# Key inspection report

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

<table>
<thead>
<tr>
<th>Name:</th>
<th>41 Braemar Road</th>
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<tbody>
<tr>
<td>Address:</td>
<td>41 Braemar Road</td>
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<tr>
<td></td>
<td>Gosport</td>
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**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.

<table>
<thead>
<tr>
<th>Lead Inspector:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Janette Everitt</td>
<td>2 9 1 0 2 0 0 9</td>
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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.

<table>
<thead>
<tr>
<th>Outcome area (for example Choice of home)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:</strong></td>
</tr>
<tr>
<td>This box tells you the outcomes that we will always inspect against when we do a key inspection.</td>
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<tr>
<td>This box tells you any additional outcomes that we may inspect against when we do a key inspection.</td>
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<tr>
<td><strong>This is what people staying in this care home experience:</strong></td>
</tr>
<tr>
<td><strong>Judgement:</strong></td>
</tr>
<tr>
<td>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.</td>
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<tr>
<td><strong>Evidence:</strong></td>
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<tr>
<td>This box describes the information we used to come to our judgement.</td>
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We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at www.dh.gov.uk 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**

<table>
<thead>
<tr>
<th>Document Purpose</th>
<th>Inspection report</th>
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<tbody>
<tr>
<td>Author</td>
<td>Care Quality Commission</td>
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<td>Audience</td>
<td>General public</td>
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<td>Internet address</td>
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## Information about the care home

<table>
<thead>
<tr>
<th>Name of care home:</th>
<th>41 Braemar Road</th>
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<td>PO13 0XZ</td>
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<tr>
<td>Telephone number:</td>
<td>01329280040</td>
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<tr>
<td>Fax number:</td>
<td></td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:debbiehall2@nhs.net">debbiehall2@nhs.net</a></td>
</tr>
<tr>
<td>Provider web address:</td>
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<table>
<thead>
<tr>
<th>Name of registered provider(s):</th>
<th>The Hampshire Partnership NHS Foundation Trust</th>
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<tbody>
<tr>
<td>Name of registered manager (if applicable)</td>
<td>Mrs Debbie Hall</td>
</tr>
<tr>
<td>Type of registration:</td>
<td>care home</td>
</tr>
<tr>
<td>Number of places registered:</td>
<td>4</td>
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### Conditions of registration:

<table>
<thead>
<tr>
<th>Category(ies) :</th>
<th>Number of places (if applicable):</th>
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<tbody>
<tr>
<td>learning disability</td>
<td>Under 65</td>
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<td>4</td>
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Additional conditions:

The maximum number of service users to be accommodated is 4.

The registered person may provide the following category/ies of service only: Care home only (PC) to service users of the following gender: Either Whose primary care needs on admission to the home are within the following categories: Learning Disabilities (LD)

### Date of last inspection

### Brief description of the care home

41 Braemar Road is a care home providing accommodation and personal care for 4 service users with learning disability needs. It is located within the residential area of Gosport, Hampshire. The building is owned and managed by the Trust.

Hampshire Partnership NHS Foundation Trust has run this service under the NHS criteria and now registering with CQC. This service is part of the trust's re-provision
Brief description of the care home

Plan and will deregister in 2010 to supportive living service. Service users are in process of being assessed to determine if they will receive supporting living or other type of services in the future.

Hampshire Partnership Trust as of the 1 April 2009 is now trading as Hampshire Partnership NHS Foundation Trust. The Trust has no other change except being awarded Foundation status. They have total of 15 registered service with the commission.

An additional condition to registration is being made to restrict date service can remain registered up to 31 December 2010 due to exceptionally small bedrooms in the ground floor.

Mrs Debbie Hall is the registered manager.
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:
A site visit was made to 41 Braemar Road, which lasted approximately 5 hours. We made a second visit to the home to look at staff recruitment records that were not available on the day of the first visit. During these visits discussions took place with the manager, the senior support worker and three staff. Staff were also observed working and interacting with residents. Three residents were met during the visit.

Communal areas and bedrooms were seen.

Records, documents and policies and procedures were looked at.

Surveys were sent to staff, relatives, carers and advocates asking for their views on the service. It was not possible to gain opinions of the service from the service users who had limited communication. Four staff and four relative/advocate returned surveys to CQC and indicated satisfaction with the service in the home and their job roles.
Care services are required to complete an Annual Quality Assurance Assessment (AQAA). This was completed by the home and returned to the Commission. Information contained in the AQAA has been used for this report.
What the care home does well:

The home has effective communication tools for communicating with the service users who have limited communication skills. Pictorial diagrams are used for all records and information about the home and this enables the service users a level of understanding about their home and care.

Each service user has a file of documents titled 'My Profile' and this is divided into all areas of the service users life and activities and details guidance for staff on how to provide care for the service user taking into account wishes, choices and risks.

Service users have access to community facilities and the home has its own mini bus so that service users can access community activities. Each person has a daily activities plan which includes attendance at day services as well as social events and leisure pursuits. Each service user has an annual holiday.

The health and personal care needs of each person are met by a well trained staff team and a community multi disciplinary health team of professionals.

The organisation provide a wide variety of training for their staff who report that they receive regular supervision, are well supported in their roles and are encouraged to undertake training to further their knowledge and understanding of the service users' needs. Staff comments on surveys said. 'We work well as a team to the benefit of the service users'. 'The home is very friendly and homely and we try to encourage the service users to live a fulfilled life. There is good team work and a happy atmosphere'.

Comments from relatives/advocates said. 'The service does well in looking after her needs and happiness and I want her to remain in this house with the same carers'. 'The personal care is very good and the home does well to provide a variety of activities. The staff are prepared to do extra to provide for the needs of the service users'. 'Service users are treated as individuals'. 'My sister is looked after very well by the staff and she is very happy at Braemar and I am very please with the manager of the home'.

Each person has his or her own bedroom with personal possessions and specialist equipment for any care needs. The communal areas and garden is accessible to service users.

Staff recruitment procedures are robust and protect service users.

The home is well managed and there are systems whereby the home checks on its own performance.

What has improved since the last inspection?

This does not apply as it is the first Care Quality Commission inspection of the service.

What they could do better:

There were no requirement identified at this inspection.
The 'My Profile' files were in need of being reorganised with some documentation in need of archiving to ensure only current information is readily available.
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. 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 (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:

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
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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.

Service users' individual aspirations and needs are assessed.

Evidence:

The home has a Statement of Purpose and a Service Users' Guide. These are documents which give information about the service provided by the home including details of the environment, the staff and the complaints procedure. In order to aid communication with the people who live at the home the documents have pictorial diagrams for easier understanding.

The home is accommodating four service users currently. All have been in residence for some years and in the main were moved from a hospital environment into the community and this home. The home has not admitted any service users for some years, it was therefore not possible to fully assess the key standard regarding assessing the needs of those referred for possible admission. Service users' individual records show that regular reviews of care needs take place and that this includes reassessments by local authority care managers. Copies of these assessments are
Evidence: 

Evidence: held in the service users' records.

Although this service has only been registered with CQC for six months it was previously being run as an unregistered health run unit. This arrangement is changing and the home is in the process of re-assessing all service users with regards to their suitability for a future within a supported housing provision.

The AQAA told us that the assessments that are being carried out are very detailed and person centred and the information has been sensitively gathered from the service users, their families, care workers, care managers, advocates and health professionals from the multidisciplinary team. The information gathered will assess the individual's personal support needs, compatibility, housing, location and environment. The manager told us this has been an exciting time to look forward to supporting the individuals to make choices about improving their lives.

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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:

<table>
<thead>
<tr>
<th>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.</th>
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<tbody>
<tr>
<td>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.</td>
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This is what people staying in this care home experience:

Judgement:

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Service users' needs are assessed and personal goals are reflected in care plans. Service users are supported to make decisions and choices about their life within a risk assessed framework.</td>
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</table>

Evidence:

| Each service user has a key worker to support them to make choices and decisions about all aspects of their lives. The manager told us that the service user’s that are currently in residence have very little or no verbal communication skills and lack capacity to understand information and choices. An example of this was that menus were produced in a graphic format and when these were shown to the service users to aid their choice, they all had different reactions and were unable to identify which food they preferred. Only one service user can verbalise their needs and choices. |
| Decisions about the service users' needs and care are discussed during reviews, which are attended by the service user, their family, advocate, support staff, day services and other professionals. A survey returned by a relative said 'the reviews are now |
Evidence:

more frequent and provide us with much more information'. We met three service users at this visit and all three had limited communication skills. However, it was observed that they did respond and react to the staff they were familiar with and staff were observed to be very in tune with their needs and were able to communicate with the service users in their own way.

Two service user's records and documentation were viewed. All information about the service user and their care needs in kept in a large folder titled 'My Profile'. The folder is subdivided into sections and contains detailed information about the service user with regards to who they are as a person and details their life history, about their family, their likes and dislikes, about their personalities and their worries and anxieties. It was observed that these files were very full and the senior carer agreed that they were in need of reorganising with some documentation in need of archiving to enable current information to be readily available.

The records demonstrate that detailed information is recorded for each service user and is person centred and includes pictorial diagrams to make it easier for the person to understand the information that is being kept about them. The file also contains assessments, which include multi-disciplinary assessments for moving and handling, the occupational therapist and dietitian. Assessments are based on identifying self care deficits. Support care plans are then written and describe how these care needs and deficits are to be met and how staff should assist each person with their personal care routines and how their health and medical care needs are to be met. All support plans are kept in the service users' rooms in a locked environment

Risk assessments had been undertaken and were seen in each service users' file with care plans written to manage risks such as moving and handling assessments, travel arrangements, going out of the front door, storage of medication in service users' rooms, bathing, personal care and helping in the kitchen.

The service user's package of care is reviewed three monthly by the care managers with support workers, relatives or and advocate and care plans are reviewed monthly. The daily diary notes in the profile record how each person has spent the day and how their needs have been met. The profile has a section for recording all medical and health needs and any visits from health professionals or interventions that have taken place.
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.

The social activities, family contacts and the provision of varied and nutritious meals are well managed and reflect service users' interests and choices.

Evidence:

The AQAA states that service users are supported to be involved in a range of activities which promotes independence and choice. They are encouraged to participate in the daily routines of the home such as laundry, food preparation, cleaning their rooms and shopping.

The service users each have individual activity programme for each day of the week and these are displayed on a laminated card in their room. The home has endeavoured to encourage the service users to become part of their community and participate in leisure activities such as bowling and the cinema. One service user attends a weekly Rangers meeting that she has been a member of for many year.
Evidence:

Service users are supported on trips to the shops, park and one service user particularly enjoys visiting the local cafe.

Service users are supported to invite their families and friends to the home and visitors are made welcome to the home. The manager told us that the home does not have many relatives visiting but one service user is taken out regularly by their family.

Surveys returned from relatives, staff and advocate told us that 'My sister is very happy living at Braemar'. 'The home does well now in providing a variety of activities to avert boredom. Many of the staff are willing to go the extra mile to provide for the needs of the service users'. 'We try to provide a fulfilling life for the people we support'. 'In my time as advocate for all ladies in the home the issue that arises often is a need for more staff so that access to the community is offered constantly. This would allow more one to one time with service users'. Staff commented that they would be able to provide more activities for the residents if more staff were available.

At the time of this visit there were three service users in the house, one communicated with us and enjoyed playing with some musical instruments in the conservatory, one other service user was unwell and sleeping whilst the other was in the process of receiving an aromatherapy massage in her room. The manager told us that three of the four service users enjoy this once a week which they fund themselves. The hairdresser visit the home once a week to wash the service users' hair.

The house has a vehicle available and is used to take service users to private appointments or transporting them of outings to the local areas. The service encourages service users to obtain their free taxi tokens to give them more independence when planning trips out.

All service users had an individual escorted holiday this year. There were photographs on display in the service users' rooms of their holidays. The manager told us that they all had a great time and the weather had been good.

The menu is displayed in the kitchen and is devised with input from service users if possible. The manager said that menus are planned around seasons and showed us a menu pack containing coloured photographs that are shown to the service users to encourage them to be involved with the menu planning. The manager told us this is not very successful but menus are planned around observation and records of what service users have enjoyed in the past. It was observed that there are alternative choices on the menu.
Evidence:

The service users are encouraged to participate in the food preparation and to try different textures and tastes. The manager told us that the food preparation is done on the dining room table to enable everyone to be included and participate. The meal times are flexible and packed lunches are prepared if a resident is going out. Service users also go out to lunch on occasions but the main meal of the day is cooked in the early evening. Takeaways are also enjoyed by the service users.

Each person has a nutritional assessment and support plans give staff guidance on the eating and drinking needs of individual.
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.

Arrangements are in place, to ensure that the personal, emotional, health and medication needs of the service users are met.

Evidence:

The AQAA tells us that the service users are registered with a local GP surgery, have access to the primary multidisciplinary care team. Support is also available from the local Learning Disabilities team if required.

Records show that each person has appointments with various health care professionals such as the GP, consultant psychiatrist, general practitioner, optician, dentist, community nurse, occupational therapist and speech and language therapist. The manager said that each person has annual health checks with the GP and medication is reviewed. The manager told us and records demonstrate that the service users are seen by the dentist, optician and a chiropodist, who visit the home.

The medication procedures were examined. All medication is prescribed by a medical professional and is supplied by the local chemist in a monitored dosage system (MDS).
Evidence:

who provide a medication administration record (MAR) sheet. The repeat prescription is collect by the chemist from the GP and is delivered to the House from the chemist with the next delivery of medication. Two support staff have been appointed to over see the process, they check the repeat prescription before it is returned to the chemist to ensure the information on the prescription is correct. There was evidence that medication that had been prescribed on an 'as needed' (PRN) basis had a detailed support plan and guidance around its use.

There are no service users who are able to self-medicate at the time of this visit.

The records were viewed for the ordering and disposal of medications which were in order. The medication administration records (MAR) charts were viewed and these had been recorded appropriately.

At the time of this visit the home was not administering any controlled drugs. There was an appropriate controlled drugs cupboard fitted to the wall in case any service user is prescribed controlled medication in the future.

Staff receive training in the handling and recording of medication and complete an initial assessment of competency as well as annual assessments of competency. This was evidenced from training records and staff spoken to told us that they receive regular training on medication.
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.

The home has clear policies and procedures in place which ensure service users are able to complain and are protected from abuse.

Evidence:

The AQAA told us that the home takes concerns and complaints seriously and are dealt with in a professional and timely manner.

The home has a complaints policy in place and is made available to service users and families and is part of the Statement of Purpose which is available in a range of formats. The AQAA told us that a complaints and compliments record is kept to help the home learn more about the service and to highlight areas in need of improvement. The manager informed us that one complaint had been received from a neighbour about the over grown garden. The complaints log recorded the action taken and the outcome from the complaint, which had been resolved satisfactorily.

The staff spoken to and surveys returned to CQC indicated that staff would know what to do if there are concerns about the home. One relative commented on a survey that 'since our increased involvement in the home there have been very positive responses from any of our concerns'.

The AQAA stated that the home has made available to all staff a Safeguarding Adults
Evidence:

and the Deprivation of Liberty Safeguards folder that contains polices, procedures and guidelines relating to the action needed to be taken by staff to report concerns about safeguarding issues. The training matrix evidence that staff have attended training in safeguarding and also in managing challenging behaviours. Staff are aware of their responsibilities with regards to protecting service users against abuse and poor practise and have signed to say they are aware of the policies and procedures that surround safeguarding of vulnerable people.

The recruitment practices are robust and ensure that all newly recruited staff have been cleared through the Criminal Bureau Records (CRB) and the Protection of Vulnerable Adults(POVA) checks.

Staff and the manager have received training in the Mental Capacity Act 2005 and training is to be provided regarding the use of recent legislation where there may be restrictions on someone's freedom of movement in their best interests.
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:

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Details</th>
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<tbody>
<tr>
<td>People stay in a safe and well-maintained home that is homely, clean,</td>
<td>pleasant and hygienic.</td>
</tr>
<tr>
<td>comfortable, pleasant and hygienic.</td>
<td>People stay in a home that has enough space and facilities for them to lead the life they choose</td>
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<td></td>
<td>and to meet their needs. The home makes sure they have the right specialist equipment that</td>
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<td>encourages and promotes their independence. Their room feels like their own, it is</td>
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<td>comfortable and they feel safe when they use it. People have enough privacy when using toilets</td>
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<td></td>
<td>and bathrooms.</td>
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</table>

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.

Service users benefit from living in an environment which was well maintained, that is well furnished, clean, homely and free from adverse odours.

Evidence:

It was acknowledged before the home was registered, that the home was in need of some maintenance, repair and cleaning throughout. Two out of the four bedrooms are below National Minimum Standards of 12 m2. None of the bedrooms have en-suite facilities but two have hand sinks.

The AQAA details the environmental improvements made over the past months. We looked around the house and with the permission of the service users visited most rooms. The house is homely and clean and had recently undergone refurbishment to include the whole house being redecorated, a new kitchen fitted and new furniture throughout. The manager told us that the service users had input in choosing colours for the decorations. The service users' rooms visited were very clean and tidy and had been individualised with their person belongs and photographs of family and friends and reflected their individual personalities. One service user has an over head hoist fitted to the ceiling for their moving and handling needs.

The home has a spacious communal living area with a lounge, dining room and
Evidence:

conservatory that overlooks a large garden, which is accessible to all service users and is particularly enjoyed by one service user who enjoys looking at the birds. The garden is maintained by a contractor. The laundry room has been refurbished and new machines purchased.

The ongoing maintenance of the house is undertaken by the estates department and the manager identifies any ongoing work. The estate department also carry out annual assessments and inspections of electrical appliances, fire safety etc. At the time of this visit there was a contractor attending the home to fire board a roof space which was part of a service users' room.

The home is kept very clean and staff undertake this and the laundry. The home has infection control policies in place and the home provides staff with hand washing facilities in all rooms and aprons and gloves as protection. Staff training matrix evidence that staff have received infection control training and those spoken to were aware of the principles of infection control.
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.

Service users needs are met by sufficient numbers of well trained and supported staff who are recruited and selected using robust procedures.

Evidence:

The registration report said that the home structure has the manager and 10 support workers. The manager is not supernumerary and there is no formal deputy or senior support worker identified.

There has been 2 new staff recruited recently, but in the main core staff have been stable. The manager told us that she is fortunate to have a stable staff as this allows for continuity of care for the service users which reflects on their daily lives of having familiar people to support them. The home's staff rota told us that three support worker are on duty in the morning, with two or three in the afternoon and one awake staff at night.

Additional staff are deployed so that residents are supported to have a holiday.

Staff surveys and those spoken to at the time of this visit said that ideally it would be good to have more staff on duty at times to allow them 'more time to take service users out'. 'More staff employed to allow the service users to access the community...
Evidence:

and give more one to one support'. 'More staff so we can do more activities'. The manager told us that the staffing is always under review to ensure the service users' needs are met.

The manager has an annual appraisal and two monthly supervision programme in place. This was evidenced in staff records and staff spoken to confirmed this. The manager told us that it is at the annual appraisals with the staff that their training needs and ambitions are discussed. The manager said she works closely with her staff and encourages them to undertake training as she considers that training motivates staff to want to learn. Staff spoken with said that they are supported in their work and that they 'work well as a team'.

A record of training is maintained for each staff member and the home's management has a training matrix to monitor what training has taken place. The training matrix was viewed which evidenced that staff have undertaken a variety of training and all mandatory training had been undertaken by staff. The manager told us that the system will alert her to what staff are due mandatory training. Staff told us that they are able to attend a variety of training courses relevant to their role and that the manager is very supportive. Staff spoken to said 'there is plenty of training available on offer and we have no complaints'. One member of staff said she was currently undertaking an aromatherapy course to enable her to administer massage to the three service users who enjoy this and currently buy in this service.

The AQAA identifies that over 50% of staff have achieved the National Vocational Qualification level 2 and 3. Some of the staff have identified at their appraisal that they would like to undertake a management skills course.

Three staff personnel records were viewed. These demonstrated that Criminal Bureau Records (CRB) check and the Protection of Vulnerable Adults (POVA) had been cleared. Staff recruitment procedures show that staff only start work after the required checks are obtained. Records of references, job application and interviews were maintained in staff records as well as a record of the involvement of residents in the process of recruitment.

Newly appointed staff have an induction course to prepare them for the job. This consists of a one day corporate induction followed by a skills for care induction programme booklet that is completed in five days. The staff member then has a four week period when they work in a supernumerary capacity with a mentor from the home's staff team. A completed induction programme was viewed in a staff's records. Staff spoken to and staff surveys indicated that the induction they received prepared
Evidence:

them for the job.
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:

<table>
<thead>
<tr>
<th>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.</th>
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<tr>
<td>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.</td>
</tr>
</tbody>
</table>

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 of the home ensures that the health, safety and welfare of service users and staff are promoted and the home is run in an inclusive manner and in the best interests of the service users.

Evidence:

Mrs Debbie Hall the registered manager. She has the relevant experience of working in the care industry for some years and has completed her Registered Manager's Award. She has worked at the home for a considerable number of years and was in the role of acting manager before registration. From observation and talking to staff, the manager is very much part of the team and is described as 'very supportive'.

The manager has undertaken further training in a variety of subjects which relates to her role.

The operational manager visits the home and undertakes an audit of different areas of the service and reports on this as part of the quality assurance of the home. A report was viewed by us and was very informative. The manager maintains quality
Evidence:

assurance records that demonstrate the medication administration records are monitored weekly. The manager told us that every one's opinions are valued and views are sought through staff meetings that take place monthly and records of these were viewed. The home has a monthly health and safety audit. Service users' care needs reviews take place three monthly at which time the family are involved and can contribute to the review of care process.

Service users' finances are audited weekly. They all have named bank accounts and three monthly statements are issued to each service user. The manager explained the process of receiving monies and the service users' expenditure and clear records of this are maintained.

Servicing certificates for equipment and systems were viewed. Because the home has only been registered for the past six months all equipment and systems are new. The manager has a monthly meeting with the estates offices at head office to discuss maintenance and any repairs the home needs.

All cleaning materials and substances hazardous to health were being stored in a locked environment.
Are there any outstanding requirements from the last inspection?

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**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.

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<tr>
<th>No.</th>
<th>Standard</th>
<th>Regulation</th>
<th>Requirement</th>
<th>Timescale for action</th>
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**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.

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<th>No.</th>
<th>Standard</th>
<th>Regulation</th>
<th>Requirement</th>
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### 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.

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<th>No.</th>
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### 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.

<table>
<thead>
<tr>
<th>No.</th>
<th>Refer to Standard</th>
<th>Good Practice Recommendations</th>
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