



Making Social Care Better for People

Inspecting for better lives

Key inspection report

Care homes for adults (18-65 years)

Name:	Cherrywood House
Address:	6 Eastfield Park Weston Super Mare North Somerset BS23 2PE

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

Lead inspector:	Date:
Sarah Webb	1 9 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 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:	Cherrywood House
Address:	6 Eastfield Park Weston Super Mare North Somerset BS23 2PE
Telephone number:	01934621438
Fax number:	01934415143
Email address:	cherrywood.wsm@craegmoor.co.uk
Provider web address:	www.craegmoor.co.uk

Name of registered provider(s):	Parkcare Homes (2) Ltd
Type of registration:	care home
Number of places registered:	13

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	13	0
Additional conditions:		
The maximum number of service users who can be accommodated is 13.		
The registered person may provide the following category of service: Care home providing personal care only - Code PC to service users of either gender whose primary care needs on admission to the home are within the following category: Learning disability- Code LD		

A bit about the care home

Cherrywood House is registered to provide personal care for up to 13 young adults aged between 18 and 64 with a learning disability, six of whom may have additional mental health issues.

This service aims to support people with significant challenging behaviour in a homely setting. The home organizes a range of external activities for each resident, and offers intensive support often one-to-one to enable them to maintain close links with their families and to increase their independence.

Cherrywood House is in a residential area of Weston-super-Mare, close to local amenities and public transport routes. The home is on three floors and has one ground floor bedroom with an ensuite. Each person has their own bedroom. The house is not accessible to wheelchair users due to the steps at the entrance.

The home is operated by Parkcare No.2 Ltd, a subsidiary of Craegmoor Healthcare.

The current level of fees are from £692.85 to £1991.11

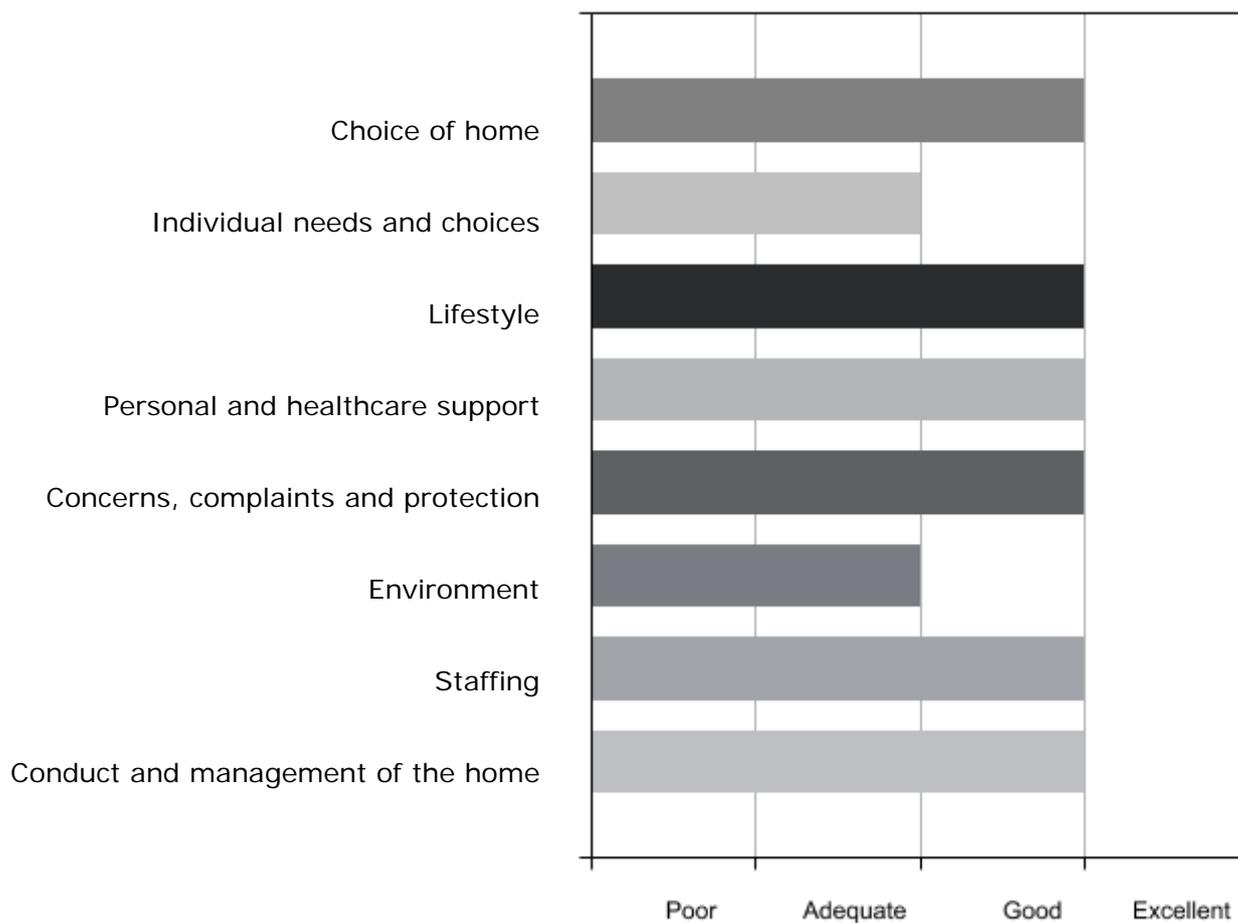
Summary

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 is what the inspector did when they were at the care home

The last Key Inspection of Cherrywood House was completed on 21st March 2007.

The findings from the Annual Service Review completed in April 2008 showed we had concerns about the home. This was based on the information we received including through surveys from the people living at the home and other people with an interest in the home. Due to this a Random Inspection was carried out in July 2008.

This was an unannounced Key Inspection that took place over one day. Requirements from the previous key inspection that were unmet were carried forward through the random inspection. Three have been met, one has been withdrawn due to appropriate action taken by the home, leaving one unmet. Two of the three recommendations made at the Random inspection have been met with one partially met.

The pre inspection planning involved reviewing the findings from the last Key Inspection report, the Annual Service Review, and the Random Inspection. We looked at the service history that details all other contact we have had with, or about the home. We looked at surveys received from the people living at the home and from some staff. We spoke with the Deputy Manager, a senior member of staff and three staff. We also spoke with three people living at the home. We viewed all communal areas of the home and some of the bedrooms used by the people living here.

We gathered additional information for this report by looking at records such as individuals' care plans, risk assessments, daily records, accident and incident reports, medication, health and safety procedures, and some policies.

What the care home does well

The home ensures people's needs are assessed before moving into the home so that they know they will be met. People are supported to be involved in the planning of their care with individual needs and goals set. They are helped to make choices about what they want to do through meetings and on an individual basis.

People have opportunities and support to access leisure, educational and community activities and are supported in keeping in contact with their families.

People are supported and protected by the homes recruitment practices and by staff who have a good understanding of their role.

What has got better from the last inspection

Staff have been given fire training to help keep people safe.

Each person has a Health Action plan.

Records show how staff have involved people with meaningful activities.

People told us they knew how to make a complaint and that they were listened to.

Improvements have been made to the home such as new windows and the grounds better maintained.

Some policies and procedure are now available at the home to help protect peoples' best interests.

What the care home could do better

People would benefit from some areas of risk to be assessed to help support them safely.

There is still a potential hazard to people regarding the hot air vents in the basement flat. Not all bathing facilities offer choice as a new shower room cannot be used due to lack of water pressure in some areas of the home.

Some people would benefit from accessible information helping them to understand their care planning and choices they can make.

Although people are safeguarded from abuse, neglect and self harm, a more robust system for the recording of incidents would better protect people.

A racial harassment policy still needs to be available in the home.

If you want to read the full report of our inspection please ask the person in charge of the care home

If you want to speak to the inspector please contact

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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's needs are assessed before moving into the home so that the home can decide if they can be met.

Evidence:

There have been no new people admitted to the home since the last key inspection. However if a vacancy was to arise the home has a thorough assessment process which would show if the home was suitable for anyone interested in living here. People are admitted through the care management process. Assessments seen in people's care files showed comprehensive information to help the home decide people's needs can be met.

One person has left the home due to significant changes in their needs and the home being unable to meet these.

Comments made through surveys from people living at the home included 'I like living at the home' and 'I like the people there'.

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

Individual needs and goals are set and each person is involved and supported in planning their care.

People are supported to make choices about what they want to do. Some people would benefit from accessible information helping them to understand their care planning and choices they can make.

People are supported to take risks to help them live more independent lives. People would benefit from some areas of risk to be assessed to help support them safely.

Evidence:

Three peoples' care plans were looked at in detail and they provided comprehensive information in the areas of support each person requires.

Care plans included information relating to likes and dislikes, relationships, life skills, and keeping safe. Care plans also described more complex needs such as when people may get anxious and how staff should respond.

Evidence:

Some people have special communication needs. One person's information had been clearly recorded and how staff should support them.

People are supported by a keyworker who play a key role in coordinating the services they receive. They are involved in reviewing their care and this was seen in care files.

People are asked at monthly meetings if they are happy living at the home. A support worker asks set questions and records peoples' answers individually. Individual meetings with people also give people opportunities to be involved in making choices and decisions. However people would benefit from pictorial information to help them understand what they are being asked and generally in making choices. We were told by an individual spoken with that they make choices about what they want to do at weekends and in joining communal activities held at the home.

Five surveys received from the people using the service told us they "always" make decisions about what they want to do each day. Four surveys told us this hapens "sometimes."

A survey received from a health professional told us " The care service is person centred in its approach and attempts to offer a consistent programme of support to clients with complex needs. They seek to advocate for clients to express their own views and opinions."

Risk assessments were seen in peoples care files. These covered different aspects of peoples' lifestyles such as being supported in the community and individual behaviours. A restriction is in place for an individual but there was no risk assessment in place to show why this was there and that this practice was being reviewed on a regular basis.

There was no risk assessment about the external location of hot air vents in a basement flat. This is reported more fully in Standard 24.

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.

People have opportunities and support to access leisure, educational and community activities.

People are supported in keeping in contact with their families.

Peoples' rights are respected.

People are involved in choosing a well balanced diet that suits their preferences.

Evidence:

The random inspection of July 2008 focused on issues raised in the last annual service review including that several people stated they did not have enough activities.

We saw timetables that showed individual programmes people are involved with. Some people go to college and are involved in various courses. A range of communal activities are also provided such as music, arts and craft, bingo exercising and board games. A qualified aromatherapist visits regularly. There is a small room set aside

Evidence:

especially for the purpose of massage, and this has a proper table for people who like body massage. We were told the home is considering employing staff to provide more arts and craft activities.

Community based activities include swimming, bowling, cinema, walks and picnics. People have a keyworker day when they sometimes go shopping and have lunch out.

All nine surveys received from people for this inspection confirmed they can do what they want to during the day, and at weekends. There was one comment made that told us "I do alot of things but would like to do more."

We were given a breakdown of how people are supported by staff. This included one to one and two to one staff support for individuals in the house and when out in the community. The majority of people need one to one staff support in the community with a few people who can go put by themselves some of the time. One person was spoken with who is independent. They confirmed with us the different activities they went to and that they go to the town on their own.

A requirement has been met for activities plans to be reviewed to reflect what people are actually doing. Diaries have improved in giving information about how staff have tried to engage with people in activities and what one-to-one time has been given.

Staff surveys received told us alot of time is spent recording information. One staff survey told us there are "always" enough staff to meet the individual needs of people, while six told us "usually" and one said "sometimes".

Key workers support people and their families to stay in touch. People are often taken to visit families, and staff will support people to participate in social events with their families if necessary. During the inspection a family member visited their relative and told us they were happy with the care and support offered by staff and that they "get everything they need, are well looked after, always happy and smiling".

Records showed people have been assessed as to the suitability of holding their own key and when people have chosen not to have a key. People are supported individually in communal areas of the home such as the kitchen, laundry room and bathrooms. Appropriate arrangements have been made for those people who are independent to make their own drinks and snacks.

A survey received from a health care professional told us the home "usually" respects individuals' privacy and dignity. Staff were seen knocking on peoples' doors before being asked to enter. People spoken to told us " Staff are nice and they help me".

All nine surveys received told us that they felt staff "always" treat them well.

Menus are based on peoples' known preferences. The cook has also met with people to ask them about the different choices of food they would like. Menus seen showed that a balanced diet is offered. People spoken with told us they liked the food offered. One

Evidence:

person said food was "lovely" while another told us there was a good choice.

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 personal support in the way they prefer with their health care needs being met. Health Action Plans also show how people are being supported with their health care needs.

The home supports people with their medication in a safe way with some records being improved during the inspection.

Evidence:

Care files seen showed how people are supported with their personal support needs and preferences. Health records showed people are supported with their ongoing and regular health care checks such as dental and optician appointments. A recommendation from the previous key inspection and a requirement from the random inspection for people to have a Health Action Plan has been met. At this visit we saw some health action plans that were still being developed. We did not see all three action plans that staff have worked on. It is evident that staff have spent considerable time in changing the format of health action plans to suit the needs of different organisations including their own. A support worker showed us an individual's Health Action Plan they had developed. This showed how the individual communicated and how staff should understand their communication needs. Photographs showed the person had been involved in developing their plan. This is good practice and a good

Evidence:

example of how peoples' health action plans can be developed.

A senior staff member with delegated responsibility for overseeing medication showed us the routine and records. The home uses a monitored dosage form of medication administration. There were clear instructions for staff to follow such as how and when people should take their medication and also explains what the medication is for. Staff support people to take their medication with one person who is in the process of learning how to take their own medication. Staff make sure people take their medication at the right times and only sign when they have done so. Each person who has medication given on an as-and-when basis has clear written guidance on when this medicine should be administered. However there were no records of the balance of some homely remedies such as paracetamol. This was corrected immediately with all balances of stock recorded. Medicines are stores securely in the home. The home has a controlled drugs book with separate storage for this medication. Staff who support people with taking their medication are trained ina safe and effective way.

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 using the service are confident they are listened to.

Although people are safeguarded from abuse, neglect and self harm, a more robust system for the recording of incidents would better protect people.

Evidence:

There is a clear complaints procedure for people to use with pictures to help people understand. All but one survey received from people told us that they knew how to complain while everyone told us they knew who they could go to if they are unhappy. People said they would go to their keyworker, staff or the manager. This is an improvement since the random inspection when surveys from people told us they were unsure of how to make a complaint.

There is a comprehensive abuse policy that is in line with North Somerset's No Secrets guidance. A copy of the whistle-blowing procedure is posted in the hall. Staff are provided with training in relation to recognising abuse and safeguarding the people living at the home. Staff spoken with were clear about their duty to report concerns and felt confident about doing so should the need ever arise. An abuse awareness leaflet is available for people providing information supported by relevant pictures helping people to understand better. The home maintains records of all accidents and incidents. It also provides monthly reports to us of any significant events which occur within the home.

The home has clear guidelines in place for supporting people who are distressed or presenting behaviours which may be perceived as challenging the service provided. Care plans showed strategies for staff to use if people's behaviour escalated. Staff are

Evidence:

trained and updated through Crisis Prevention Institute(CPI) so that they can support people with their behaviours through a non violent intervention. This was confirmed by staff spoken with. Staff record each incident of challenging behaviour and we are informed if any physical interventions are used. However records need to include further information such describing the incident more fully, diffusing techniques used, staff members involved, timings and details of any physical interventions used. Consideration should be given to recording antecedents, setting conditions and the exact time during incidents when physical interventions are used. An improvement in this area may provide additional protection for people living at the home and staff. The review and monitoring of behavioural approaches and incidents would be beneficial for people and help to analyse patterns of behaviour and common factors. The home has arrangements for people to access their finances. Controls are in place to help ensure peoples money is looked after and kept safe. The home has recently had an audit by the organisation to check all financial records.

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

Although the home is clean and with improvements that have been made to some areas, there are still potential hazards that have not been addressed so that people are kept safe.

Not all bathing facilities offer choice.

Evidence:

Since both the last key and random inspections there have been improvements made to the outside of the house. The balcony has been repaired and the scaffolding has now gone. New windows have been put in at the back of the house.

There are two spacious downstairs lounges, one of which has an art room leading off it and a dining room opposite. A small upstairs room has been converted into a massage room with a proper table for the visiting aromatherapist to use. People have now asked for this space to be converted to a hair salon.

At both the random and key inspection a recommendation was made for ornaments to be kept securely in place. We were told this had been done. However this was not checked by us during this visit.

Peoples' bedrooms seen had been personalised and individually decorated. A separate kitchen and sitting area known as the 'cafe' is available for people to practise cooking

Evidence:

skills with staff support. There is also a separate kitchenette that is used by some people who can make their drinks and snacks independently.

There are two areas to the main kitchen where the main meals are cooked. Staff use the ground floor level to make drinks and snacks, while the main cooking area is accessed by going up a step. A requirement made at the random inspection has been withdrawn for the cooker to be moved to a safer area as this was not an issue during a visit by the fire authority. We saw the report of the visit by the fire authority and there was no comment about the cooker being in an unsafe position. There is a secure area off the back garden where people can go out unsupervised. There is also an area here that is used as an allotment where people are being supported to grow vegetables.

Three people have ensuite while the rest use communal bathrooms and toilets. A recently converted 'wet room' cannot be used. This is the only shower in the house apart from one in an individuals' ensuite. We were told the boilers are not sufficient for the home as there is not enough pressure to pump the water to the back of the house. We were also told it takes twenty minutes to run a bath in the bathroom on the top floor. We were told by a person living at the home that they would like to use the new wet room, but have been unable to do so. A requirement made at the random inspection has not been met for exterior air vents by steps leading to a basement flat be made safe. Guards have been put on vents but this has not addressed the problem of hot air being pumped out. The basement flat is currently unoccupied but will be in use in the near future. The hot air from these is very strong and blows into peoples' faces if accessing this entrance. The entrance is also a designated fire exit. We did not see a risk assessment relating to this issue. It was evident that the boilers need replacing so that there is an efficient and effective means of pumping water supply to the whole house. This would also address the issue of the air vents being better located. We spoke to the surveyor who told us that the operations team were looking at the finances in respect of replacing the boilers.

All areas of the home were clean. A cleaner is employed and was at the home during the visit. A large laundry room is used for peoples' washing and people were seen being supported to use the machines and dryers.

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 benefit from staff understanding their roles and responsibilities.

People are supported by trained, supervised and effective staff team.

People are supported and protected by the homes recruitment practices.

Evidence:

There is a large staff team employed at the home. Support workers spoken with had a good understanding of their role and responsibilities. They said they were given enough information about peoples' preferences so that they can support people with their needs. They confirmed they are told about changes to peoples' care. One support worker said 'I love it' and that staff communicate and work well together.

Rosta's seen showed that seven staff are on duty both morning and afternoon. This includes staffing for those people who need one to one support with their needs. Senior staff run the shift every day and are part of the numbers on duty twice a week. Three staff are on duty at night. One 'sleeps in' while two are waking staff.

One staff survey received told us there are 'always' enough staff on duty to meet individuals' needs while six said 'usually'. One staff survey told us 'sometimes' with a comment 'apart from when people are sick'. Two staff files were seen and they showed checks are carried out on new staff before they are employed. They need to complete an application form, attend a formal interview, complete a basic skills literacy assessment, and provide documents that confirm their identity. Two references and an

Evidence:

Enhanced Criminal Record (CRB) Disclosure are sought. This was confirmed by staff. New staff starting work before their CRB is received have further checks made on them through the Protection Of Vulnerable Adults (POVA). They 'shadow' more experienced staff and do not carry out any personal support for people until their CRB is received. New staff have an induction and cover areas set out by the Skills for Care. Training records and staff spoken with confirmed they had attended training in manual handling, fire safety, food hygiene, safeguarding people from abuse, autism and health and safety. The home also accesses local authority training courses such as autism, and challenging behaviour. Surveys received from staff confirmed they are given training that is relevant to their role, that helps them understand and meet the peoples' individual needs. Also that they are kept up to date with new ways of thinking. One survey told us that they felt training was needed in specific areas of some peoples' needs. A wall chart showed when staff had supervision booked. We were told the manager supervises the senior staff and seniors in turn supervise support workers. A support worker confirmed they had supervision on a regular basis and five of the eight staff surveys told us they met with their manager both 'regularly' and 'often'. Three surveys told us this happened 'sometimes'.

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 benefit from the home being run in their best interests with systems in place to find out their views.

People are protected through systems to monitor their health and safety.

Evidence:

Although the manager was unavailable at this visit the deputy manager helped with the inspection process. The manager was spoken with and given feedback by telephone after the visit. The manager is qualified and has relevant experience to run the home.

Staff spoken with told us the team work well together and that they are supported in meeting peoples' needs.

The organisation carry out quality audits every year to find out the views of the people living at the home and their families. A family member spoken with told us they receive a questionnaire every year. However they said they do not get any feedback from the results. A senior manager visits unannounced every month and produces a written report on the service.

A recommendation for policies on emergencies and crises, and on racial harassment to

Evidence:

be available in the home have been partially met. We were shown a file that gave us details of emergency contacts and the procedure for ensuring people are safe during an emergency. Although there is no specific policy on racial harassment, a policy on Diversity and Principles was seen. This included instruction on what action to take if discrimination took place. However it is not specific to racial harassment occurring in the home and the recommendation still stands.

There are health and safety procedures for staff to follow in helping to protect people. A fire risk assessment was seen as were records of fire drills. Eight staff were being given fire training on the day of the visit. This meets a requirement for staff to be trained in fire safety from both the previous key inspection and random 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
1	24	13(4)(a)	The registered person ensures that the exterior air vents are made safe.	01/11/2008

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	Description	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	Description	Timescale for action
1	9	13	The registered person must risk assess the use of a restriction in place for an individual and for this to be reviewed on a regular basis. So that they are supported safely.	31/08/2009
2	27	23	The registered person must ensure the showers fitted are supplied with a hot and cold water supply. So that people have a choice of bathing facilities that meets their needs and that there is a supply of hot and cold water.	30/11/2009

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	Develop accessible information to help people understand their care planning and choices they can make.
2	23	Include more detail in the recording of physical intervention used with people so that incidents can be monitored better.
3	40	The registered person ensures that a policy on racial harassment are available at the home.

Helpline:

Telephone: 03000 616161 or

Textphone : or

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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