

# Key inspection report

## Care homes for older people

<b>Name:</b>	Aden Court Nursing Home
<b>Address:</b>	Birkhouse Lane Moldgreen Huddersfield West Yorkshire HD5 8AJ

<b>The quality rating for this care home is:</b>	one star adequate 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>
Karen Summers	2   4   1   1   2   0   0   9

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 Older People 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)

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- 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:	Aden Court Nursing Home
Address:	Birkhouse Lane Moldgreen Huddersfield West Yorkshire HD5 8AJ
Telephone number:	01484425562
Fax number:	01484540251
Email address:	
Provider web address:	

Name of registered provider(s):	Aden House Ltd
Type of registration:	care home
Number of places registered:	40

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	40
Additional conditions:		
Date of last inspection		
Brief description of the care home		
<p>Aden Court is a privately owned home providing nursing and personal care for up to 40 older people. It is situated in the Moldgreen area of Huddersfield, close to amenities and with good access by public transport.</p> <p>The home is spacious and rooms are on two floors with all bedrooms being single and having en-suite facilities. There is also a day centre within the building which has its own entrance. The building and facilities at Aden Court are maintained to a good standard.</p> <p>The provider informed the Care Quality Commission on 24th November 2009 that fees range from £418 to £561 per week. Additional charges include hairdressing, private chiropody and newspapers.</p>		

**Brief description of the care home**

Information about the home and the services provided are available from the home in the Statement of Purpose and Service User Guide.

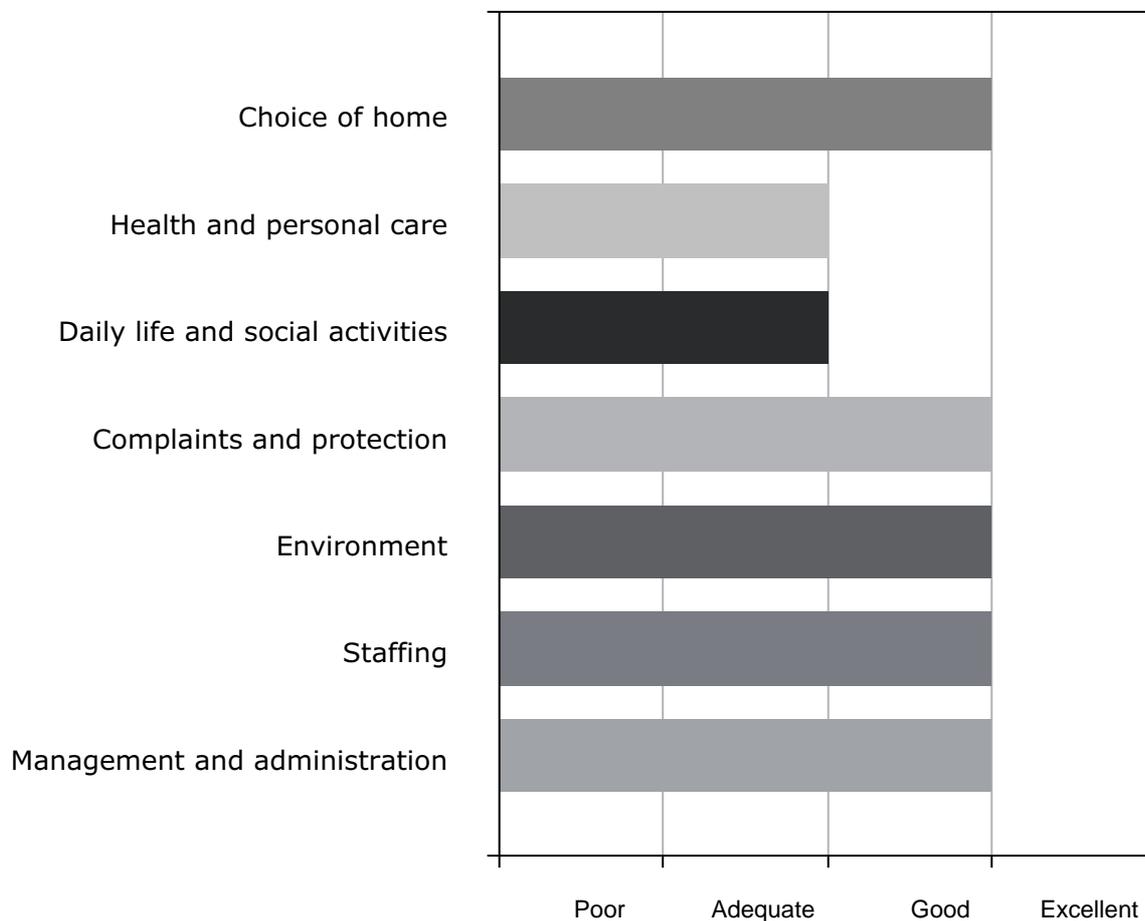
## Summary

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

The quality rating for this care home is:

one star adequate service

### Our judgement for each outcome:



### How we did our inspection:

This report refers to an inspection, which included an unannounced visit by one inspector on the 24th and 26th November 2009, and the length of the inspection was approximately 12.25 hours.

There were forty people living at the home on the days of the visits.

As part of the inspection in order to provide information to help us form judgements about the quality of the service, the manager was asked to complete an annual quality assessment (AQAA) document. This he did, and the document provided the Care Quality Commission (CQC) with a lot of information about the way the home is run, and what they hope to achieve in the future.

The purpose of this inspection was to look at how the needs of people living in the home are being met and we focused on the outcomes of the key standards.

We did this inspection with an 'expert by experience' who spoke to people who are using this service. An 'expert by experience' is a person who either has a shared experience of using services or understands how people in this service communicate. They visited the service with us to help us get a picture of what it is like to live in or use the service. This is important because the views and experiences of people who use services are central to helping us make a judgment about the quality of care.

During the visit we spoke to people living in the home, visitors, staff and management. We looked at various records including people's care plans and staff files. We looked around some of the building and we observed staff while they carried out their duties.

To enable people who use the service to comment on the care it provides, we sent ten surveys to people living at the home and eight of which were returned. Comments from these surveys have been included in this report.

We have reviewed our practice when making requirements, to improve national consistency. Some requirements from previous inspection reports may have been deleted or carried forward into this report as recommendations but only when it is considered that people who use services are not being put at significant risk of harm. In future, if a requirement is repeated, it is likely that enforcement action will be taken.

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

People's needs are assessed prior to them moving into the home and are able to visit the home to establish whether or not it is the right place for them.

Staff were observed being friendly, polite with cheerful dialogue between themselves and people using the service.

Comments from people living at the home, regarding the staff and care they receive include:

"Makes my family feel welcome."

"Look after us very well."

"Everything seems well with what they are doing and I wouldn't want to do without them."

"Very caring."

"I have nothing to grumble about, they look after me well."

"My clothes are always ironed; I haven't had a problem with my washing."

People living at the home can be confident that their complaints will be listened to, taken seriously and acted upon.

People find the lifestyles experienced in the home matches their expectations and preferences, and satisfies their social, cultural and religious and recreational interests and needs.

Comments about activities include:

"I enjoy doing something with other."

"It gives me satisfaction that I have done something useful today." "I can have a laugh and enjoy the fun with everyone, I feel alive." "I think it is going to be better now we have a new person to do the activities."

A qualified nurse is on duty twenty four hours a day. Fifty five percent of care staff now have a level 2, National Vocational Qualification (NVQ) in care, and qualified staff have a better understanding of peoples needs.

Staff and people spoke very highly of the manager and said she is always available and very approachable.

People said, "Things are much better since she came, she is great."

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

Quality assurance monitoring systems are now in place to ensure that peoples views

are respected and the manager actively seeks the opinions of people living at the home, visitors and staff.

The decor of the home has improved, which has made the home a comfortable and homely place for people to live.

**What they could do better:**

The care plans must include any clinical guidelines that have been given by the doctor. This is to ensure that the person's needs are met and there is continuity of care.

The mental health needs of people should be written in greater detail to ensure that there is continuity of care.

Medication administration charts must not be signed until the person has taken their medication. It is not safe practice to sign for medication that has not been given and contravenes the Misuse of Drugs ACT.

At the time of the visit we were assured that this practice would not continue and the nurse would be asked to attend an up date on medication administration.

Meal times must be unhurried, so that people have sufficient time to eat their meal.

A variety and choice of food should be offered and meal times should also be monitored to ensure that good quality standards are maintained.

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

People are assessed prior to them moving into the home to ensure that their needs can be met.

Evidence:

The care records of two people who use the service were looked at, and they contained a Community Care Assessment carried out by the local authority who are funding the persons stay at the home. Each assessment contained detailed information about the person's needs. In addition to this there was evidence in one of the records that the home had also carried out an assessment of the persons current needs in their place of residence.

The second persons care records showed that they had been admitted as an emergency. Therefore the staff used the information in the pre admission assessment and obtained necessary equipment for this person prior to their admission and this was confirmed by the manager.

## Evidence:

The information in the annual quality assessment document confirmed that all prospective people undergo a pre-admission assessment to ensure the staff are qualified and skilled to meet the needs of the person and the placement will be appropriate.

The manager also said that people are made aware of the advocacy services should they need guidance and assistance regarding their specific circumstances, and leaflets were seen to be available in the entrance of the home.

Prospective people who use the service and their families are also encouraged to visit the home and spend some time there meeting the staff, other people living at the home and sampling the daily routine. This is to gain an insight of how they view the service.

With the exception of two people living in the home, everyone said in the surveys that they receive enough information about the home before they moved in so they could decide if it was the right place for them.

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

People's health and personal care needs are generally met, however clinical guidance has not always been recorded which could result in the person not receiving continuity of care.

The recording and administration of medication is generally satisfactory.

Evidence:

Two people's care plans were looked at, and the records have improved since the last inspection and included relevant risk assessments relating to falls, pressure care and nutrition etc. The documentation also included people's likes and dislikes, their social, cultural and spiritual needs

However, although the person's mental health needs have been identified and they are reviewed monthly or as the needs of the person change, the information needs to be written in greater detail to ensure that there is continuity of care.

Also where there has been an agreement from the doctor that staff do not need to do

Evidence:

anything about a person's weight loss due to their medical condition, this must also be written in the care plan to ensure that there is continuity of care and show that there has not been any omissions in the persons care.

These issues were discussed in detail with the manager and nursing staff. The manager and operations manager had already identified that the care plans needed to improve, and as a result of this meeting were being set up together with staff from other homes within the company, where good practice would be shared and the care plans developed. This would help improve the standard and consistency in writing care plans.

All staff have training on the Mental Capacity Act when they start to work at the home and there was evidence in their records to support this.

There was information in the care records of involvement from people's doctors, social workers, opticians and other health care professionals where needed. Care reviews had taken place, and the care plans had been updated monthly or as the needs of the person changed, and this was with the involvement of the person or their relative wherever possible.

Eight people who live at the home completed surveys and without exception everyone said that they receive the care and support they need, staff are available when they need them and staff listen and act on what they say.

Comments include:

"Very caring."

"Everything seems well with what they are doing and I wouldn't want to do without them."

"Look after us very well."

"Nearly always available when we ring for them. Makes my family feel welcome."

A sample of three peoples medications were checked, and the storage, administration and recording of the medication were done correctly.

However a nurse was seen to be signing a medication record sheet prior to the person having their medication. The nurse said that due to this person needing a number of

Evidence:

liquid preparations, she found it safer to sign the sheet when she had dispensed the drug. The nurse was informed that this was not safe practice and under no circumstances should she sign the record before the person has taken the medication.

The manager ensured that this practice would immediately stop and said that she would arrange for the nurse to have further medication training.

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

People's routines of daily living are flexible and meet their expectations and preferences.

The choice of meals is limited and meal times are not always a pleasurable experience.

#### Evidence:

On the morning of the visit people were seen to be having tea and biscuits whilst sat in the lounge areas watching television or talking to one another.

Staff were seen to be interacting with people in a friendly and caring manner and the movement and handling of people using the hoist was carried out in a dignified way.

The activities coordinator was on annual leave but had specially come in that day when she knew we were visiting. She had worked at the home for six years as a carer and had recently taken the post of activities coordinator.

The expert by experience made comment that the portfolio of the activities person was extremely impressive, and due to the activities person been previously a carer,

Evidence:

she had the advantage of knowing everyone very well.

The amount of activities planned was extensive and included; bingo, domino's, sing a long, chair exercises to music, flower arranging, art work, poetry club etc.

As well as the indoor activities, there was evidence to suggest that arrangements can be made for volunteers to take people on trips out of the home. There was a list of volunteers made up of relatives, friends and staff.

An outing has been arranged to go to a Pantomime in December, school children from local schools have been booked to sing and the activities coordinator is organizing an 'old time dancing' demonstration. A concert for people who live at the home is also being organized and some of the people have volunteered to sing a solo.

The activities person was enthusiastic about her role in providing the right activities for everyone. Activity assessment forms provided comment on what people had experienced through an activity and some of the comments include;

"I enjoy doing something with other." "It gives me satisfaction that I have done something useful today." "I can have a laugh and enjoy the fun with everyone, I feel alive." "I think it is going to be better now we have a new person to do the activities."

Whilst activities were taking place, people in other lounges were able to sit quietly or watch television. Relatives and friends were visiting the home and everyone was greeted in a friendly manner by the staff.

Without exception people who completed the surveys said that they were always activities that they could take part in.

The local vicar was holding a Communion service for anyone wishing to attend and a Methodist minister was said to visit monthly.

The dining room tables were set with tablecloths and place mats, and cups of tea or coffee were offered to people during their meal. Water or juice were also offered.

There are three weeks of menus used in rotation and specialized diets are catered for, however the daily choice of food was limited and although staff said that they knew peoples likes and dislikes and the cook had a list of these in the kitchen, people did not have a variety of food to choose from on the day. People were not asked if they liked the vegetables on offer or whether they would like gravy or not. The meal was

## Evidence:

presented with the gravy in situ. Should the person not like the meal available, they were then offered an omelet.

The home has recruited a new cook that has been working at one of the homes within the company. This person is due to start full time at the home in another week, however she was helping out in the home the second day of inspection. This person said that she would be looking at the menus and the manager also said that improvement to the choice and variety would be looked at together with consultation from the people living in the home.

The protective clothes aprons for when people are having a meal were discussed, as once they were red in color and have now faded to pink. These were not felt to be appropriate for men to be using. The second day of the visit the manager had made arrangements for new clothes protectors to be ordered.

When staff were serving the lunch time meal the expert by expert observed that some carers asked people from a distance their choice of meal which was not conducive for their hearing. Whilst other carers were seen to speak to people appropriate and with good communication skills.

Some carers were also too quick to take away food by asking if the person had finished and then not giving them sufficient time to decide. One person said, "They've taken my dish I haven't finished with it."

We discussed these issues with the manager and operations manager, who said that they would monitor the meal times and take steps to address the issues.

Comments from people about the meals include;

"The food's ok, I suppose it could be better." "There's always things missing from the table, - spoons, sauces, vinegar." "No we can't choose what we want." "We don't know what it is until we get it."

## 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.

People living at the home can be confident that their complaints will be listened to, taken seriously and acted upon. People are protected from abuse.

Evidence:

People living in the home and their relatives said that they knew who to speak to if they were not happy and with the exception of one people everyone knew how to make a complaint.

We have received one complaint at the beginning of the year which was responded to appropriately by the home.

Comments received in surveys from people living in the home include: "Don't think there's anything they could do better." "I feel I can speak to anyone about anything."

The home has a complaints procedure of which a copy was seen in each of the bedrooms visited and also in the service user guide.

The manager continues to have an open door policy for relatives and visitors and there was also a poster in the entrance hall notifying people of her availability should they have any concerns.

Evidence:

There was evidence in the training records to suggest that staff have had safeguarding (adult protection) training that provides information on how to protect people from abuse, and staff who were spoken with confirmed this.

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

Aden Court offers people a homely, and comfortable environment.

Evidence:

As part of the inspection a tour of the home took place, which included the communal areas, a number of bedrooms and the laundry.

Ongoing refurbishment continues to take place, and since the last inspection includes the replacement of the dining room floor covering and a new carpet in one of the lounges.

Peoples bedrooms were personalised, and the bathrooms were also warmly decorated and included curtains and pictures.

The corridors are spacious and have hand rails, and specialised equipment, including mattresses and beds were seen to be in use.

In the main lounge there were a number of lounge chair arms that were heavily stained and in need of cleaning or replacement. The manager said that these had been identified and would be addressed within the redecoration programme.

The fire door to the day care center had a bolt on it and following consultation with the

Evidence:

fire safety officer the bolt was changed and an appropriate locking mechanism was fitted.

The standard of cleanliness throughout the home was good, and systems are in place to control the spread of infection. Without exception, people said in the surveys that the home is always fresh and clean, and one person said that they were happy with the environment.

## 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.

People living at the home benefit from being supported by caring, competent staff that have had all the necessary checks before working with people so that they are kept safe.

Evidence:

On the day of the visit there were forty people in residence.

The duty rota was looked at, and there was evidence to suggest that there were two nurses and six care staff working in the morning, two nurses and four care staff working from 1.15pm until 4pm, and one nurse and five care staff working in the evening until the night staff come on duty.

The manager also said that one of the care staff stays on duty until 10 pm to assist with the night routines and helping people to bed, and an additional carer works from 6.30am until 2pm to help with the morning routines.

In addition to this the manager is extra to the above figures and works Monday to

## Evidence:

Friday. Support staff are also employed to meet the needs of the home and these include: kitchen staff, laundry staff, domestics, activities coordinator, maintenance person and gardener. The duty rota showed that there were enough staff to care for people properly and this was confirmed by the manager.

Care practice observed during this visit, and the relationship between staff and people being cared for was positive.

Three people's recruitment records were inspected and with the exception of one person, the records contained the required information and employment checks. These checks are necessary to help protect people from potentially unsuitable staff.

There was evidence that the manager had requested two references and the records showed that the second reference should have been in the file. The registered manager said that she had been re-organizing the recruitment records and was sure that the second reference had been returned. Following the inspection the manager contacted CQC with evidence of the second reference.

There was evidence in the staff records and staff confirmed that they had induction training when they came to work at the home, which provides them with the knowledge and skill to look after people in their care.

Staff also confirmed that for the first twelve weeks at the home they had a mentor, and this gave them a named person who they could go to for knowledge and support which helped them gain confidence in their work.

A qualified nurse is on duty twenty four hours a day. Fifty five percent of care staff now have a level 2, National Vocational Qualification (NVQ) in care, and qualified staff have a better understanding of peoples needs.

## 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.

The home is well managed by an experienced, competent manager. The health, safety and welfare of people who live at the home are protected.

Evidence:

A new manager has been appointed since our last visit. The manager was appointed in July 2009 and she told us that she has made inquiries to be registered with Care Quality Commission (CQC) and to enroll on a NVQ 4 management course at a local college.

Staff and people spoke very highly of the manager and said she is always available and very approachable.

People said, "Things are much better since she came, she is great".

As part of the inspection in order to provide information to help us form judgements

## Evidence:

about the quality of the service, the manager was asked to complete an annual quality assessment (AQAA) document. This she did, and the document provided the Care Quality Commission (CQC) with a lot of information about the way the home is run, and what they hope to achieve in the future.

The managers said that an annual quality monitoring survey is sent out to people who live at the home and their relatives and this years survey is due to be sent out. The results of last years survey was seen displayed on the notice board in the entrance of the home and the comments were generally positive.

Also on display was an invitation for people and/or their relatives to a weekly 'surgery', on a Tuesday between 2 and 4pm. This is an opportunity for people to discuss any issues or concerns that they wish to share.

The last meeting for people who live at the home took place in September 2009 and records were seen. The things that people discussed included laundry, food, activities, trip out of the home, etc. The manager said that she plans in future to try to have the meetings monthly.

The last relative meeting took place in June 2009 and these take place twice a year. Minutes were also seen.

Three people's personal monies were checked and the records were correct.

There was evidence that regular staff supervisions also take place and staff confirmed this. Staff are supervised to ensure they are competent to do their job.

The AQAA states that routine health and safety and maintenance checks are carried out and appropriate records were seen of those looked at.

Records were also seen of fire alarm and emergency lighting tests. Fire drills and a fire lecture had also been carried out and staff confirmed that they had received training.

A number of staff were due to have refresher fire training and the manager confirmed on the day that dates had been arranged for this training to take place.

The manager said that staff are having a further talk on the Deprivation of Liberty at the end of the month. This is to ensure that staff are aware up to date with current guidance and that people are protected from abuse.

Evidence:

According to the training records, all staff have had movement and handling training to ensure that they know how to move people safely and this was confirmed by the staff that were spoken with.

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	The care plans must include any clinical guidelines that have been given by the doctor.  This is to ensure that the persons needs are met and there is continuity of care.	28/12/2009
2	15	12	Meal times must be unhurried.  So that people have sufficient time to eat their meal.	28/12/2009

### 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 mental health needs of people should be written in greater detail to ensure that there is continuity of care.
2	8	Medication administration charts must not be signed until the person has taken their medication. It is not safe practice to sign for medication that has not been given and contravenes the Misuse of Drugs ACT.

## 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
3	15	A variety and choice of food should be offered at meal times. Meal times should also be monitored to ensure that good quality standards are maintained.

## Helpline:

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