



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for adults (18-65 years)

Name:	The Oaks
Address:	Firs Road Kenley Surrey CR8 5LH

The quality rating for this care home is:

three star excellent service

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

Lead inspector:	Date:
James O'Hara	0 3 0 8 2 0 0 9

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	The Oaks
Address:	Firs Road Kenley Surrey CR8 5LH
Telephone number:	02087631719
Fax number:	02087631719
Email address:	a.mallikaaratchi@sabp.nhs.uk
Provider web address:	

Name of registered provider(s):	Surrey and Borders Partnership NHS Trust
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Type of registration:	care home
Number of places registered:	12

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	12	0

Additional conditions:
The maximum number of service users who can be accommodated is: 12
The registered person may provide the following category/ies of service only: Care home only - Code PC to service users of the following gender: Either whose primary care needs on admission to the home are within the following categories: Learning disability - Code LD

Date of last inspection									
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Brief description of the care home
The Oaks is owned by Surrey and Borders NHS Trust and is registered with the Commission for Social Care Inspection to provide residential care for up to 12 adults with learning disabilities. There are currently nine people living at the service. The service offers accommodation to people who have a moderate to severe learning disability. The service is beautifully situated in a wooded area of Kenley. The service is not easily accessible by public transport being a 20 minute walk up a very steep hill

Brief description of the care home

from both bus and rail routes. The service has 2 vehicles one of which is adapted for wheelchair users. The property is a large, converted building with accommodation sited across 3 floors with access being provided by a lift. All bedrooms were noted to be of good size, communal accommodation is a large lounge and a smaller quiet lounge, a large dining room, 3 bathrooms and 5 toilets. There is a large garden, which is frequented by squirrels and other wildlife. The service has a heated, in-door swimming pool.

The current annual fee for a placement at the service is £61,474.62.

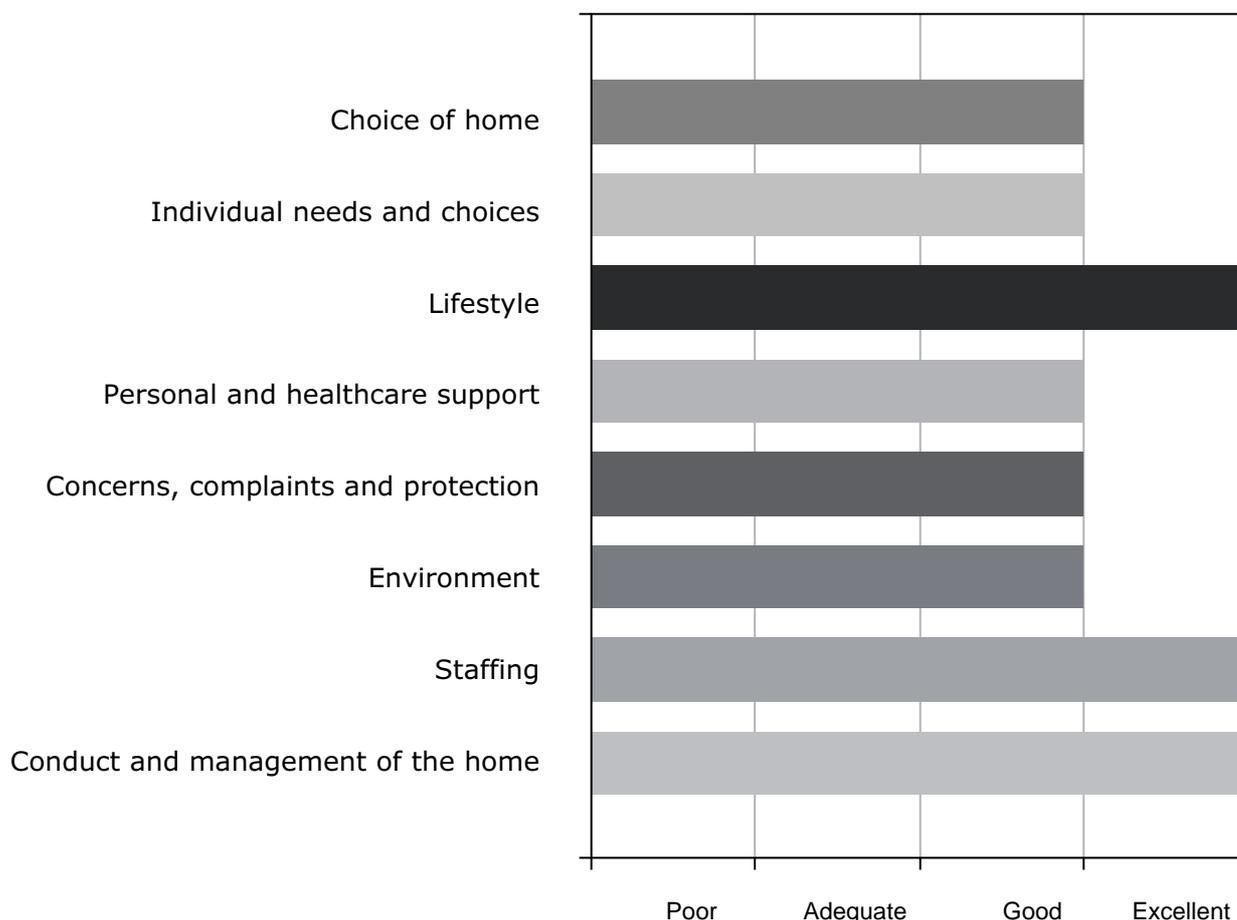
Summary

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

The quality rating for this care home is:

three star excellent service

Our judgement for each outcome:



How we did our inspection:

The quality rating for this service is 3 star. This means the people who use this service experience excellent quality outcomes.

An expert by experience attended the inspection; some of the experts by experiences comments are included in this report.

We spent four and a half hours at the service and talked with three people who use the service, two members of staff and the deputy manager.

Records and documents examined during the inspection included care plans, activities, medication, staffing and training and health and safety records.

The registered manager completed an Annual Quality Assurance Assessment (AQAA) to

tell us about the service provided, how it makes sure of good outcomes for the people using it and any planned developments.

What the care home does well:

The service provides people who plan to use the service and their representatives with all the information they need to make an informed decision about whether or not to use the service.

People have person centred plans and care plans that are kept under regular review.

People have individual risk assessments and risk management strategies in place so that they can participate in activities in a safe manner.

Social and leisure opportunities for people to engage in at the service and in the wider community are well managed and age appropriate.

People have regular contact with friends and relatives.

Medication is well managed.

There is an appropriate complaints procedure and the service has suitable vulnerable adult protection and abuse prevention measures in place.

There is a competent and well trained staff team who understand the needs of people who use the service.

The service is well organised and managed.

Three people gave the thumbs up sign or told the expert by experience that they were happy living there.

What has improved since the last inspection?

The requirement set at the last key inspection has been met.

The service has worked hard with other agencies to achieve a good level of understanding of peoples communication methods.

Peoples care plans and placements have been kept under review by care managers from their placing authorities.

People have been actively involved in devising menus, planning evening activities and choosing what activities they would like to attend.

All staff have applied for new Criminal Record Beareau Checks.

The level of staff training and supervision has improved.

All staff have completed a National Vocational Qualification in Care.

What they could do better:

The overall impression when visiting this service is that it is homely, comfortable clean and hygienic however some areas are in need of redecoration.

In order to monitor that people are being supported to attend the activities agreed in their person centred plans staff should keep an accurate record of activities that people take part in.

They could contact the Royal National Institute of Blind people for advice on eating utensils.

They should consider how the service can support staff with their approach to promoting peoples independence.

People with hearing impairments should be assessed by the audiologist to find out if a loop system would be of benefit to them.

They must make sure that the handrail in the upstairs bathroom is repaired.

They must make sure that the fire alarm system is tested on a regular weekly basis.

The Commission, the expert by experience and their personal assistant would like to thank people who use the service and the members of staff on shift for their support during the course of the inspection.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line –0870 240 7535.

Details of our findings

Contents

Choice of home (standards 1 - 5)

Individual needs and choices (standards 6-10)

Lifestyle (standards 11 - 17)

Personal and healthcare support (standards 18 - 21)

Concerns, complaints and protection (standards 22 - 23)

Environment (standards 24 - 30)

Staffing (standards 31 - 36)

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

Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

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

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between the person and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

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

The service provides people who plan to use the service and their representatives with all the information they need to make an informed decision about whether or not to use the service.

Evidence:

There is a statement of purpose and service user guide that provides people who plan to use the service and their representatives with all the information they would need to make an informed decision about using the service.

No new people have moved into the service since the last key inspection. The Surrey and Borders NHS Trust has an Admission Procedure that states that people are only admitted to the home once a full assessment has been completed by an appropriate person, usually a care manager, and sent to the home, along with any other information about the persons needs. The persons family is also involved, if it is appropriate.

People have contracts drawn up by the Surrey and Borders NHS Trust, these contracts

Evidence:

are located in their personal 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.

Peoples care plans are kept under regular review and people have person centred plans with detailed information on their needs and personal goals.

People have individual risk assessments and risk management strategies in place so that they can participate in activities in the home and in the community in a safe manner.

Evidence:

We looked at three peoples personal files. Their files included person centred plans, care plans, health action plans, risk assessments and an individual daily time table of activities.

The person centred plans included areas such as how I communicate, my relationship circle, things I enjoy, things I do not like, my gifts and qualities, unresolved problems, my dreams and aspirations, things to do to keep me healthy and safe and things that matter to me most, all of the person centred plans had been kept under regular

Evidence:

review.

People have had their care plans and placements reviewed by care managers from their placing authorities. A member of staff told us that some people will have their care plans and placements reviewed again in September 2009.

Peoples personal files included risk assessments that are reviewed at person centred plan and care plan reviews and on a more frequent basis if appropriate.

A member of staff told the expert by experience that all of the people who use the service have person centred plans and that they had attended training on person centred planning.

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

Social and leisure opportunities for people to engage in at the service and in the wider community are well managed and age appropriate.

People have regular contact with friends and relatives.

Evidence:

People attend classes at the Driscoll Centre either in the morning or afternoon at least four days per week. There is also a day care room on the ground floor where people attend regular therapeutic activities such as arts and crafts and listening to music.

The service also has a heated indoor swimming pool. A member of staff told us that people from other Surrey and Borders NHS Trust care services use the pool however even though people living at The Oaks are encouraged to have a swim they usually decide not to.

Evidence:

At the time of our visit four people had left to attend the Driscoll Centre, three people were at the day care room and two people were seated in the lounge.

Some people are supported by the Us and a Bus training company, they offer an intensive interaction workshop that aims to build relationships with people with profound learning disabilities and complex needs. Two people from Us in a Bus were supporting one person when we visited, this person is registered blind, they were feeling a scented rubber soft ball with tentacles and appeared to be enjoying the interaction.

Peoples personal files included an individual daily time table of activities. We cross checked one persons timetable with their daily notes and a record of activities that people attend. This persons activities for the three days prior to our visit included bowling and shopping, a planned outing in the mini bus and a manicure. The notes and record of activities indicated that they did not take part in any of these activities. A member of staff told us that this person did not take part in bowling or shopping or an outing in the mini bus however they did have a manicure but this had not been recorded. They told us that staff do not always record when people take part in activities. In order to monitor and provide evidence that people are being supported to attend the activities as agreed in their person centred plans and care plans it is recommended that staff keep an accurate record of activities that people who use the service take part in.

The service is not easily accessible by public transport being a 20 minute walk up a very steep hill from both bus and rail routes. Because of this there is little opportunity for people to become part of the local community however people generally go into Purley, Caterham or Coulsden to go to hairdressers, cafes, restaurants, supermarkets and shop for their personal items. The service has two vehicles one of which is adapted for wheelchair users.

The registered manager told us in the Annual Quality Assurance Assessment that people are supported to make decisions and choices in their lives and their choices is always respected. Referrals are made to Advocacy Partners when issues arise where an individual does not have family and friends. Support is also sought via Care Management and the individuals keyworker.

The service has no visiting restrictions although it does ask that visitors telephone before a visit in case people are out. There is a second, quiet lounge, which can be used, as a private visitors space.

Evidence:

The expert by experience told us that people are well looked after, they can make choices about holidays, on what food they want to eat and what time to go to bed. People can have family and friends round.

People also attend residents meetings. A member of staff told the expert by experience that they use pictures at these meetings to communicate with some of the people who use the service.

Most of the people who use the service have a sensory impairment and cannot communicate verbally. Their method of communicating is recorded in their person centred plans. One person is registered blind and deaf however they can communicate verbally, the expert by experience observed that staff talked loudly in this persons ear to communicate. The expert by experience joined people for lunch, they saw a member of staff tell this person not to drink from a bowl. The expert by experience thought that this approach by staff might take away the persons independence as it might be easier or a preference for that person to drink from the bowl.

It is recommended that the registered manager contact the Royal National Institute of Blind people for advice on eating utensils.

The expert by experience told us that peoples independence could be promoted by them opening the front door to visitors because it is their home, some people could help by preparing meals and some people could putting their own laundry on.

It is recommended that the registered manager consider how the service can support staff with their approach to promoting peoples independence.

The expert by experience thought it might also be a good idea to have a sensory room so that people with a sensory impairment could experience different sounds, touches, smells and lights.

Three people gave the thumbs up sign or told the expert by experience that they were happy living there.

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.

The arrangements for meeting the health care needs of people who use the service are good and people receive personal support in the way they prefer.

Policies and procedures for handling medicines ensure the people are so far as reasonably practicable protected from harm and or abuse.

Evidence:

People who use the service are registered with a local General Practitioners Surgery. People have access to health care professionals such as speech and language therapists, physiotherapists, dieticians, opticians, chiropody and dentists through the Surrey and Borders NHS Trust. People have a health action plan.

Medication is stored in a locked cabinet in the dining room. Medication administration records were checked on the day of the inspection and were up to date and accurate.

The service has the support of a pharmacist for advice on medication. The pharmacist visited the service on the 15th of January 2009 to carry out an audit. We found audit documentation and an improvement plan in the Medication Administration Records

Evidence:

folder.

The registered manager told us in the Annual Quality Assurance Assessment that peoples person centred plans include details of how they prefer to receive support and personal care, there is guidance on specific tasks and how these should be undertaken. Everyone has an up to date Health Action Plan which is regularly updated. People have review meetings every six months and support and guidance is sought via referrals to for example Psychology Department. People are supported to take their medication regularly as prescribed. Staff have received the necessary training to handle and administer 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 service has appropriate complaints procedure in place. The service has suitable vulnerable adult protection and abuse prevention measures in place to ensure that people who use the service are so far as reasonable practicable protected from abuse, neglect and or harm.

Evidence:

The service has appropriate complaints procedure in place. The registered manager told us in the Annual Quality Assurance Assessment that there had been no complaints made to the service since the last key inspection. The Commission has not received any complaints about the service.

One person told the expert by experience that they get on well with staff and had nothing to complain about.

Staff training records indicated that all staff had attended training on safeguarding adults and there dates arranged for refresher training. The Registered Manager told us in the Annual Quality Assurance Assessment that they had attended Croydons Safeguarding Adults Training for Managers. The service in line with Surrey and Borders Partnership NHS Trust policies and Procedures operate a zero tolerance to abuse. Incident records are maintained and reporting of incidents procedure is followed and relevant parties are informed.

Evidence:

One person who uses the service raised a safeguarding issue with the service. The registered manager contacted the local authorities safeguarding team and the issue was fully investigated. Steps have been taken by the Surrey and Borders NHS Trust and the registered manager to make sure that people who use the service are being protected from harm and abuse.

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.

The overall impression when visiting this service is that it is homely, comfortable clean and hygienic however some areas are in need of redecoration.

Evidence:

The service is beautifully situated in a wooded area of Kenley however it is not easily accessible by public transport being a 20 minute walk up a very steep hill from both bus and rail routes. There are two vehicles provided for people who use the service, one of which is adapted for wheelchair users.

The property is a large converted building with accommodation sited across three floors with access being provided by a lift. All bedrooms were good in size, very comfortable and personalised to peoples individual tastes.

Communal accommodation consists of a large lounge and a smaller quiet lounge, a large dining room, three bathrooms and five toilets.

It was recorded in the inspection report on the 9th of October 2006 that an audiologist assessed the needs of some people who had hearing impairments to find out if a loop system would be of benefit to them. A member of staff stated at that time that one person was provided with a loop system to watch television they chose not to use it. It

Evidence:

is recommended that people with hearing impairments are again assessed by the audiologist to find out if the loop system would be of benefit to them.

There is a passenger lift which accesses all floors, ramps are provided to provide access to external areas, there are two adapted baths, tactile markers are used on toilet, bathroom and bedroom doors for those people with visual impairments.

There is a large garden, which is frequented by squirrels and other wildlife. There is a heated indoor swimming pool.

The registered manager told us in the Annual Quality Assurance Assessment that some people who required specialist support from the moving and handling advisor and the occupational therapy were referred and assisted to purchase specialist equipment to meet their needs.

The home is clean and hygienic. There is a cleaning schedule which is carried out on each shift to maintain the standard of hygiene.

We noted during a tour of the premises that a handrail in the upstairs bathroom was loose and coming away from the wall. This could, if not repaired, represent a potential risk to people who use the service. The registered manager must ensure that the handrail in the upstairs bathroom is repaired.

Maintenance is provided on an as required basis by The Surrey and Borders NHS Trust works dept. The decoration of the hallway stairs and landing is in a poor state. It was recommended at the last inspection that the registered manager contact the Surrey and Borders works department to consider redecoration of the hallway stairs and landing. The area manager has referred to the recommendation in the regulation 26 reports.

The expert by experience told us that the place needed decorating.

The registered manager told us in the Annual Quality Assurance Assessment that the service is on the list for the redecoration of the corridors. The Trust had confirmed work will be carried out sometime in June. The registered manager is waiting for an actual date of commencement. A quotation had been obtained to replace the flooring in the dining room.

This work had not been started at the time of our visit.

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

People can be sure that they are safe because there are enough competent well trained staff on duty at all times. They can have confidence in the staff because checks have been done to make sure that they are suitable to care for them.

Evidence:

The registered manager told us in the Annual Quality Assurance Assessment that staff have had an annual appraisal. Staffs roles and responsibilities are regularly reviewed and job descriptions have been discussed in supervision. Training needs are also identified during supervision to improve staff performance. Staff have recently undertaken a time in motion exercise to ensure people continue to receive the level of supported which is expected from staff.

All permanent staff have achieved an NVQ level 2 in Care, one person has achieved an NVQ level 3 in care and two staff are working completing this award. Staff has applied for training on safeguarding adults, an eating and drinking course and a two day course on communication is more than words and the registered manager is in the process of arranging moving and handling refresher course for all staff.

All staff have recently reapplied for Criminal Record Beareau Checks. Staff profiles are in place and include photographs, two references, recently issued Terms and

Evidence:

Conditions and copies of passports.

People who use services are supported by staff who are appropriately trained to undertake the work they do. To ensure consistency the service has regular agency staff who have been supporting people for a few years. Two staff from the agency have been working in the service for almost six months.

A member of staff told the expert by experience that all staff attends a four or five day training and induction before they can start work.

We examined staff supervision and training records. Records showed that staff are receiving regular formal recorded supervision and an annual appraisal and in 2008 or 2009 staff have attended training on safeguarding adults, fire safety, food hygiene, moving and handling, first aid, medication administration, communication is more than words and health action planning. Dates have also been arranged for further training and refresher training as indicated in the Annual Quality Assurance Assessment.

We also saw that all current members of staff have obtained Criminal Records Bureau Checks.

The expert by experience observed that a member of staff that had worked there for a long time communicated well with people who use the service but they might need to learn makaton. The expert by experience told us that staff were friendly and helpful.

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

People can be sure that their needs are met and wishes are taken into consideration because the service is well organised and managed.

Evidence:

The registered manager is a Registered Nurse for the Mentally Handicapped and has managed the service since September 2005. The registered manager told us in the Annual Quality Assurance Assessment that they are working towards the Leadership in Care Award. At the last inspection they were completing the Registered Managers Award (RMA) and NVQ Level 4 in Care . As they were not available on the of the inspection it was not possible to establish their current position on achieving the qualification. It is recommended that the registered manager write to the Commission regarding the completion of the RMA.

Regulation 26 visit reports were available for inspection.

We looked at a number of surveys returned from people who use the service, some people were able to respond to some of the questions however some could not.

Evidence:

Surveys had also been sent to and returned by visitors and relatives. We found a development plan that included a number of actions the service planned to take in response to the feedback from the surveys in order to improve the service.

Although some people have sensory impairments and most cannot communicate verbally the service has worked hard with other agencies to achieve a good level of understanding of their communication methods. People are able to hold regular meetings where staff employ different methods of communication for example using pictures and cue cards. Staff have attended training on communication is more than words. People therefore have a voice and can be sure that their views are taken on board.

Although the registered manager was not present during our visit the service was very well organised. Staff appeared confident and clear about their role within the service and were able to provide us all of the information we requested throughout the inspection. Records were up to date and well organised and the registered manager had developed action plans following audits from the pharmacy and people who use the service and their relatives surveys.

The fire alarm system is usually checked on a regular weekly basis however when we checked the records there were gaps between the 11th of May and the 25th of May and the 29th of June and the 20th of July 2009. So that people who use the service can be protected from the risk of fire the registered manager must make sure that the fire alarm system is tested on a regular weekly basis.

The registered manager carries out quarterly fire safety audits and full fire evacuations were carried out in March and June 2009. The Surrey and Borders NHS Trust fire safety advisor reviewed the fire risk assessment in June 2007 and all staff has been trained on fire safety.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

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

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	24	23	The registered manager must make sure that the handrail in the upstairs bathroom is repaired. To prevent the handrail coming off the wall and eliminate the potential risk of injury to people who use the service.	30/10/2009
2	42	23	The registered manager must make sure that the fire alarm system is tested on a regular weekly basis. So that people who use the service can be protected from the risk of fire.	07/09/2009

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	11	It is recommended that the registered manager consider

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
		how the service can support staff with their approach to promoting peoples independence.
2	12	In order to monitor and provide evidence that people are being supported to attend the activities as agreed in their person centred plans and care plans it is recommended that staff keep an accurate record of activities that people who use the service take part in.
3	17	It is recommended that the registered manager contact the Royal National Institute of Blind people for advice on eating utensils.
4	29	It is recommended that people with hearing impairments are assessed by the audiologist to find out a the loop system would be of benefit to them.
5	37	It is recommended that the registered manager write to the Commission regarding the completion of the RMA.

Helpline:

Telephone: 03000 616161 or

Textphone: or

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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

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