

Key inspection report

Care homes for adults (18-65 years)

Name:	24 Manor Park Grove
Address:	24 Manor Park Grove Rubery Birmingham West Midlands B31 5ER

The quality rating for this care home is:

two star good service

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.

Lead inspector:	Date:
Kerry Coulter	1 6 0 3 2 0 1 0

This report is a review of the 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

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 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

Document Purpose	Inspection report
Author	Care Quality Commission
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
Copyright	© Care Quality Commission 2010 This publication may be reproduced in whole or in part in any format or medium for non-commercial purposes, provided that it is reproduced accurately and not used in a derogatory manner or in a misleading context. The source should be acknowledged, by showing the publication title and © Care Quality Commission 2010.
Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	24 Manor Park Grove
Address:	24 Manor Park Grove Rubery Birmingham West Midlands B31 5ER
Telephone number:	01214767529
Fax number:	01214767529
Email address:	
Provider web address:	

Name of registered provider(s):	Trident Sphere
Name of registered manager (if applicable)	
Mr Luke David Gardner	
Type of registration:	care home
Number of places registered:	5

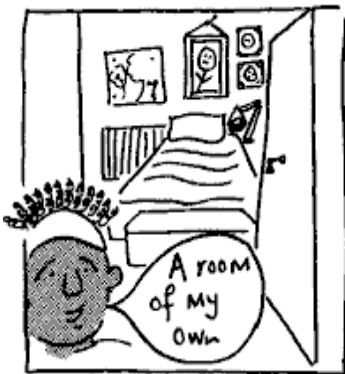
Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	5	0
Additional conditions:		
1.The registered person may provide the following categories of service only Care Home only Code PC to service users of either gender whose primary care needs on admission to the home are within the following categories Learning Disability Code LD maximum number of places 5.		
2. The maximum number of service users to be accommodated is 5.		

Date of last inspection									

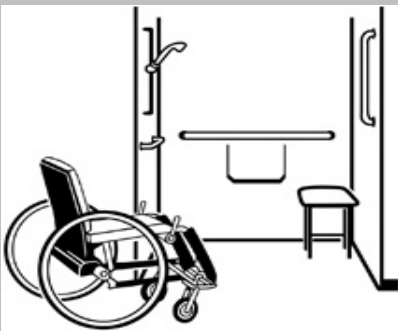


A bit about the care home

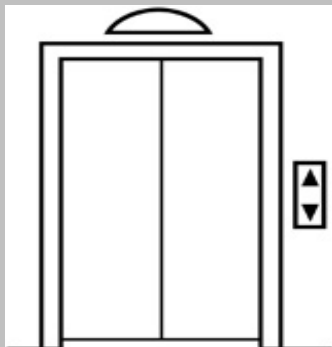
The home has been open for several years but has been re-registered with us as the care is now provided by Trident Sphere.



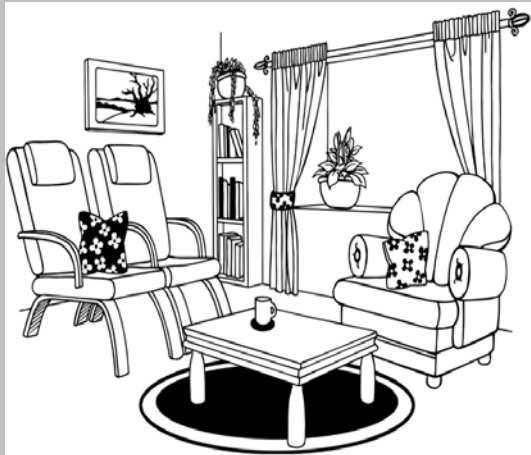
Up to five people live at the home and each person has their own bedroom.



There is a bathroom with adapted bathing facilities and shower room with walk in shower so that people with mobility difficulties can use them.



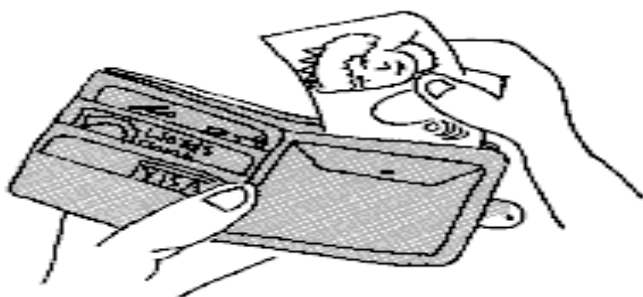
The home has a lift so that people who have mobility difficulties can access the first floor.



There is a large kitchen and dining and lounge space, which is large enough for the number of people that live in the home.



There is some space at the front of the home for car parking. The home has a large garden at the rear of the home.



People should ask the home about how much it costs to live there as when we visited the service user guide did not include this information.

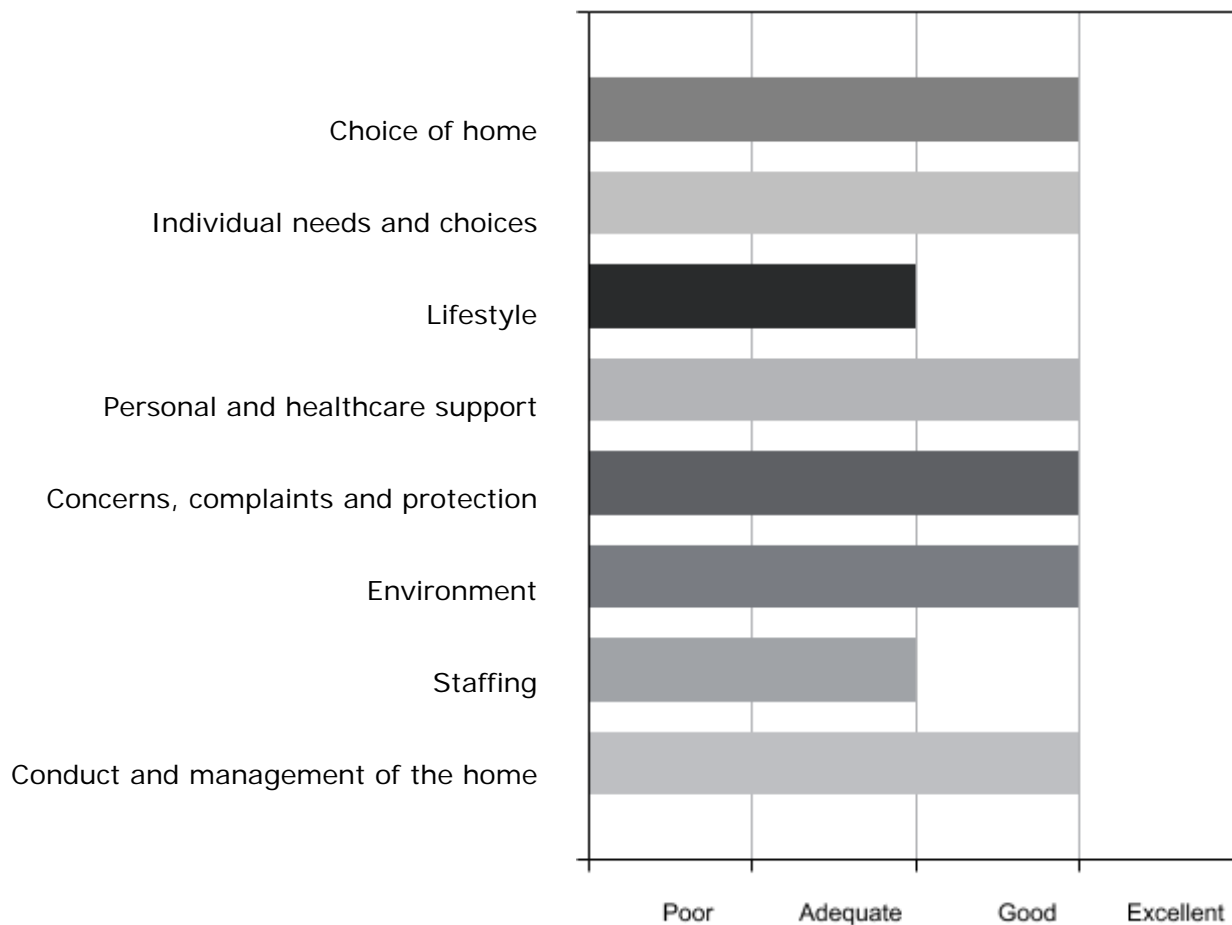
Summary

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

This inspection was carried out by one inspector over one day. The home did not know we were going to visit.



The manager sent us information about the home before our visit, this is called an AQAA.



We met with people who live at the home but due to their communication difficulties some were not able to tell us what they thought of the home. We therefore asked staff about their needs.



We looked at the care plans, health records and daily notes for two people. This is called case tracking. We also looked at staff and health and safety records.



We looked at some areas of the home including some people's bedrooms.



We sent surveys to the home to distribute to people's relatives and staff but we did not receive any completed surveys.



What the care home does well



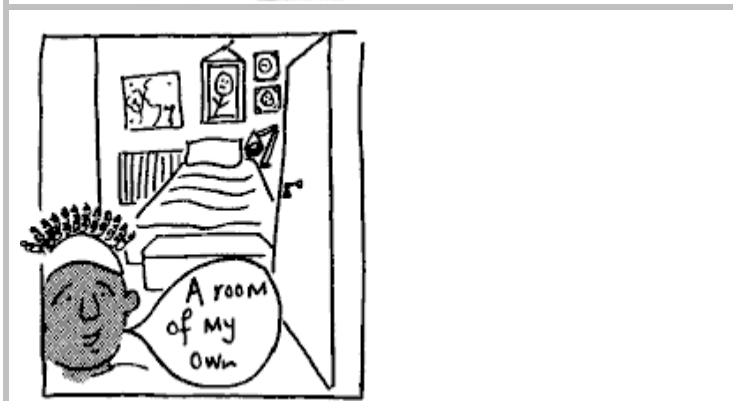
Each person living in the home has a care plan so that staff know how to support them to meet their needs and goals.



Staff help the people living there to keep in contact with their families and the people that are important to them.



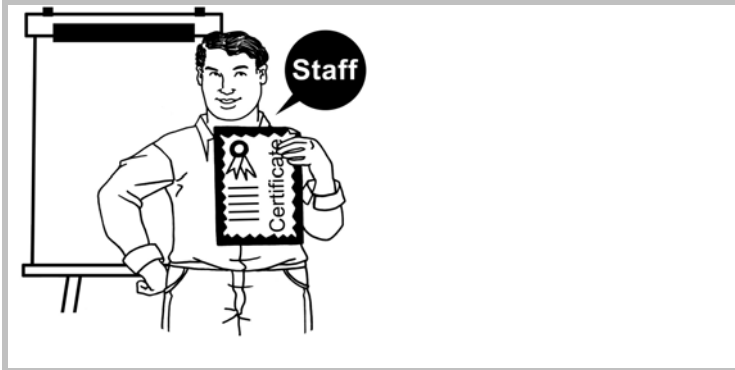
Staff spend time sitting talking to the people living in the home so that they feel valued.



People who live at the home all have their own bedrooms that contain their personal things.



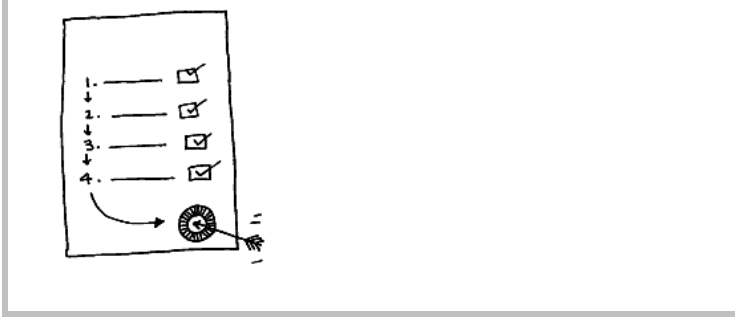
Staff have training to help keep people safe from abuse.



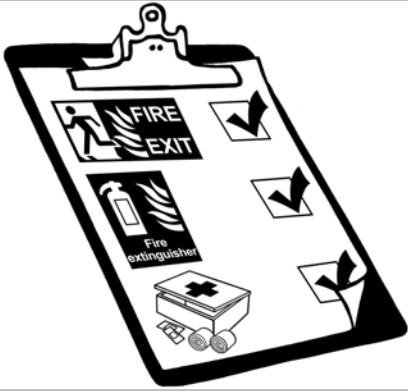
Most staff have a qualification in care so they should have the skills and knowledge they need to meet the needs of the people living there.



Staff recruitment records show that checks are done to help make sure suitable people had been employed to work with the people living there.



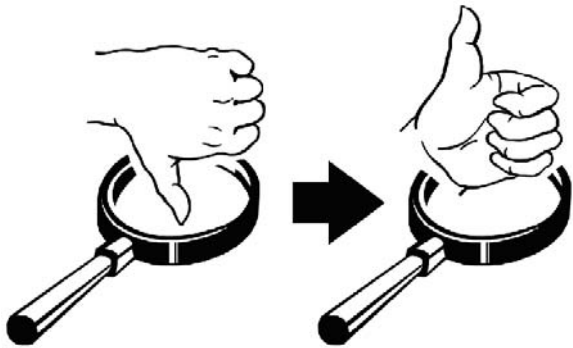
Systems are in place to help run the home in the best interests of the people who live there.



Health and safety systems help to ensure that people are safe.

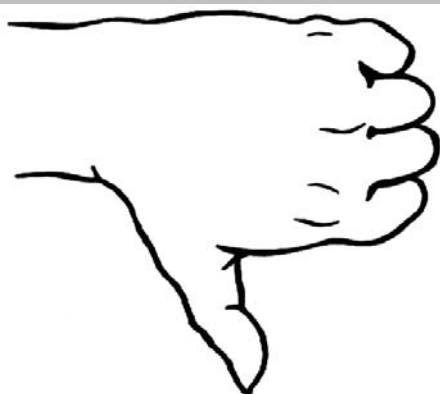


There are systems so that people's needs would be assessed before they moved into the home, so that they know the home could meet their needs.



What has got better from the last inspection

This is the home's first inspection since they have been re-registered with us.



What the care home could do better



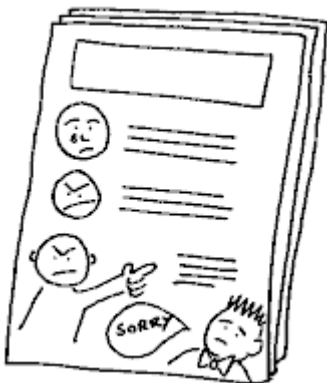
People need to be provided with an up to date copy of the service user guide so that they have the right information about the home.



The systems for administering medication need some improvement to ensure people get the medication they need safely.



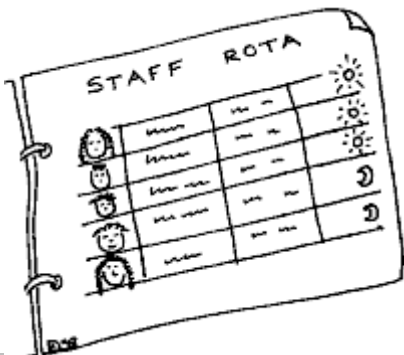
Records should clearly show how much fruit that people eat to make sure they have a healthy diet.



The new complaint procedures need to be made available to people so that they know how to make a complaint if they are unhappy about something.



Some repairs are needed to make sure people live in a well maintained home.



The home needs to make sure there are enough staff on duty who know people well so they can go out to activities if they choose to.



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

Kerry Coulter

CQC

West Midlands Region

	Citygate Gallowgate Newcastle upon Tyne NE1 4WH Tel 0300 616161

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

Contents

Choice of home (standards 1 - 5)

Individual needs and choices (standards 6-10)

Lifestyle (standards 11 - 17)

Personal and healthcare support (standards 18 - 21)

Concerns, complaints and protection (standards 22 - 23)

Environment (standards 24 - 30)

Staffing (standards 31 - 36)

Conduct and management of the home (standards 37 - 43)

Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

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

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, 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 have most of the information they need so they can make a choice about whether or not they want to live there.

Evidence:

The home has had a change of provider and re-registered with us in December 2009. The home has a service user guide and statement of purpose but these needed updating to reflect the new provider arrangements. The service user guide available did not have all of the information needed about the home, for example it did not include the range of fees to live there.

The new provider is aware of the need to update the information available to people. The home's Annual Quality Assurance Assessment (AQAA) told us that they were to be reviewed. The review is to include the formats to make sure they are suitable to people. The AQAA recorded that the service user guide was to be developed into pictures, audio and DVD according to people's needs.

People who live at the home have done so for a number of years and the home did not have any vacancies when we visited. The AQAA told us about the home's admission and

Evidence:

assessment procedures. We found that clear policies and procedures were available in the home for staff to follow. These indicate that people would have the opportunity to visit the home and that a full assessment of their needs would be completed prior to them moving 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 **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Systems in place help to ensure that staff have the information they need to support people in the way they need and prefer.

Evidence:

We looked at the care plans for two people. Care plans are records that are used to show what sort of help each person needs and how staff will provide that care. Information was generally detailed and covered health care, mobility, communication, diet, activities, personal care and preferred routines. Care plans had been regularly reviewed so that they generally reflected people's current needs. However discussions with staff and sampling of food records did indicate that some further work was needed to accurately document people's food preferences.

A new system of review is in the process of being introduced. These are to be completed monthly by people's key workers and are in a more detailed format than those previously used.

Care plans were not available in a format that would be easier for people to understand.

Evidence:

The home's AQAA told us that in the next twelve months they intend to develop the format of the plans to make them more user friendly.

People at the home use varying methods to communicate. Some use verbal communication whilst others may show staff what they want by gestures or their behaviour. Staff spoken with appeared to have a good understanding of how each person communicates. The AQAA told us that the home intends to develop the communication tools in place so that each person will have their own individual communication dictionaries.

During our visit we saw that staff offer people choice in what they do. For example, one person had chosen to have a lie in bed that morning. One person was asked what they wanted to take with them when they went out on an activity. Staff also asked people what they wanted to watch on television or what music to listen to. Key workers hold meetings with people to seek their views. We were told that the home is currently reviewing the best way to hold meetings, for example in groups or individually.

The home has risk assessment records to guide staff in how to support people with activities that may involve an element of risk. For example assessments included going out for walks, going shopping, manual handling, pressure care and epilepsy. Risk assessments sampled had been regularly reviewed.

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

People are supported to experience a meaningful lifestyle that usually meets their individual needs so ensuring their well being.

Evidence:

Records sampled showed and it was observed that staff support people to do activities that they enjoy and want to do. One person went out to the day centre and two people went out to the park to have an ice cream. Another person went out with staff for a walk in the afternoon. Records showed that activities on offer to people include going out shopping, for lunch, make up sessions, bowling and getting involved in tidying their bedrooms.

While people were at home we saw that there was lots of interactions with them from staff. Staff sat and chatted with people or looked at photographs with them. Interactions were not just task based and were used to create a warm and friendly atmosphere in the

Evidence:

home.

The home's AQAA told us that recent changes to staffing levels in the home had on occasion had an impact on activities outside of the home. Staff spoken with said that people do not get to go out as much as they used to. The home should consult with people to make sure the current level of activities outside of the home meets their expectations.

The home has an open visitors policy. Records and discussion with staff shows that people are supported to maintain links with friends and family. There are lots of photographs of people's family around the home and staff sat with people looking and talking about these. Records show that one person had been supported to take flowers to a relative's grave.

The AQAA stated and records sampled showed that staff promote people's independence and empowerment by encouraging them to become involved in daily household tasks.

Menus are in place and staff told us that these are based around people's likes and dislikes. There was lots of fresh fruit and vegetables in the kitchen and during our visit fresh vegetables were being cooked in a steamer. Whilst the home has plentiful supplies of fresh fruit available to people, food records did not record when people had this. This means that staff can not fully monitor if people are having a healthy diet. Food records also showed that one person frequently has cereals but their care plan recorded they did not like cereals. The person had also had macaroni several times in the same week but we were told by staff that this was one of their favourite foods.

Some people at the home need their food to be a soft, moist consistency due to them being at risk of choking. At lunchtime their meal was seen to meet their needs. Staff spoken with were aware of people's dietary needs.

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.

Staff support people well so that their health and personal care needs are met so ensuring their well being.

Evidence:

Care plans sampled included how staff are to support the person with their personal care. The people living there were well dressed in individual styles that were appropriate to their age, gender, the weather and what activities they were doing. Staff were observed to assist people with their personal care needs during the day to ensure their comfort and dignity.

Each person has an individual Health Action Plan. This is a personal plan about what help a person needs to be healthy and to stay healthy. The AQAA told us that in the next twelve months the home intends to develop these into formats that are easier for people to understand, for example by the inclusion of pictures.

Some people at the home have specific health needs such as epilepsy or need pressure care to prevent them getting sore skin. Staff spoken with were aware of people's needs and the support they required.

Staff said and records showed that a range of other health professionals are involved in

Evidence:

the care of individuals. We looked at the records of people's health appointments. Whilst records show that people attend regular health checks some of the records needed to be improved. For example one person's visit to have a wheelchair assessment had been recorded on a form intended for medication information, another person's record for optician appointments had a record of a GP visit. The way in which health information is recorded should be improved to make sure the home can effectively track the health appointments that people have attended.

Records show that people at the home are weighed regularly. This helps staff to monitor people's wellbeing as losing or gaining a significant amount of weight can be an indicator of an underlying health need.

Staff who administer medication have received training to do so. We saw that a system to assess each member of staff's competency to administer medication has recently been introduced. Medication was seen to be stored securely in the home.

We looked at the medication administration records (MAR) for two people. There was a photograph of the person with the MAR so if unfamiliar staff were giving it this would ensure it was given to the right person. One person at the home had recently had a change to their medication. Staff had made some alterations to their MAR chart but this was not clear enough and could have resulted in the person only having one tablet instead of two. However checking of the number of tablets held in the home indicated the person had received their new dose. The home should improve how it records any medication changes to reduce the risk of errors. It is considered good practice for changes to be checked and signed by two staff.

When we visited the home had some controlled medication in stock. This was stored securely and recorded in a special log book so that staff would be able to quickly identify if any medication went missing.

Protocols were in place for people who were prescribed PRN (as required) medication, these stated when the medication should be given. Copies of each persons prescriptions are kept so that staff can ensure that what is provided by the pharmacist is what has been prescribed by the doctor. Audits of the home's medication systems are completed by a senior manager from Trident Sphere as part of their monthly visits to the home.

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.

Arrangements generally ensure that the views of the people living there are listened to and acted on and they are protected from abuse, neglect and self harm.

Evidence:

The home has complaint procedures in place and staff have received training on the procedure. The home needs to make sure a copy of the procedure is on display for any visitors and that the people who live there have a copy in a format that is easier for them to understand. Most of the people who live at the home may not be able to make a complaint due to their communication needs and would rely on other people such as relatives or staff to know when they are unhappy about something.

The manager told us the home has not received any complaints directly. Following our visit to the home we received a complaint about proposed changes to night time staffing, people being expected to pay for things that the home should provide and loss of the home's vehicle. We asked the provider to investigate. Their response indicated they have looked at the concerns received and that the issues raised were not upheld.

The home has policies and procedures on safeguarding people at the home and these are available to staff. Staff at the home have recently received refresher training on safeguarding people from abuse. Staff that we spoke to at this visit knew what to do to keep people safe. It is good that staff have access to a twenty-four helpline where they can report any suspicions of abuse occurring.

Evidence:

We were told that staff receive training about the Mental Capacity Act and Deprivation of Liberty Safeguarding Legislation as part of their induction to the home.

The financial records for two people who live at the home were sampled, receipts were available for all expenditure. A senior manager from Trident Sphere has recently carried out an audit on the home's financial procedures and made some recommendations to bring the home's practice in line with the new providers financial procedures. We spoke with one staff who told us they were confused about some of the new procedures. However records and discussion with the manager show he is due to attend a workshop about Trident Sphere's financial procedures at the end of March.

Environment

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

People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. People have enough privacy when using toilets and bathrooms.

This is what people staying in this care home experience:

Judgement:

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

People live in a safe, homely and comfortable environment that meets their individual needs.

Evidence:

We looked at all of the communal areas in the home and some of the bedrooms. The home was clean, free from unpleasant odours and a comfortable temperature. Decor was in good order.

The home consists of five single bedrooms, a bathroom with adapted bathing facilities and shower room. Bedrooms were personalised and in good decorative order. There is a large kitchen and an open plan dining area and lounge, which are suitable for the number of people that live in the home.

We were told that the kitchen had been refurbished about two years ago but the manager was concerned that the quality of the units were not suitable. We saw that some of the cupboards were chipped and so exposing the chipboard underneath. A small area of worktop was also damaged. These will need to be repaired or replaced to ensure that the kitchen is in good condition.

We saw that the floor of the shower room was uneven, however the home's AQAA had already told us that it was intended to replace this. We saw that one person's shower

Evidence:

chair needed repair to the footrest caused by water damage. The foam padding was exposed and wet and so was an area that could harbour germs.

Satisfactory hand washing facilities were observed in the bathroom, laundry and kitchen areas.

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

The arrangements for staffing, their support and development usually mean that the needs of the people living there are met.

Evidence:

The majority of care staff have a National Vocational Qualification (NVQ) in care, this contributes towards ensuring that staff have the knowledge and skills to work with the people living in the home. We saw that support to people was given in a warm and friendly manner, and staff were seen to be polite, considerate and patient.

Previously the home has had four members of staff on duty during the day. The home's AQAA told us that following reassessment of people's needs by the local authority that funding for staff hours had been reduced. Discussions with staff and the manager indicate that there are usually three care staff on duty during the day. As previously recorded in this report some staff commented that the reduction in staffing levels had impacted on people's activities outside of the home. The manager told us that additional funding for staff was being sought and that he was currently looking at ways to best use the current allocated staff hours.

The AQAA told us that in the last three month period seventy two shifts had been covered by agency staff. Agency staff have been used to cover staff annual leave. Permanent staff do work some extra hours to cover gaps on the rota but it is Trident Sphere's policy not to

Evidence:

allow staff to work long hours. Staff spoken with told us that lots of different agency staff had worked in the home. However one staff told us that more recently there had been more regular agency staff and this was supported by the staff rota. It is important that regular staff are used so that people are supported by staff who know their needs well. The AQAA told us that the home was trying to recruit bank staff so that the use of agency staff could be reduced.

The records of three of the staff that work there were looked at. These included the required recruitment records including evidence that a satisfactory Criminal Records Bureau (CRB) check had been completed. This helps to ensure that 'suitable' people are employed to work with the people living there. The manager told us that arrangements were in progress for staff who transferred from the previous provider to have new Criminal Record Bureau Checks.

When Trident Sphere took over the home staff were provided with a three day induction. This covered the vision and values of the organisation and safeguarding. Some staff have also received fire training and additional training sessions for this are scheduled. Refresher training for staff is also arranged for manual handling. Staff undertook training such as first aid, food hygiene and medication when employed by the previous provider. The AQAA told us that a training organisation had been identified for staffs future training needs. Some people at the home have some specific needs, for example due to their epilepsy, age or pressure care needs. We were told that staff training needs in regard to this were currently being assessed.

Discussions with staff and sampled records indicate that staff have regular meetings and receive supervision. This means that staff have a formal opportunity to keep updated with the changing needs of the people living there, and with best practice and be involved in the running of the home.

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.

The management arrangements ensure that the home is run in the best interests of the people living there and their health, safety and welfare is promoted and protected.

Evidence:

The manager of the home has worked there for several years and was the manager of the home with the previous provider. The manager has the right experience and qualifications to manage the home. They told us that they get good support, this was evident as a senior manager from Trident Sphere came to the home to offer support during our inspection. Staff told us that the manager of the home was approachable.

The manager completed and returned the Annual Quality Assurance Assessment when we asked for it. We found that the information given in the AQAA was accurate so we can be confident that the manager has the best interests of the people living there as a priority in managing the home.

Since the home was re-registered a senior manager has visited the home several times to complete audits to make sure the home is being well managed. The reports of these audits show that all areas are looked at, for example care, staffing arrangements,

Evidence:

medication and finances. Where deficits have been identified an action plan has been completed to address the issues. It is good that part of these visits includes an observation of people's experiences in the home as not all of the people who live there are able to communicate their views of the service.

We looked at a sample of the home's health and safety records, these showed health and safety is generally well managed. Water temperatures are checked regularly, these were observed to be within safe levels so that people are not at risk of scalding.

The fire risk assessment is reviewed regularly and updated where needed. This ensures that action can be taken to minimise the risks of there being a fire. Fire records showed that staff test the equipment regularly to make sure it is working. There are regular fire drills so that staff and the people living there would know what to do if there was a fire. An engineer regularly services the fire equipment to ensure it is well maintained so would work if there was a fire. Staff have regular updated training in fire safety. An agency staff working in the home confirmed they had been told about the fire procedures.

People had individual copies in pictorial format of what to do if there was a fire occurring in the home. It is recommended that these should be updated so that they reflect the staff support that each person needs to evacuate the home in an emergency.

Certificates were available to show that the gas appliances, passenger lift electrical and installations in the home are safe.

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	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	20	13	<p>Improve the systems in place for recording medication changes to people's medication administration records.</p> <p>To reduce the risk of any errors occurring.</p>	13/05/2010

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	1	The Statement of Purpose and Service User Guide need to be reviewed and made available to people. So that people have up to date information about the home.
2	6	Develop the care plans in place to make sure they are accurate about people's preferences and are available in a format that is easier for people to understand.
3	13	The home should consult with people to make sure the current level of activities outside of the home meets their expectations.

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
4	17	Review the arrangements for monitoring the food people have to make sure people are offered a healthy diet in line with their personal preferences.
5	19	Improve the systems in place for recording health appointments attended so that staff can effectively track the appointments attended.
6	22	The home needs to make sure a copy of the complaints procedure is on display for any visitors and that the people who live there have a copy in a format that is easier for them to understand.
7	24	Arrange for repairs to the bathroom floor and kitchen units to be carried out as soon as possible to make sure the home remains in good order for people.
8	30	Make arrangements for repairs to be carried out to one individual's shower chair so that it remains in good order for them to use and can be kept clean.
9	33	Review the current staffing arrangements in the home to make sure people are supported by sufficient numbers of staff who know their needs well.
10	42	People should have individual evacuation plans that reflect the staff support they need to evacuate the home in the event of a fire.

Helpline:

Telephone: 03000 616161 or

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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

© Care Quality Commission 2010

This publication may be reproduced in whole or in part in any format or medium for non-commercial purposes, provided that it is reproduced accurately and not used in a derogatory manner or in a misleading context. The source should be acknowledged, by showing the publication title and © Care Quality Commission 2010.