

# Key inspection report

## Care homes for older people

<b>Name:</b>	Annabel House Care Centre
<b>Address:</b>	57 Lower Bristol Road Weston Super Mare North Somerset BS23 2PX

**The quality rating for this care home is:**

three star excellent 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.

<b>Lead inspector:</b>	<b>Date:</b>
Wendy Kirby	0 2 0 9 2 0 0 9

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

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

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

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

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

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

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

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

Judgement:

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

Evidence:

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

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

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

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- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

## Reader Information

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## Information about the care home

Name of care home:	Annabel House Care Centre
Address:	57 Lower Bristol Road Weston Super Mare North Somerset BS23 2PX
Telephone number:	01934416648
Fax number:	01934415922
Email address:	annabelhouse@tiscali.co.uk
Provider web address:	

Name of registered provider(s):	Delphine Homecare Limited
Type of registration:	care home
Number of places registered:	32

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	32	32
mental disorder, excluding learning disability or dementia	32	0
Additional conditions:		
Manager must be a RN on part 3 or 13 of the NMC register		
May accommodate up to 32 persons aged 50 years and over with dementia requiring nursing care.		
May accommodate up to 32 persons aged 50 years and over with mental disorder requiring nursing care		
Staffing notice 19/3/2001 applies		
Date of last inspection		
Brief description of the care home		
Annabel House is a Victorian building with a purpose built two-floor extension at the rear of the property. The home and its gardens are well maintained and the inside has been tastefully decorated throughout, it provides a safe peaceful home for people to live in.		

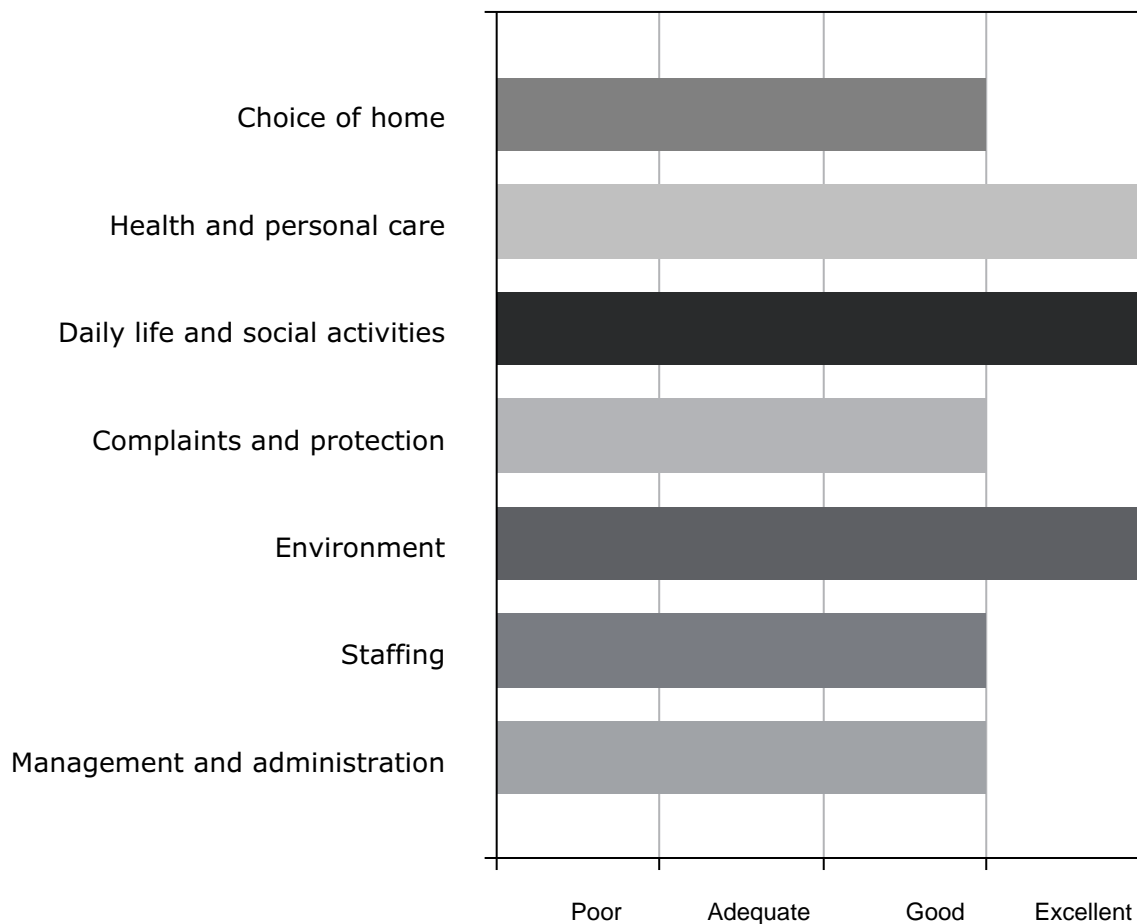
## Summary

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:

This was an unannounced Key Inspection which included a visit to the home. The visit was completed by one inspector and lasted approximately nine hours. Prior to the inspection we The Commission looked at various pieces of information to gather evidence in preparation for our visit, which included the following

The previous inspection report.

The homes inspection record, which gives us an account of any information we have received about the home since the last inspection.

The Annual Quality Assurance Assessment, known as an AQAA. The home is requested annually to complete and return this assessment to us by a specified time. We received the AQAA on time, which contained information about what the home considers it does well and what plans they have for further improvements in the coming year.

We sent surveys "Have Your Say" to people who live in the home, staff and health and social care professionals', nine were completed and returned. Comments received from the surveys will be referred to throughout this report. In addition to this the home also conducts an annual survey programme for people living in the home, relatives and visiting health and social care professionals. Details of the results are referred to throughout the report.

During our visit we spoke with some of the people who live in the home, visitors, the registered provider, the registered manager, deputy manager and other staff members who were on duty.

We also looked at how effectively staff engage with people in the home and how they were interacting and communicating with each other.

We looked at four individuals' care files, which included, pre admission assessments, care plans and risk assessments. We also looked at a number of records and files relating to the day to day running and management of the home.

We spent time in all communal areas of the home and some of the bedrooms.

We finished the inspection with a feedback session to the manager and deputy manager. Both demonstrated a very caring, committed attitude to their roles and responsibilities in ensuring they provide quality of care to the people who use the service.

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

Care plans accurately reflect the individuals' needs and how they will be met. People who live in the home and their families are involved in this process wherever possible. Systems are in place to help ensure that there is consistency in assessing, planning, implementing and evaluating the care when required.

We saw improvements in people making choices about how they choose to live their lives, this is detailed in the care documentation and staff we spoke with told us about the people living in the home, their likes and dislikes and their preferred routines.

Safe, effective systems of practice are in place in receiving, storing, administering, and disposing of drugs which will help protect the health and wellbeing of people living in the home.

Staff have a good awareness of individuals' needs and treat people in a warm and respectful manner, which means that they can expect to receive care and support in a sensitive way.

Mealtimes were dignified and unhurried. The dining experience was a sociable occasion and people were given adequate support where needed.

The complaints policy and procedure in the home is effective and all concerns are taken seriously and acted upon efficiently. People can be sure that they will be listened to and that their thoughts and feelings are taken into account.

Recruitment procedures have meant that vacancies have been filled with people that are suited to the job with the right skills, this will also help ensure more continuity of care to the people who use the service.

The home encourages and supports staff with training in order for them to develop their knowledge so that they have the required skills to meet the needs of the people.

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

The home is well organised and managed by an effective, stable management team that promotes the views and interests of all people who use the service. The home has continued to improve following the last inspection and further examples are detailed throughout this report.

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

All of the National Minimum Standards assessed at this inspection were met. No statutory requirements have been made as a result of this inspection. We would like to thank everyone who took part in the inspection, their enthusiasm and support was greatly appreciated.

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

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk).  
You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our  
order line 0870 240 7535.

## Details of our findings

### Contents

Choice of home (standards 1 - 6)

Health and personal care (standards 7 - 11)

Daily life and social activities (standards 12 - 15)

Complaints and protection (standards 16 - 18)

Environment (standards 19 - 26)

Staffing (standards 27 - 30)

Management and administration (standards 31 - 38)

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 and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

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

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

Judgement:

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

Peoples' needs are assessed prior to admission to determine the suitability of placement. They can be confident that staff will have the resources and skills to meet their assessed needs.

Evidence:

We looked at the pre admission assessments, these were comprehensive covering all activities of daily living, a full health screen and personal history background. The information gathered pre admission should provide a sound benchmark of the person's ability, state of health prior to admission and subsequent needs when they move into the home. The home has also reviewed their pre admission assessments to include sections that relate to The Mental Capacity Act and Deprivation of Liberty Safeguards.

People wishing to live in the home, family and carers are involved in the pre admission assessment wherever possible and all information is used to determine the suitability of the placement. Where possible the manager also obtains comprehensive

Evidence:

assessments and care plans from other health and social care professionals' involved, for example, social workers and hospital staff. We spoke with the manager and her deputy who clearly demonstrated the importance of pre admission assessments in order to ensure that the home can meet individual's identified needs.

As part of the pre admission process the AQAA told us that, "Prospective service users are free to visit the home without prior appointment. They are shown around either by Matron or our Deputy Manager and then details and needs of the prospective Service User are discussed. Choice and availability of rooms is discussed. No pressure is put on them and they are invited to return whenever they wish".

## Health and personal care

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

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

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

Judgement:

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

Because they are consulted about their health and personal care needs people should be assured that their views and expectations will be considered.

The health and personal care that people receive is based on individual needs.

There are safe systems of practice in place in receiving, storing, administering, and disposing of drugs which will help protect the health and wellbeing of people living in the home.

People can be confident that staff have a good awareness of their needs and that they will be treated with dignity and respect.

Evidence:

From the pre admission assessments the staff are able to develop a set of care plans based on identified needs. During the first months trial period the plans are reviewed weekly and developed accordingly. Care plans were completed with regards to health and social needs including, psychological, emotional, and cultural needs which

## Evidence:

demonstrates that the home takes an holistic approach to the provision of care. The plans that we looked at were fairly detailed and person centered, including personal preferences and like and dislikes. Plans told us that people had specific requests and routines, this is very good practice and helps demonstrate that people are involved in deciding how they wish to receive care.

The plans showed consistency in assessing, planning and evaluating care as required. The manager conducts random monthly audits on the care files and written feedback is given to staff including any further action required.

Regular care reviews take place for people living in the home, which can include family members and care staff wherever possible. This allows the opportunity to discuss and evaluate care and any issues or concerns people might have. The deputy also compiles a monthly written evaluation for each person living in the home and sends this to family members to keep them updated on current needs and peoples general health and well being.

Staff agreed that they had up to date information about individual's needs and confirmed that care plans were reviewed at least monthly unless there were any other significant changes. Staff surveys told us, "We recieve updates and information about the people we care for" and "Person centred care is practiced at all times creating a sense of belonging and respect".

Health care needs are monitored and documented in people's care files. Nutritional assessments are completed on admission and reviewed monthly, people are weighed fortnightly as part of this review. Care plans are written for people who are nutritionally at risk and how this is to be managed. Specialist health care support is often sought and referrals are made to community dietitians and speech and language therapists.

The home has good relationships with local General Practitioners (GP). Routine visits are conducted every two weeks and an update of all the people living in the home is provided, the GP will also visit on request. All visits and the outcomes are recorded in peoples care file. Specialist referrals and visits from other professionals including, Chiropodists, Dentists and Opticians were also seen. Two completed surveys were received by the home from community health and social care professionals, outcomes were positive and all agreed that staff were aware of peoples needs and that they had good working relationships with the staff in the home.

We spoke with staff who demonstrated good relationships with individual's and were

## Evidence:

knowledgable about the care needs of those living in the home. Our survey's ask people if they receive the care and support they need, comments included, "The care is first class" and "Staff are very helpful and seem very caring". The home's satisfaction surveys asks, "How well do you think we meet your needs?". Comments were very positive and included, "Since my relative has been in this home their condition has improved greatly", "Thank you for the kindness and care you give my relative" and "We are very happy with all the care that is given".

Policies and procedures for receiving, storing, administering and disposing of medications were examined and discussed. All systems in place are very effective, well managed and audited. The home operates a monitored dosage system for the administration of medication, which is supplied at regular intervals by a local pharmacist. Six monthly medication reviews for people living in the home are completed by GP's. Fridge temperatures are recorded daily, the administration charts were legible and continuity of administration was shown with a signature from the people dispensing.

The home promotes privacy and dignity to all people who use the home. Staff attend training on induction, which covers aspects such as closing doors and pulling curtains when delivering personal care and knocking on doors and waiting for an invitation to enter before going in to their bedrooms. We saw staff knocking on people's doors before entering, members of staff spoke respectfully about individual's needs and referred to them in the term of address that they preferred, this information was also recorded in the care files.

## Daily life and social activities

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

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

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

Judgement:

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

People benefit from a varied activities programme, which is both enjoyable, stimulating and meets individual preferences and expectations.

People maintain family contact and staff encourage family and friends to join in with activities and any outings.

The home actively promotes individuals' to exercise choice and control over the lives they choose to live.

People receive a varied and wholesome diet that they are able to influence.

Evidence:

There does not appear to be any unnecessary rules and it seemed that daily routines are flexible within the home. We saw some evidence that people can get up and go to bed when they like, have their meals in their bedrooms, they can go out when they wish and participate in activities they have a particular interest in. This was confirmed in discussion with individuals and through observation during our visit.

We spent time talking with the activity coordinator who showed great enthusiasm in

## Evidence:

her role and showed commitment to all the people living in the home and their families. She was also very knowledgeable about the people in her care, including their likes, dislikes, communication needs, personal history, hobbies and interests. We were told that she gathers this information by meeting prospective clients and family members before they have moved into the home.

By receiving this information she is able to compile an activities plan for individuals, these plans are reviewed to ensure that the needs and activities are still relevant and meaningful to people. She also has good systems in place to audit the services provided, whereby each session is evaluated by the people living in the home in order to ascertain its value to people.

The home provides a weekly timetable of organised group events, which includes, games, quizzes, exercises, preparation of light snacks and "normal" everyday activities. There is always a varied programme on offer to people living in the home and people's wishes are respected if they do not wish to join in. The home recognises the importance and value for those people who prefer personal individual time with either the activity coordinator or staff members. This can include reading, playing games, painting, trips out, nail care, reminiscing and aromatherapy.

Various volunteers and entertainers visit the home throughout each month, these include, a lady who brings her dog in (Pets as Therapy), a lady who plays the piano twice a week, the "Frantic Theatre Company", Busker Harris (Accordion player) and the Rainbow Singers. Each month a local church group visit providing spiritual occupation for those who wish to attend. People are supported to satisfy their religious preferences. Several denominations will visit the home on request and people can be taken to local places of worship when they wish to go.

The coordinator holds a monthly "Quality Circle" meeting for people in the home and produces a monthly newsletter, both of which are an ideal opportunity for people to share news and information with families and friend's. Other useful information is shared by having a notice board in the home and we also saw photographic displays of memorable events which provide topics of conversation and allows for people to reminisce.

The home has an MP3 music player providing a variety of music which is played in the activity room, lounges and hallway. It was evident that the music was relevant to the tastes of the people living in the home, we saw people enjoying listening to the music during coffee morning whilst reading their newspapers. There are no televisions in the lounges and people have the opportunity to watch their favourite programmes in the

## Evidence:

privacy of their own rooms.

The AQAA tells us of how the home is constantly thinking of new ideas to enhance people's lives through social stimulation. The AQAA told us, "We have some exciting ground breaking ideas regarding the use of computers and occupational activities. Within the next month, we hope to have a computer controlled projector providing visual interactive displays. Watch this space".

The home operates an open door policy for visitors and people are able to see visitors in the privacy of their own rooms and there are several semi private seating areas around the home and in the gardens. There is a portable telephone available for people to use so that they can stay in touch with family and friends.

The size and layout of the dining room makes it possible for everyone to enjoy the social advantages of dining together. The dining room is light and spacious with good quality dining furniture. Staff members supported people that required assistance with eating their meals in a respectful sensitive manner. Staff sat at the same level and assisted them without rushing. We saw jugs of juices, beakers and glasses and these were being handed to people whilst waiting for lunch. Later when we visited people in their rooms we saw that jugs of fluid had also been provided for individual use.

A lot of care and planning has been put in place to further ensure that people at risk in maintaining adequate nutrition and fluid levels are monitored. Food is served on coloured trays, each colour signifies how high the level of risk and reminds the staff of the importance to encourage people to eat and drink adequate amounts. The colour also indicates if people need to have their daily fluid and food intake recorded. Intake charts were looked at and had been completed consistently detailing amounts of fluid and what size portions of food had been eaten. The home told us that infection rates had decreased due to the diligence of staff in ensuring that people in their care take adequate fluids each day.

The kitchen is well organised and runs efficiently and effectively. The chef and staff are able to demonstrate an awareness of individual requirements and needs including special dietary requirements and personal preferences. The food is home cooked offering various choices of hot and cold alternatives and fresh fruit is available at all times. The four week menu displays traditional meals and menus are reviewed to reflect seasonal trends and availability of produce. Extras are ordered on request for birthdays and special occasions.

The kitchen is very clean, well equipped and spacious. Stores exhibited a good range

Evidence:

of foods. Food hygiene training is up to date for all staff. Documentation shows that the required temperature checks are being carried out on fridges and freezers and that food was also being probed after being cooked. Risk assessments are in place and up to date.

The AQAA tells us that, "Our chef has been professionally trained and has considerable experience of catering for our client group, both here and at a former establishment. She has a clear understanding of our residents needs and balances that out individually with their likes and dislikes. She attends our monthly nutritional meetings and is included in reviewing and updating of residents care plans".

## Complaints and protection

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

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

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

Judgement:

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

There are good policies and procedures in place to manage complaints and people can be confident that their concerns will be listened to and acted upon.

There are good arrangements in place for staff training and the awareness of protecting vulnerable adults so that people living in the home are further protected from abuse.

Evidence:

The complaints policy and procedure is detailed and contains all the relevant information required, this can be found in the service user guide and welcome pack, which is given to people on admission. It is also displayed on notice boards throughout the home and in peoples' bedrooms.

We would receive details from the home about any internal complaints investigations and safeguarding referrals, the outcomes looked at on this visit has shown us that these have been dealt with openly and effectively. The manager told us that she is committed to encourage an open culture within the home so that people feel comfortable and able to make a complaint or a suggestion without fear of reprisals.

The manager and deputy make every effort to see people living in the home Monday to Friday. Being available means that people can discuss any concerns or issues with the manager before they potentially escalate into complaints. Systems that are in

## Evidence:

place at the home such as regular care reviews, key workers and holding meetings for people living in the home, relatives, and staff means that there is opportunity to communicate and share information. This further promotes people becoming less frustrated thus relieving anxieties and any potential complaint referrals. All of our surveys told us that people knew how to make a complaint and who to talk to if they were unhappy.

There are policies and procedures as well as a range of guidance information on the topic of protection of vulnerable adults from abuse. The availability of this information should increase staff awareness and the understanding of their role in protecting vulnerable adults who live at the home. Policies and procedures given to staff include, "Whistleblowing", "How to make a grievance" and "Harassment in the workplace".

We were told that the home actively promotes staff training and education in the protection of vulnerable adults on induction and on an annual basis the staff receive an update. We spoke with staff who confirmed that they had received this training and they were able to demonstrate its effectiveness when discussing the content of the training. A number of staff have either completed or are enrolled on the National Vocational Qualification (NVQ) in care award and a component of the award addresses issues around the topic of the protection of vulnerable adults from 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, pleasant and hygienic.

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

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

Judgement:

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

Annabel House is well maintained, decorated and furnished to a very high standard, providing a safe, homely, peaceful environment for everyone.

Evidence:

Annabel House is a beautiful Victorian building with a purpose built two-floor extension at the rear of the property. The home and its gardens are well maintained and the inside has been tastefully decorated throughout, it provides a safe peaceful home for people to live in. The home is set back from a residential road and provides parking for several cars. The front garden is complimented with walled borders containing established shrubs, trees and plants.

The home is entered to the left at the front of the property through a conservatory, which has a small seating area, a water feature, pictures and ornaments. There is an additional conservatory to the front right of the house. Also at the front of the property are two large bright lounges with ample bay windows. The home is afforded privacy from the road but also enables people living in the home to see people passing by and community activity from all front aspects from all four rooms.

Both lounges are decorated, furnished and carpeted to a very high standard. They retain many original features lending character and homeliness, including ornate fireplaces, cornices and ceiling roses. People were sitting in these rooms throughout

## Evidence:

the day, resting peacefully reading newspapers, talking amongst friends and watching the world go by outside. The dining room has been redecorated and refurbished to a very high standard and provides a lovely ambience for dining socialisation. The AQAA states, "The dining room has refectory style elegance, together with non-slip flooring and elegant French oak dining furniture".

There are a number of aids and adaptations throughout the premises to enable physically disabled people to maximise their independence. This includes wide corridors and pathways, passenger lifts, specialised bathing facilities, grab rails, and assisted toilet facilities.

We walked around the inside of the home and viewed some of the bedrooms and bathrooms. People had been supported to personalise their bedrooms with pictures and ornaments and they are able to bring items of furniture should they wish. Rooms are lockable so that they can maintain their privacy and keep their personal possessions secure. Rooms have adjustable beds and good quality matching bedroom suites, lounge chairs, and a small table.

The majority of bedrooms are of a modern design combining comfort and practicality. The remaining bedrooms are situated in the Victorian part of the home and decorated and furnished in a traditional style. Some of the rooms provide people with en suite facilities. People have individual commodes should they require one and communal bathing areas, showers and toilet facilities are located throughout the home. Hoists are available and are serviced twice a year, all staff are trained in the use of hoists through manual handling training.

The garden is secure and private, it is a small area that has been cleverly designed to provide people with a very pleasant place to enjoy. There is a pretty courtyard and large decking area, providing plenty of sunny and shady areas for people to sit. The borders are well stocked, there is a water feature, various planters and trailing plants. The garden has been designed to provide a sensory haven which includes, smell, sound and touch.

The laundry room has been equipped this year with two new machines and provides adequate facilities for caring for people's clothes. The home was very clean throughout. Supplies of gloves and aprons were seen throughout the home. COSHH (Control of Substances Hazardous to Health) substances are kept in a locked cupboard and risk assessments and safe systems of work are in place to protect people living, working and visiting the home. All staff are aware of the infection control policies in the home. People's surveys agreed that the home was always fresh and clean.

## Staffing

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

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

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

Judgement:

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

The relationships between staff and people living in the home are good and create a warm positive environment to live in.

People are supported and protected by the home's recruitment policy.

The people are cared for by skilled staff that are trained, supported and supervised by management.

Evidence:

The manager told us that staffing levels are indicative of needs and the level of care required and confirmed that levels of staff would rise should dependency levels increase. We know that the home also increases the levels of staff at certain busy times of the day to ensure that needs are met. People living in the home and staff agreed that there were enough staff to meet their needs. When there have been staff vacancies regular agency or bank staff have been used to provide continuity and the permanent staff will often cover extra shifts.

The AQAA tells us that that it is paramount to find suitable staff in order to fulfill the roles and responsibilities expected of them. The home is vigilant in taking their time in this process so that they can find the right person for the job where they have the right skills and attitude to look after and care for people with dementia. It is hoped

## Evidence:

that by taking their time and recruiting the right people for the job will help ensure that staff are committed and remain in the home.

We know that the home follows a good recruitment procedure. This will help ensure that people living in the home will be further protected. Records contain completed application forms with a full employment history, two or more written references and Criminal Records Bureau CRB disclosures. Staff confirmed that relevant checks had been completed before they started working in the home.

There is an induction programme which covers all mandatory training. The home has a mentor system where all new staff are linked with and shadow a senior staff member during shifts to help with continued training throughout the induction process. Staff told us that the induction was good and covered everything they needed to know in order for them to do their job.

The home provides the staff at the home with training and development opportunities tailored to individual needs. The manager and all staff are conscientious in attending training relevant to the care needs of the people they are caring for and those relevant to the roles they perform. Staff told us that they enjoy attending as much training as possible, comments included, "I'm not an expert so I am learning all the time", "The deputy always supports us if there are things that we don't understand" and "I think the training provided is quite good and I am enjoying doing my NVQ at the moment".

Comments received about the staff included, "They are caring and kind all the time", "They treat us with dignity and respect", "Staff have a very good caring attitude" and "Staff are always friendly and helpful". We spent some time throughout the day talking and observing staff carrying out their duties and assisting people. Staff were respectful, warm, good humoured and sensitive towards people within a relaxed calm environment.

## Management and administration

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

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

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

Judgement:

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

Peoples needs and best interests are central to the management approach in the home.

Good accounting methods are followed when handling peoples money so they can be sure that their finances will managed correctly.

Staff feel that they receive supervision and support that is appropriate to their roles and responsibilities in the home.

The health and safety of people who use this service should be protected by systems in place.

Evidence:

The manager has worked in the home for nine years and has completed the Registered Managers Award. Both the manager and deputy demonstrated good effective leadership and management skills that relate to the aims and purpose of the

## Evidence:

home. After a lot of hard work and commitment the manager, deputy and staff are a stable team that are committed to providing quality of care for the benefit of the people in their care.

The staff at the home are very committed to the people living in the home and the roles and responsibilities expected of them. They are empowered by the manager to continually monitor and evaluate the services they provide to people. Staff told us, "Having worked here for many years I feel that the management and staff make every effort to make sure that people's needs are met", "Our ideas and suggestions are listened to by the manager and proprietor and if approved are acted upon", and "The proprietor, manager and deputy support us very well, they are approachable, fair, honest and respected".

The home continues to monitor and assess the quality of services provided by giving people questionnaires to complete, any weaknesses identified are put into an action plan. Following a discussion about innovative ways to further develop quality assurance, new ideas were generated and we look forward to seeing the homes progress in future visits. Regular audits are carried out in the home including health and safety care documentation, medication and other procedures in the home.

The policy and procedure for holding people's personal money was looked at. We looked at the statements of four individual accounts and saw that good accounting methods are maintained and receipts for sundries were available.

There is an annual appraisal process which ties in with the supervision arrangements. The manager has established a formal recording of any supervision for all staff. A plan is devised for discussion including people living in the home, work issues staff issues, personal development and training. The manager felt that staff find the sessions are useful and confirmed that they received them on a regular basis. The home also encourages and supports practical supervisions in addition to the formal ones they receive. This has enabled staff to develop their skills on the floor.

The home has written policies and procedures in relation to the promotion of the health and safety for all people who use the service and associated training was provided for staff in all health and safety matters. Some of the Health and Safety records in the home were examined. Documentation showed that relevant checks were maintained correctly and at the required intervals including all fire alarms, equipment and emergency lighting. The homes records showed all necessary service contracts were up to date including, gas and electrical services and the passenger lift.

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

### 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

## Helpline:

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**Web:** [www.cqc.org.uk](http://www.cqc.org.uk)

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