications of the operational implications of the ISA (independent safeguarding authority).

The AQAA stated that all members of staff are aware of the rights of residents and of how their interests must be identified and promoted. It outlined how the company's quality assurance system focuses on issues consistent with current care standards with emphasis on making resident's quality of life progressively better. It also stated that all staff are to undertake safeguarding adults training updates over the next year and that they will be appraised of implications arising from the Mental Health Act.

## 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.

The premises are suitable for the support of residents.

Evidence:

The AQAA stated that essential refurbishment is carried out routinely. A visit to all parts of the premises showed that bedrooms are suitable for the needs of residents. Each person has his/her own bedroom that is well decorated and personalised with his/her belongings.

Residents are able to use the garden easily and is acknowledged as a major asset for them.

The premises were clean and tidy throughout. A declaration was made in the AQAA that all necessary checks are carried out and that the necessary safety certificates are in place and up-to-date. A check was made to see if the gas boiler was maintained with a current Gas Safe certificate in place because this was found to have been outstanding during a previous inspection visit

The AQAA outlined procedures relating to premises safety. Procedures/risk assessments are in place in respect of infection control. The service has flexible space including a staff sleep-in room/ office. A weekly cleaning rota is in place which

**Evidence:**

includes routine tasks as well as a monthly and six monthly rota. Maintenance works including emergency repairs are undertaken by Advance Housing Ltd. Staff carry out daily inspections of the premises and weekly visual inspections of the premises for hazards/faults.

## 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.

Residents are in the care of members of staff that are skilled in meeting their support needs.

Evidence:

The evidence was that residents are protected in a number of ways including via the required recruitment procedures.

The AQAA stated the declarations necessary for this conclusion to be reached. According to the manager, managers of each service within the group is involved in recruitment procedures. Managers, for example, ensure that CRB checks are taken up in every case and part of the recruitment procedure may be carried out in individual homes. In some instances, residents are involved in parts of the recruitment procedure.

The evidence was that all new members of staff have suitable induction and foundation training based on standards recommended by Skills for Care. According to the AQAA, all support workers are trained to NVQ Level 2 or above and others are completing NVQ training.

Based on discussion with the manager and support worker on duty, it was evident that

## Evidence:

the manager/support workers undertake formal supervision in a planned way with all members of staff. The stated purpose is to identify practice standards relevant to the needs of residents and staff and to progress the objectives of the staff team and aims of the service.

The AQAA included an analysis of the effectiveness of recruitment and staff development procedures. From the documents seen, it was possible to conclude that all relevant checks are carried out, there is a process for involving some residents in the recruitment process (but in this instance residents are unable to take part) and support workers receive good guidance and on-going support.

The AQAA stated that, in addition to the statutory training provided for every member of staff, specific training to meet the needs of each resident is given. Examples of the knowledge and skill levels needed by staff were discussed during the inspection and it was clear that all staff receive specialist training as needed according to the changing needs of residents. Part of such advice and support involves continuing contact with relevant organisations, in this instance, Kent Association for the Blind.

The AQAA stated that managers have the following management aids to assess the effectiveness of how well staff and residents are supported:

1. Annual supervision planner.
2. Supervision records and staffing files.
3. Appraisal records, target and development plans.
4. Training certificates.
5. Training analysis.
6. Job descriptions.
- 7 Copy of a Code of Practice including a staff declaration that they have read and understood the main issues and policy documents.
8. Internal communication systems.
9. Company recruitment policy and procedures.
10. Staffing rotas (a current copy was seen during the visit).
11. "REACH" (quality assurance outcomes).
12. Visits by and support from other professionals from within the MCCH group.
- 13 Support with issues arising from staff concerns associated with modernising of services.
14. Pre-employment checks.

Evidence:

The support worker on duty and manager outlined how some of these records and operational mechanisms were of benefit to the way the service was conducted.

## 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.

Residents live in an environment that is well managed.

Evidence:

The AQAA described how emphasis is given to carrying out health and safety audits affecting the safety of premises and individuals. All staff are working to improve services and to provide an ever-improving quality of life for residents.

Care plan and healthcare records seen indicated that there are procedures for meeting the needs of residents.

Declarations are included in the AQAA about the required checks to premises and associated procedures and safety certificates.

The manager has the experience and qualifications to run the care home in line with current legislation and standards. She has previous experience in managing a residential home and, in addition to this service, manages another similar service within the group.

## Evidence:

There are some delays by the organisation with registering managers with the Commission. To an extent, this is part of the issue with modernisation activities with some services remaining as registered residential services and others moving towards independent living units. The manager was requested to deal with this delay relating to the two services she conducts as soon as possible.

From evidence seen during the inspection and from references in the AQAA, the use of a person centred approach is improving the lives of residents and giving support workers an effective framework to carry out their work professionally.

The AQAA contains a declaration that there is a twice daily hand-over of issues associated with client's monies. All finances are recorded and each resident has an individual finance book and lockable cash box. Local Authority finance officers control and audit resident's main account; residents receive their monthly personal allowance. The AQAA stated that detailed procedures are in place to ensure that financial irregularities do not occur.

The AQAA stated that policies are gradually all being updated with more accessible formats being introduced. Quality assurance questionnaires have been developed and are completed by resident's advocates and health/social care professionals with an annual report compiled from the results.

The evidence was that managers in branches of the organisation and the registered responsible person for the overall service make assessments of this feedback and use it to progress the quality of the service.

Other procedures include reviews of care plans, staff meetings and regular 1-1 supervision. The service has a development plan and environmental risk assessments are regularly conducted to ensure the safety of service users. Risk assessments for individuals form a key part of support in place for residents.

The medication system has been thoroughly reviewed and updated and improvements were made for the safety of residents and benefit of staff.

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

**Email:** [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

**Web:** [www.cqc.org.uk](http://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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