



Making Social Care  
Better for People

Inspecting for better lives

# Key inspection report

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

<b>Name:</b>	The Cedars (Geoffrey Harris House)
<b>Address:</b>	Geoffrey Harris House Coombe Road Croydon Surrey CR0 5RD

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

<b>Lead inspector:</b>	<b>Date:</b>
David Halliwell	0 5 0 5 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

**Outcome area (for example Choice of home)**

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

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

**This is what people staying in this care home experience:**

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at [www.dh.gov.uk](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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- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

## Reader Information

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## Information about the care home

Name of care home:	The Cedars (Geoffrey Harris House)
Address:	Coombe Road Geoffrey Harris House Croydon Surrey CR0 5RD
Telephone number:	02086801593
Fax number:	02086818554
Email address:	
Provider web address:	

Name of registered provider(s):	Surrey and Borders Partnership NHS Trust
Type of registration:	care home
Number of places registered:	6

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	6	0
Additional conditions:		
Date of last inspection		

Brief description of the care home
The Cedars is a residential home offering support for up to six service users with learning disabilities and associated challenging behaviours. It is owned managed and staffed by Surrey and Borders NHS Trust. The Cedars is in a semi rural setting in a campus style shared by a day service and other residential homes. It is close to Lloyd Park and local transport including a tram-link to Croydon town centre. The home also has a minibus enabling service users to access other community facilities. The Cedars is a six bed-roomed house with a communal lounge, dining room, kitchen and small office. The home also has a small well-maintained garden.

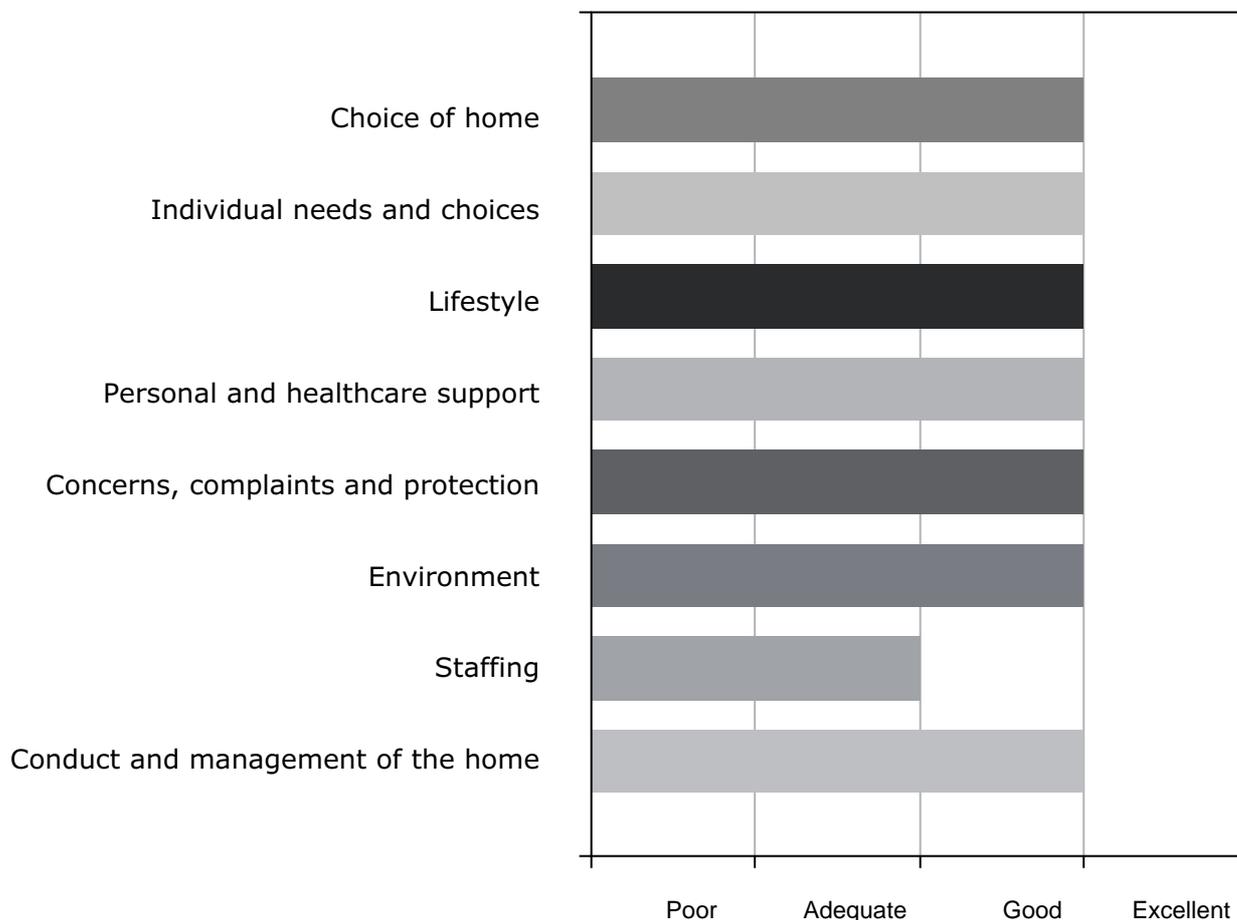
## Summary

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:

The stars quality rating for this service is good. This means that people who use these services experience good quality outcomes. Service users said that they like to be called residents.

This was an unannounced inspection visit over a period of 2 days that covered all the key standards and involved a tour of the home, a review of all the homes records and formal interviews with 4 members of staff and the Manager and Deputy Manager of the home. 3 residents were spoken with informally.

A completed AQAA was received prior to the inspection and we also received feedback slips from the residents before this inspection was carried out.

6 requirements have been made as a result of this inspection and 4 recommendations have also been made. Feedback on these requirements was given verbally to the Manager at the end of the inspection visit.

We found the residents and staff very helpful and they are to be thanked for the assistance that they provided over the course of this inspection visit.

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

This home appears to meet the needs and wishes of the residents and the management approach of the home creates a positive and inclusive atmosphere.

The home offers residents opportunities to participate in the day-to-day running of the home and they are able to express their wishes and concerns in a confident manner. Residents have opportunities to attend employment, education, and daytime activities, social activities are generally very good and service users are encouraged and supported to be as independent as possible.

The arrangements for health care needs of the service users are good and the home has the support of a local pharmacist for advice on medication. Arrangements are also made so that all service users have regular contact with their friends and families.

Residents are living in a safe, well-maintained environment, with access to safe, pleasant and comfortable facilities.

The home is being managed the home in an open, professional and competent manner.

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

Specific improvements have been achieved in the following areas:

1. The kitchen floor has been replaced as it was starting to deteriorate and could have presented a health hazard to residents. Also the coloured chopping boards in the kitchen have also been replaced.
2. The Deputy Manager has worked to ensure that all the maintenance records have been sorted and filed so that they are easily accessible and the appropriate information is made available to ensure that the appropriate checks and requirements within Standard 42 have been carried out.

### **What they could do better:**

It is recommended that the Manager ensures that contracts are updated annually as required and signed by both parties.

A revised and updated Service User Guide was completed in April 2007 that provided a useful and informative handbook for residents. This now needs to be updated to include all the recent information.

It is required that the Manager and the Service Manager ensures that all staff can access POVA training and receive refresher training every 2 years.

We reviewed all the staffing files and found that none of the current staff group has up to date CRB checks in place. The Manager has assured us that applications have been submitted for CRB renewals for all staff members who work at The Cedars. Some evidence (in the form of applications to the CRB) was seen that supports this claim. We will require to see the up to date CRB checks when they have been received.

It is a requirement under Standard 32.5 for all of the care staff group to hold an NVQ qualification at level 2. This is a requirement so that residents may be assured that they are supported by competent and qualified staff.

A review of the current staff training files showed that no staff had received their annual appraisals to date. It is a requirement that all staff receive annual appraisals.

Records show that not all staff have received this basic core training and that for others their training in these areas is now in excess of 5 years ago. It is therefore a requirement that the Manager ensures that all staff receive update and refresher training in the areas identified.

It is recommended that the Manager ensures all staff receive regular individual supervision as prescribed above.

It is a requirement that a smoke detector needs to be fitted to the under stairs cupboard and the fire extinguisher in the kitchen needs to be fixed to the wall.

It is recommended that PAT testing should be carried out annually. Records in the home indicate last PAT testing April 2007.

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](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

### 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.

Quality in this outcome area is good.

This judgement has been made from evidence gathered both during and before the inspection visit to this service.

Service users individual needs are being fully assessed and their individual views and wishes form an integral part of this process.

Evidence:

At this inspection 3 of the 4 residents files were inspected. A full needs assessment had been completed and was seen on the files for each of these residents. The assessments cover all the main areas of individual need and were comprehensive in this coverage. Where appropriate service users views, wishes and preferences have been included as part of the needs assessments and also in the service user plans.

In each of the files inspected there is an individual written contract, however they had

Evidence:

not been updated annually. All the contracts seen were some years old. At a previous inspection the issue of contracts was raised and it was pointed out that all residents contracts should be updated annually by the NHS Trust with the level of fees being charged. At the last inspection this problem had been addressed and this marked a development. It was seen as a positive development because these contracts were then correct and appropriate. It is recommended that the Manager ensures that contracts are updated annually as required and signed by both parties. A revised and updated Service User Guide was completed in April 2007 that provided a useful and informative handbook for residents. This now needs to be updated to include all the recent information.

On reviewing the residents files, we found a logical and consistent approach in the order and filing of the information about each of the residents. The Manager and staff are to be commended on this development that should greatly assist them with the support and care of the residents. Information was seen to be logically and chronologically ordered with appropriate information section within the files.

## 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.

Quality in this outcome area is good. This judgement has been made from evidence gathered both during and before the inspection visit to this service.

Service users may be assured that their assessed and changing needs are reflected in their care plans and are able to make decisions about their lives with assistance as needed.

Newly reviewed and updated risk assessments will assist residents to be better supported to take risks as part of developing a more independent lifestyle.

Evidence:

On the 3 residents files inspected there were service user plans or care plans that had been updated and reviewed in the last 6 months. Given the residents needs being provided for at The Cedars, the most appropriate tool to be used is that of the "My Plan" which is based on a Person Centred Planning approach. The Deputy Manager told

## Evidence:

us that each of the residents play a central role in the drawing up of these plans and that they remain the key focus of the 6 monthly reviews and updates made to the "My Plans".

The "My Plans" or care plans inspected included photographs of the service users involved in domestic and social activities such as cooking, laundry, trampoline, holidays and other social events. The plans also included pictures of the service users friends and family, activity charts and action plans. These plans also include treatment needs; the needs and goals of the resident; specific areas of support needs; specialist requirements; communication and challenging behaviour needs; behaviour plans; likes and dislikes including individual preferences both for social activities and other areas of living such as food and clothing. The plans evidently had been drawn up with the resident and with other key people such as relatives and professionals involved in the residents lives. It was also clear that the referring care managers had, in the most part, a continuing involvement in the care planning process and do as an example attend annual reviews.

In addition to these care plans there were seen on the residents files a residents plan and an action plan. The first of these identifies the residents needs in several areas for instance, personal support, education, and family and social contacts. The second plan the action plan identifies all the actions that need to be done in order to implement the care plans. These supplement the care plans referred to earlier in this report and recently updated copies were seen on all the files inspected.

In summary all the care planning tools seen on the residents files mean that residents know that their assessed and changing needs and personal goals are reflected in their individual care plans.

The appropriate documents identified in Schedule 3 of the National Minimum Standards were all seen to be held on resident's files.

Informal interviews with 3 residents confirmed that they do feel they are able to make decisions about their lives and get assistance, as they need it. Residents told us that they are involved in their own meetings and this was also confirmed by staff interviewed as part of the inspection process.

This Standard refers to the ability of residents to make decisions about their lives and to get assistance, as they need it. So in addition to the points already made above, over the course of this inspection we saw staff respecting residents rights to make their own decisions and to make individual choices in their daily lives.

## Evidence:

The Deputy Manager told us that residents have their own monthly meetings where they talk about any issues and service developments they wish to discuss, as an example they regularly talk about menus and what changes they would like to be made and most recently about their choice and preferences for their annual holidays. We saw the minutes of these monthly meetings up to 22nd April 2009 and they detailed the residents discussions however it is recommended that residents would benefit from some staff support to ensure that a full and appropriate agenda is drawn up. This should help to ensure that these meetings better enable residents to be fully informed about all the issues at The Cedars and that their views are gained and feedback to the Manager.

Inspection of the residents files revealed that risk assessments had been undertaken and updated. Risk assessments were seen for moving and handling and individual risk taking plans had been drawn up for the 3 residents in February and March 2009. These risk assessments were seen to have been agreed with the resident, their families and relevant professionals. Appropriate risk assessments help service users to be supported to take risks as a part of developing an independent lifestyle and so this is a positive development for the residents at The Cedars.

## 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.

Quality in this outcome area is good. This judgement has been made from evidence gathered both during and before the inspection visit to this service.

Residents are able to take part in age and culturally appropriate activities and are to a reasonable extent involved in local activities.

Residents have appropriate relationships and their rights and responsibilities in their daily lives are recognised and respected by the staff in the unit. Residents are offered a healthy and varied diet from a menu that they assist in drawing up.

Evidence:

The Deputy Manager told us that residents at the Cedars do have a relatively active social life and are involved in community activities that interest them. We were

## Evidence:

informed that residents go swimming regularly in Addington, trampolining in Caterham, and often go with staff to pubs and coffee bars in and around Croydon.

During the course of this inspection we spoke to the residents, some of who told us that they do travel independently into Croydon to go shopping or to go to the cinema. Other residents need support to access the community. Two residents told us that they attend Croydon College completing courses on Making Pictures, Woodwork, IT and Skills Link.

Residents said that they enjoy going to visit local cafes, cinemas, and swimming pools and go on daytrips in the homes minibus.

The Deputy Manager told us that all the residents have strong family links; some go home for weekend stays and visits. There is an open visitors policy and the home just ask that visitors phone to ensure their family member is going to be in before they visit. Staff support residents appropriately where they need it. Appropriate professional help such attendance at a men's group and other support groups is given and has clearly assisted some of the residents. This means that residents may have appropriate personal, family and sexual relationships and be supported appropriately in maintaining these relationships where they wish.

Policies seen by us to be established within the home ensure that service users rights to privacy, respect and dignity are respected. Residents who were interviewed also confirmed that they felt staff respected these rights.

Residents said that they have a key to their own bedrooms, their mail is unopened, their preferred form of address is used by staff and staff do knock on their doors before entering. We observed staff to be interacting with residents in a friendly and respectful manner.

All the residents are able to spend time on their own and are actively supported by staff where appropriate to do so. The Deputy Manager gave us an example of this where for instance 1 resident who suffers from seizures likes to spend time in his own company but needs to be regularly checked by staff in case he has a seizure. In this instance staff will check every half hour by knocking on his door but do not enter unless they are needed.

Residents also participate in the household chores such as washing their clothes and keeping their rooms clean and tidy. Residents told us enthusiastically that they enjoy doing these tasks.

## Evidence:

With regards to meals and meal times there is a planned and varied menu which residents told us they enjoy. We saw suitably planned menus for the week ahead. Specific needs are catered for and alternative choices are provided. Residents are able to state their preferences when the menus are planned and we were told that residents are asked weekly if there are any specific meals that they would like for the week ahead. This is so that the shopping can be planned appropriately

The homes menus seemed varied and nutritious in content, are based on a four week rota. The Deputy Manager told us that if a resident has special dietary needs, support can be requested from a dietician who will also assist in drawing up appropriate menus.

Residents told us that they are offered an alternative to the main meal on offer and we witnessed staff asking service users what they preferred to eat on the day of the inspection.

## 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.

Quality in this outcome area is good. This judgement has been made from evidence gathered both during and before the inspection visit to this service.

Residents can be assured that they will receive personal support in the way that they prefer and require. Their physical, emotional and health care needs will be met.

Residents can rely on the home providing a well-managed service with regards to medication and that they will be protected by the home's policies and procedures for dealing with medications.

Evidence:

3 residents interviewed by us said that they are able to make decisions about their daily lives as they would wish and feel that they are supported in an appropriate and helpful way. 3 staff members interviewed explained their approach to the personal support and care that they provide to the residents. This supports the view that residents do receive personal support in the way they prefer and require.

## Evidence:

The Deputy Manager told us that each resident now has a healthcare plan that is regularly reviewed in conjunction with medical services (e.g. GPs) to ensure that the residents needs are met appropriately.

We saw Health Action Plans for each of the 3 residents dated February and March 2009, these action plans help to keep a regular check on the residents healthcare needs and record appointments kept with GPs, Dentists, Opticians and other healthcare professionals. Records examined confirmed that arrangements are in place for meeting residents healthcare needs. They are supported to access a range of NHS facilities e.g. GP, Consultant, dental, chiropody, optician and physiotherapy services. Regular health checks are conducted for each resident every 6 months.

Information relating to personal and healthcare needs including both routine and one off health interventions were well recorded. Care plans and specific strategies identify individual and specialist needs, which also reflect any changing needs. Detailed records were in place and involvement with specialist services highlighted where necessary.

The home has the support of a local pharmacist for advice on medication. The pharmacist also provides regular audits to the home to further ensure that medication practices are undertaken appropriately. Records showed that no concerns have been highlighted. Medication is stored in a locked cupboard in the dining room and controlled drugs are now being stored in a locked metal cupboard within that locked metal cupboard.

Together with the Manager we carried out a spot check to see if the medication administration records reflected the current medication stocks. 3 different medications were checked and the stored medication stocks matched the records, thus indicating that the home's procedures for medication administration are being implemented appropriately.

Other medication administration records (MAR sheets) checked on the day of the inspection were up to date and were accurate with no unfilled spaces on the MAR sheets.

The medication administration system includes a service user medication profile and a service user photograph. There are guidelines for staff to follow prior to administering as required medication.

Each service user has a signed consent to medicate form. The home has a medication policy and procedure. The Surrey and Borders NHS Trust provides accredited training in the administration of medication in line with the policy and the Manager said that all

Evidence:

staff who administer medication to residents have and are required to have by the NHS Trust training updated every 2 years.

## 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.

Quality in this outcome area is good. This judgement has been made from evidence gathered both during and before the inspection visit to this service.

Arrangements for complaints and protection from abuse are well managed and ensure that service users feel listened to and safe.

Evidence:

The Deputy Manager told us that no complaints had been received since the last inspection visit in July 2008.

The complaints procedure contains all of the relevant and necessary information and is readily available to the residents, their relatives and other visitors. A log of complaints is kept in a book and no complaints had been made about the home since the last inspection. Residents told us that they are aware of whom to go to if they feel unhappy and are provided with the necessary support to air their views or concerns.

Residents said that they do feel their views are listened to and are also acted upon.

At the last inspection a recommendation was made that all staff should receive POVA training so as to ensure that all service users are protected from abuse, neglect and self harm. This has been an ongoing issue as a requirement was also made at the

## Evidence:

inspection carried out in 2006 for the same reason. At this inspection we inspected the staff training records for all the staff group at The Cedars. These records indicate that 3 staff have not had POVA training; 3 staff have received POVA training more than 3 years ago and only 3 staff have received this training in the last 3 years.

It is important that all staff receive a refresher and update at least once every 3 years in this area of training especially given the needs of the residents now living within the home. It is therefore required that the Manager and the Service Manager ensures that all staff can access POVA training and receive refresher training every 3 years.

The Cedars has an Adult Protection policy and a copy of this was seen in the policies and procedures file.

The homes policies and procedures cover all essential areas of guidance, including physical intervention, service users finances, insurance and such issues as gifts gratuities and bequests.

There are sufficient organisational policies to safeguard the residents welfare e.g. dealing with abuse and a whistle blowing policy.

The Manager said that all staff members are all thoroughly vetted and recruitment assures that nobody starts at the home until their credentials with regard to the Criminal Records Bureau (CRB) and the Protection of Vulnerable Adults Register have been checked.

We reviewed all the staffing files and found that none of the current staff group has up to date CRB checks in place. The Manager has assured us that applications have been submitted for CRB renewals for all staff members who work at The Cedars. Some evidence (in the form of applications to the CRB) was seen that supports this claim. We will require to see the up to date CRB checks when they have been received.

Other recruitment checks referred to by the Manager had been carried out as specified.

The Manager told us that no allegations of abuse had been received since the last inspection and the record book seen by us 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, 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.

Quality in this outcome area is good. This judgement has been made from evidence gathered both during and before the inspection visit to this service.

Service users may be assured that they do live in a safe and comfortable house that is also clean and hygienic.

Evidence:

The Cedars is a two storey six bed roomed house with a communal lounge, dining room, kitchen, laundry, small office and a garden. The home is suitable for its stated purpose. Each resident has a single room, which is decorated and personalised to reflect their individual taste.

The home has one individual toilet and two multipurpose bathrooms. The bathrooms were fully refurbished a year ago. The hallway downstairs has also been refurbished as required at a previous inspection.

The home was clean, tidy and free from offensive odours at the time of the inspection.

Following the last inspection when it is recommended that the floor of the kitchen be

Evidence:

replaced, this has since been completed to a satisfactory standard. Also the coloured chopping boards in the kitchen need have been replaced as they were old and their surfaces badly scored.

The Manager showed us the homes infection control procedure, which seems to be working effectively. This means that the residents live in a hygienic home.

The laundry area is well laid out and there is an impermeable floor laid down to prevent water ingress and easy cleaning. We were told that laundry is not taken through areas where food is prepared.

## 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.

Quality in this outcome area is adequate. This judgement has been made from evidence gathered both during and before the inspection visit to this service.

Service users may be assured that they are protected by the recruitment practices. It is however important that staff are regularly supervised in their working roles.

Evidence:

At the last inspection a requirement was made relating to the need for staff to hold NVQ qualifications. Inspection of the training records showed that 2 of the staff group of 12 did not have an NVQ at least at level 2 and that 1 other member of staff was trying to undertake an NVQ 3 but found it very difficult to get onto the training.

We advised the Deputy Manager of the requirements under Standard 32.5 as to how all of the care staff group now need to hold an NVQ qualification at level 2. This is a requirement so that residents may be assured that they are supported by competent and qualified staff.

A review of the current staff training files showed that no staff had received their annual appraisals to date. It is a requirement that all staff receive annual appraisals.

## Evidence:

New training files and a training matrix are in place for members of staff and they include their details of training achieved and their certificates. The Deputy Manager showed us these files which are a useful tool to assist in meeting the training needs of the staff.

All staff should receive update training relevant to their work and this should be supported by certificated evidence seen in the training files. This should include: Food hygiene Infection control Health and safety Manual handling Update on Medication Administration POVA Care planning awareness Risk assessment Managing violence and aggression Basic LD awareness

Records show that not all staff have received this basic core training and that for others their training in these areas is now in excess of 5 years ago. It is therefore a requirement that the Manager ensures that all staff receive update and refresher training in the areas identified above.

All staff should receive regular supervision at least six times a year or once every 2 months. Inspection of the staff records and interviews with staff show that there is still a lack of consistency with the frequency of staff receiving regular individual supervision within the prescribed timescales. This means that service users cannot be fully assured that they will benefit from well supported and well supervised staff. Managers are reminded of the need to maintain the frequency of supervision practice. 4 staff members who were interviewed acknowledged that there have been some gaps in their supervision but also said that they have received informal supervision when they needed it. It is recommended that the Manager ensures all staff receive regular individual supervision as prescribed above.

## 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.

Quality in this outcome area is good. This judgement has been made from evidence gathered both during and before the inspection visit to this service.

The Manager and the staff work hard to ensure that service users benefit from a well run, competently managed, open and safe environment.

With the development achieved in the quality assurance system residents can be assured that their views and the views of other relevant people will underpin the monitoring and review of the developments within the home.

Service users can be assured that their welfare, health and safety is safeguarded through the homes adherence to appropriate guidance and regulations concerning best safety practice.

Evidence:

At this inspection the Deputy Manager said that the Unit does carry out a Quality

## Evidence:

Assurance process that involves sending out feedback surveys to relatives, residents and visitors to the home. In addition to this feedback is now also sought from professionals who work with the residents, including care managers.

All the feedback sheets we saw were very positive in their comments about the home. One feedback sheet we saw from a professional said, I always find the home very friendly. It always feels very homely and has a lovely atmosphere. I always feel very welcome and almost a part of the family.

We saw examples of the survey forms and a quality management analysis sheet and an action plan format that have also been developed, although not yet used. This would be a useful source of feedback in identifying trends, problems and issues for the home to address as a part of the process of self monitoring, review and development of the quality assurance process. It is recommended that the analysis of all the feedback information is completed for the survey that we were told is being carried out this year.

Policies were seen for Health and Safety; fire; moving and handling and risk assessment relevant to the unit.

A fire risk assessment carried out by an independent agent in 16.10.2008 identified 3 requirements. A smoke detector needs to be fitted to the under stairs cupboard, fire extinguishers needed to be tested more regularly and the fire extinguisher in the kitchen needs to be fixed to the wall. The first and the last of these 3 requirements had not been met at the time of this inspection although the Deputy Manager did say that she would report the matters straight away. It is required that these be met within the timescale given in this report.

Most of the staff have received training in; fire safety; first aid; food hygiene and infection control. The Manager should ensure that all staff has undertaken recent training in these areas (see also Standard 35 above).

We asked the Deputy Manager to see up to date certificates for maintenance and the appropriate checks and requirements within Standard 42 of safe working practices. Boiler and gas 24.3.2009 Electrical system 2.1.2008 PAT testing April 2007. This should be carried out annually. Fire alarms 17.2.2009 Emergency lighting 25.4.2009 Fire extinguishers 4.11.2008 Legionnaires water test 23.10.2008

Fridge and freezer temperatures have not been recorded, however the Manager assures us that this process has been re started and an appropriate record book was seen for this purpose.

## Evidence:

Water temperatures are tested weekly for each hot water outlet and records seen to 22.4.09 confirmed temperatures do not exceed 45 degrees centigrade.

Records also indicate that Fire alarm tests are now being carried out weekly and these checks are recorded appropriately.

Records show that Fire Drills are carried out 2 monthly and they indicate that all residents and staff are able to leave the building as required. Last drill was 22.3.09.

There are appropriate policies and procedures for accidents and incidents and all incidents and accidents are recorded appropriately in record books - nothing recorded since the last inspection.

Other records were also seen for: 1. Weekly fire alarm tests 2. 6 monthly emergency lighting tests 3. 6 monthly fire drills 4. Fridge and freezer temperatures.

The home has self-monitoring systems in place such as internal audits and regulation 26 visits.

Residents spoken to on the day of the inspection said that they feel that staff and managers in the home listen to them and generally comply with their requests.

Are there any outstanding requirements from the last inspection?

Yes



No



## Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
1	32	18	All of the care staff group will need to hold an NVQ qualification at level 2 so that residents may be assured that they are supported by competent and qualified staff.	30/03/2008

## Requirements and recommendations from this inspection:

### Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action
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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.

No.	Standard	Regulation	Requirement	Timescale for action
1	23	18	<p>It is required that the Manager and the Service Manager ensures that all staff can access POVA training and receive refresher training every 3 years.</p> <p>To meet the NMS.</p>	01/10/2009
2	23	13	<p>We reviewed all the staffing files and found that none of the current staff group has up to date CRB checks in place. The Manager has assured us that applications have been submitted for CRB renewals for all staff members who work at The Cedars. Some evidence (in the form of applications to the CRB) was seen that supports this claim. We will require to see the up to date CRB checks when they have been received.</p> <p>To meet the NMS.</p>	01/09/2009

3	32	18	<p>It is a requirement under Standard 32.5 for all of the care staff group to hold an NVQ qualification at level 2. This is a requirement so that residents may be assured that they are supported by competent and qualified staff.</p> <p>In order to meet the NMS.</p>	01/10/2009
4	35	18	<p>A review of the current staff training files showed that no staff had received their annual appraisals to date. It is a requirement that all staff receive annual appraisals.</p> <p>In order to meet the NMS.</p>	01/10/2009
5	35	18	<p>Records show that not all staff have received this basic core training and that for others their training in these areas is now in excess of 5 years ago. It is therefore a requirement that the Manager ensures that all staff receive update and refresher training in the areas identified.</p> <p>In order to meet the NMS.</p>	01/11/2009
6	42	23	<p>It is requirement that a smoke detector needs to be fitted to the under stairs cupboard and the fire extinguisher in the kitchen needs to be fixed to the wall.</p> <p>In order to meet the NMS.</p>	01/07/2009

## 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	36	It is recommended that the Manager ensures all staff receive regular individual supervision as prescribed above.
2	42	It is recommended that PAT testing should be carried out annually. Records in the home indicate last PAT testing April 2007.

## Helpline:

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