

Key inspection report

Care homes for older people

Name:	Rodwell Farm Nursing Home
Address:	Row Town Addlestone Surrey KT15 1HH

The quality rating for this care home is:

two star good service

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

Lead inspector:	Date:
Joseph Croft	0 3 0 7 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 or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

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

Reader Information

Document Purpose	Inspection report
Author	Care Quality Commission
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
Copyright	Copyright © (2009) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Rodwell Farm Nursing Home
Address:	Row Town Addlestone Surrey KT15 1HH
Telephone number:	01932853371
Fax number:	019328273741
Email address:	grahamcare@msn.com
Provider web address:	

Name of registered provider(s):	Rodwell Farm Nursing Home Ltd
Name of registered manager (if applicable):	The registered provider is responsible for running the service
Type of registration:	care home
Number of places registered:	46

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	46	0
mental disorder, excluding learning disability or dementia	46	0
old age, not falling within any other category	0	46
physical disability	46	0
Additional conditions:		
The maximum number of service users to be accommodated is 46.		
The registered person may provide the following category/ies of service only: Care home with nursing - N to service users of the following gender: Either Whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category - OP Dementia - DE Mental Disorder, excluding learning disability or dementia - MD Physical disability - PD		
Date of last inspection		

Brief description of the care home

Rodwell Farm Nursing Home is registered to provide nursing care for up to forty-six residents. Included in the total beds registered it may also provide nursing care for nine younger residents with a physical disability. The home is located in a semi rural part of Surrey, close to farmland and a residential area. The home has good road links and is within easy driving distance of a number of town centres. It is set in extensive grounds, some of which have been used to create a sensory garden. Rodwell farm provides accommodation in single and shared rooms, many of which have en-suite facilities. There is a wide range of specialist equipment in the home to meet the assessed needs of the residents. Fees range from 458 to 973 pounds per week. This does not include newspapers, hairdressing, chiropody, holidays, transport, and arranged outings.

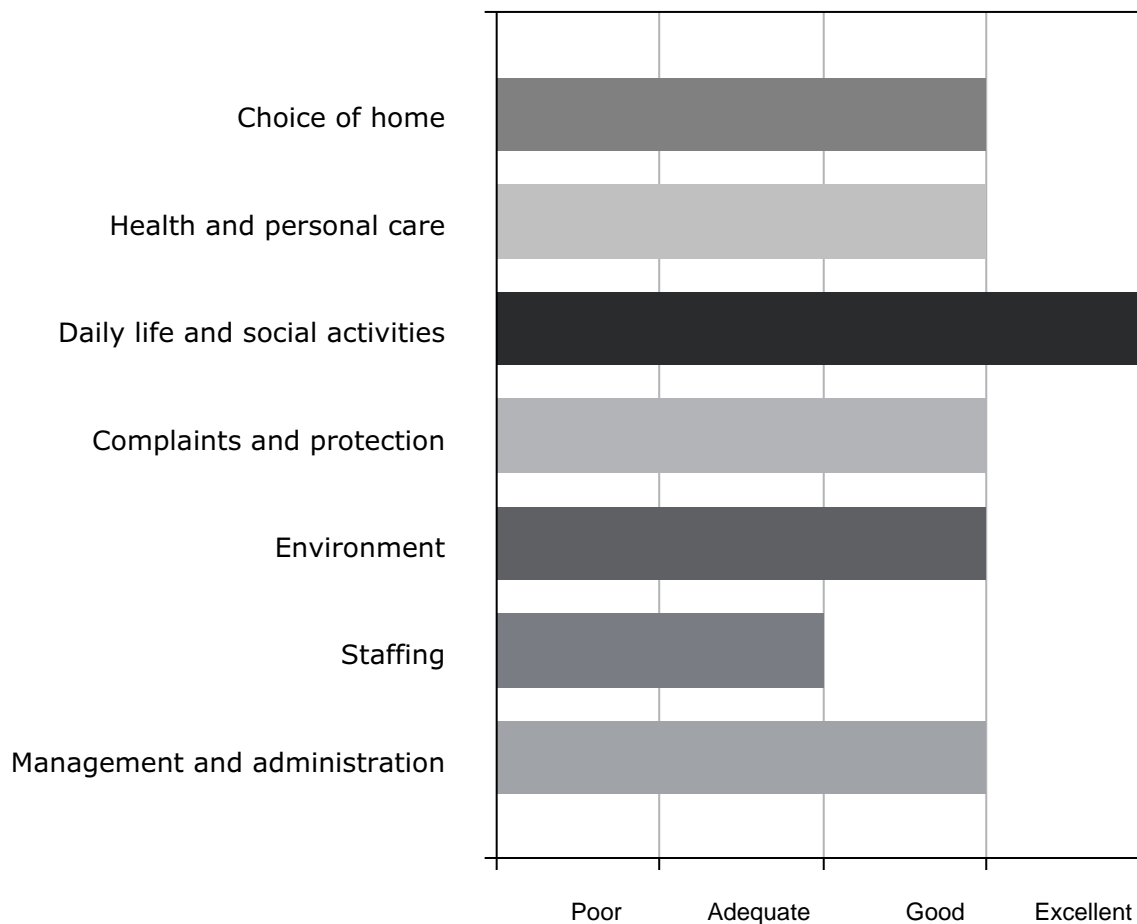
Summary

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 quality rating for the service is Two Star. This means the people who use this service experience Good quality outcomes. The Care Quality Commission (CQC) (us, we) undertook an unannounced site visit to the service on the 3rd July 2009 using the 'Inspecting for Better Lives' (IBL) process. The site visit took over seven hours, commencing at 10:00 and concluding at 17:45. The manager assisted throughout the site visit. The key standards for older people were assessed during the site visit. The inspection process included a tour of the premises, viewing of the Statement of Purpose, Service User Guide and menu. The following records were also sampled; medication records, care plans, risk assessments, records of health care appointments, staff recruitment and staff training files. Discussions took place with the manager, five members of staff and seven residents. Residents told us that they like living at the home and the activities, which they can choose to partake in. They were very happy with their bedrooms and having their own belongings with them. We were told that the food is excellent, and they can always choose an alternative meal. They know how to

make a complaint if they wish to. All residents spoken to told us that they have not had the need to make a complaint, but would talk to a member of staff or the manager. Residents stated that the staff are very good, very helpful and always available for them. Staff were observed interacting with residents in an appropriate manner and calling them by their preferred names.

We received completed surveys from ten residents, four members of staff and one care manager. Information provided in these surveys have been used as a source of evidence throughout this report.

The manager returned the Annual Quality Assurance Assessment when we asked for it. This document contained the information we asked for and has also been used as a source of evidence in this report.

The inspector would like to thank the manager, staff and residents for their cooperation during the site visit.

Weekly fees for the care home range from four hundred and fifty eight to nine hundred and seventy three pounds.

What the care home does well:

The home has a Statement of Purpose and Service User Guide that is provided to residents and their relatives. An assessment of need is undertaken prior to admission to ensure the needs of prospective residents can be met. Care plans and risk assessments are in place that ensure the health and personal care needs of residents are met. Residents are treated with respect and their dignity is promoted. People who use the service are provided with opportunities to improve their lifestyle, and are able to maintain contact with their family. Special dietary needs are catered for and meals are varied with individual choices ensuring that residents receive an appealing and balanced diet. There is a Complaints procedure that enables residents and their relatives to raise any concerns they may have about the home. Residents are protected by staff having training and an understanding of adult protection issues. The accommodation was very clean, tidy and free from malodour. The arrangements for staffing are satisfactory, ensuring staff have the qualities and training to meet the needs of residents. The arrangements for management and administration ensures the home is run in the best interests of residents, and their safety is promoted and safeguarded.

What has improved since the last inspection?

No requirements were made at the last key inspection. Only one recommendation was made that the Medicine Administration Records (MARs) should include a photograph of the resident. This had been done on the MARs sheets viewed during the site visit.

What they could do better:

The registered person must ensure that two written references are obtained for all staff working at the care home.

Explanation for gaps in employment must be recorded.

The manager should include health care professionals and other stakeholders when undertaking annual surveys to ascertain the views of people about the standard of care provided by the service to residents.

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

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

Details of our findings

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.

People who use the service are provided with written information about the care home that will enable them to make a choice about living at the home. Assessment documentation is in place to ensure the individual needs of prospective residents can be met.

Evidence:

The home has a Statement of Purpose and Service User Guide that was last reviewed in April 2009. These documents included information in regard to the aims and objectives, philosophy of care, service and facilities, number and size of bedrooms, the qualifications of the registered provider and manager, staff training and a copy of the complaints procedure. The Service User Guide did not include the fees charged by the home. However, this was added on the day of the site visit. A copy of these documents are available on the website that the home has developed, and are available in easy read formats. Copies of both documents were also available in the entrance of the care home.

Evidence:

During discussions relatives told us that they had received information about the home before making the decision with their relatives about moving in. They did visit the home with their relative, and this enabled their relative to make their own decision to move into the home.

Surveys received from residents informed that all but one received enough information about the home before they moved in, one stated that they did not receive this information.

The manager told us that she undertakes the pre-admission assessments for all prospective residents to ensure that the home could meet their needs. Three care files were sampled during the site visit and these included the pre-admission assessments, one included a copy of the care plan from the placing authority. All prospective residents are encouraged to visit the home to have a meal and meet the staff and other residents. Care plans are produced from the pre-admission assessments, and these are forwarded to the relatives and prospective residents for their agreement.

During discussions, two relatives told us that they were sent a copy of the care plan and they did visit the home with their relative. They were complimentary about the admission process.

The home does not offer intermediate care.

The Annual Quality Assurance Assessment (AQAA) informs that the Statement of Purpose can be downloaded from their website, and a copy of the Service User Guide is available in the entrance hall. The manager and/or nurse manager will visit the prospective resident in their own home to undertake an assessment of their need. A proposed care plan is developed from this assessment, along with risk assessments. Residents and relatives see the care plan prior to admission. Evidence found during the site visit supports the information provided in the AQAA.

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

People who use the service have care plans and risk assessments in place that ensure their health and personal care needs are met. Residents are protected by the home's storage and administration of medication procedures. Residents are treated with respect and their dignity is promoted.

Evidence:

Rodwell Farm Nursing Home has developed care plans for all residents that can be accessed electronically through a "Resilink" system, whereby, with the necessary safeguards in place, families can access the care plans and daily reports. Staff enter daily records for each resident, and these are read and approved by the Senior Nurse on duty.

Three care plans were sampled during the site visit. These were clear and informative, and included information in regard to meeting the personal, physical and health care needs of each resident. Care plans sampled included daily records that related to the assessed needs as recorded in the care plans. Monthly reviews had been undertaken on the care plans sampled.

Evidence:

During discussions relatives told us that they were very much aware of the care plan, had been included in this process, and do access the daily notes every day via the Resilink system. They told us that their relatives care plan is reviewed every month, and they receive an E Mail to inform each time it has been updated.

Staff surveys informed that they always receive up to date information in regard to the needs of the people they support for care.

The care plans viewed had risk assessments that included moving and handling, Waterlow scores and nutritional risk assessments, all of which had recently been reviewed. The manager told us that monthly evaluations of falls and accidents in the home are undertaken and monitored, and if a risk is identified for individual residents, then risk assessments would be put in place.

Of the surveys received from residents, five stated that they always receive the care and support they need, three stated they usually receive this and one stated that they sometimes receive the support they need. One did not answer the question.

From discussions with staff, residents, relatives and from the the viewing of records, it was clear that residents have access to all health care professionals as required. Records of GP appointments were recorded separately. However, all other health care appointments are recorded in the daily notes. It was cumbersome going through these notes to seek evidence and up to date notes of these appointments. This was discussed with the manager who acknowledged that this could be made easier to access. The manager told us that she would attend to this. The manager told us that all residents have a review of their medical needs and medication undertaken by the GP on a six weekly basis.

Monthly weights were recorded in the care plans viewed, and fluid charts are maintained for those who require this to be monitored. The manager told us that no current resident has a pressure sore.

During discussions residents told us that they see the GP in the privacy of their bedrooms and attend all other health care appointments if they need to. A Dentist visits the home, but those who have their own private Dentist can continue to be seen by them if they choose to. Relatives told us that they are always kept informed of all appointments their relatives attend.

Staff follow the home's Medication Policy that was last reviewed in April 2009.

Evidence:

The home continues to receive medication in blister packs that are provided by a local pharmacy. The Medication policy informs that only the Registered General Nurses (RGN) administer medication. This was confirmed during discussion with the manager and members of staff during the site visit.

The Medication Administration Record sheets (MARs) viewed included a photograph of the resident, and detailed the quantities of medication received into the home. We were told that no current resident is self medicating. Of the eleven medication records viewed, there was one omission noted on the MAR record. The manager told us that she would immediately follow this up.

Unused medication is dissolved in a sealed container and is collected by an authorised contractor.

Some residents living at the home are taking a Controlled Drug (CD). The home maintains a CD register that is signed by two members of staff, and CD medication is kept secure in an appropriate locked medicine cabinet. The CD register was viewed and no omissions were noted.

During discussions the manager and staff told us that they respect residents' privacy and dignity at all times. Staff always knock on bedroom doors before entering, which was evidenced during this site visit, and the personal care needs are attended to in the privacy of bedrooms and bathrooms. This was confirmed during discussions with residents and relatives. The manager told us that staff had attended training in regard to Equality and Diversity which was confirmed during discussions with staff.

Residents wishes in regard to terminal care and the arrangements after death were recorded in the care plans viewed.

The AQAA informs that staff at the home work hard to ensure that residents' needs are appropriately assessed, and residents are encouraged to maintain their independence, make choices and to have control over their lives. A local GP visits the home weekly. Each resident receives a full health check every six weeks. There are robust policies and procedures in regard to the administration of medication. Evidence found during the site visit supports the information provided in the AQAA.

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 who use the service are provided with opportunities to improve their lifestyle, and where possible they are able to maintain contact with their family. Special dietary needs are catered for and meals are varied with individual choices ensuring that residents receive an appealing and balanced diet.

Evidence:

Activities are tailored to each of the three groups of residents living at the home. Discussions took place with two activity organisers. We were told that activities are organised twice each day for residents that include art, craft, gardening, bingo, quiz and reminiscing. External entertainers visit the home regularly and include musicians, bands and the local PAT dog scheme. On the day of the site visit residents were attending a music and gentle exercise activity. One to one activities take place with residents who have dementia that include reading, puzzles and reminiscence. We were told that trips to local places of interest are organised, such as garden centres, pubs and restaurants. Some residents attend a local day centre. This was confirmed during discussions with residents and relatives, who also told us that they can choose not to join in with the activities offered. Three care files sampled included residents social interests and the activities they like to partake in.

Evidence:

Surveys received from seven residents informed that there are always activities arranged by the home, two informed that there usually are activities. Comments received in these surveys include "Provides a good wide range of activities," and "They keep us entertained and look after us well."

The manager told us that residents currently living at the home are Christian White British. Residents are able to attend the religious service at the church of their choice, and weekly communion services are held at the home by church representatives of different denominations.

The manager and staff told us that there are no restrictions on visitors to the home, and relatives are able to have meals and join activities if they wish to. This was confirmed during discussions with residents and relatives. Residents told us that they can see their visitors in the privacy of their bedrooms, and can go out with them. The manager told us that they have commenced work on encouraging residents' grandchildren to visit their relatives and to take part in activities and social events designed specifically so they can spend quality time together.

Residents make choices in regard to their daily lives that includes the meals they wish to eat, the time they go to bed and rise in the morning, and the choice of clothes they wish to wear.

Meals provided are all home cooked. The chef was not present on the day of the site visit, however, the menu was viewed. Meals provided include fresh meat, fish, pasta, mild curries, fresh vegetables and fresh fruit. Evidence was viewed that the chef monitors the temperatures of cooked food. Choices are always available to residents, and menus are discussed with them on a weekly basis. The manager and staff told us that they have fun days to celebrate such as Valentines Day, St Patrick's Day, and special meals are provided on such occasions. During discussions residents told us that the meals are excellent, they are always freshly cooked, they can have an alternative meal if they wish to and they can have a drink and snacks at any time of the day or night. Lunch was observed in one of the dining rooms. This was observed to be a relaxed, social occasion with staff available to offer support as and when required. Special dietary needs are catered for, and dietary needs were recorded in care plans viewed. The manager told us that the last visit by the Environment Health Officer (EHO) was in 2007, and no recommendations were made. The manager told us that she would contact the EHO to request another visit.

The AQAA informs that residents exercise control and choice over their daily lives. Activities are tailored to each of the residential groups. Throughout the year outings

Evidence:

organised include relatives, residents and staff socialising together. They are proud of the excellent meals offered at the home, and meal times are flexible, and socialisation is encouraged, but those wishing to have their meals in private is respected. Evidence found during the site visit supports the information provided in the AQAA.

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.

People who use the service have access to a satisfactory complaints system that enables residents and their families to raise concerns. Residents are protected by staff having training and an understanding of adult protection issues.

Evidence:

The home has a Complaints procedure that was last reviewed in April 2009. This document includes the timescales for responding to complainants and the Care Quality Commission contact details. The home has received four complaints during the last twelve months, all of which were resolved within twenty eight days. The home has a complaints book for the recording of complaints. During discussions residents and relatives told us that they knew how to make a complaint, that the policy is included in the Service User Guide, and they were confident that any complaints made would be dealt with. We were told that staff at the home look after them very well, and therefore they would not have the need to make any complaints.

Seven surveys from residents informed that they knew how to make a complaint, three informed that they did not know how to make a complaint. All staff surveys informed that they knew what to do if they received a resident, relative or visitor raised concerns about the home.

The home also has a compliments folder that has many letters and cards of thanks from residents, relatives and visitors to the home.

Evidence:

The home has a copy of the recent local authority Safeguarding procedures for staff to read, and have their own Safeguarding Adults policy that was last reviewed in September 2008. This policy was clear and detailed the procedures and accountability of staff for the reporting of all Safeguarding issues. The manager told us that all staff attend annual refresher training in regard to Safeguarding Adults. This was evidenced in the sampling of six staff training files.

Different scenarios in regard to abusive situations were discussed with four members of staff and the manager. All were knowledgeable of the different types of abuse, the procedures to be followed, and that the duty of the manager was to report all concerns to the local Safeguarding team. Staff told us that they would not hesitate to report bad practice.

The AQAA informs that all residents are supplied with the home's complaints procedure which is explained on admission to the home. Complaints, concerns and suggestions are welcomed by the home. The home has a clear policy and procedure for Whistle Blowing, and all staff receive training in regard to Safeguarding. Evidence found during the site visit supports the information provided in the AQAA.

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

People who use the service live in a clean, pleasant, safe and well maintained environment.

Evidence:

A tour of the premises was undertaken. The accommodation is situated on two floors that is accessible by stairs and a lift. The first floor can also be accessed via a ramp from the garden. Bedrooms are of single and shared occupancy with privacy curtains, and many have en-suite facilities. The manager told us that residents are consulted in regard to sharing a bedroom, and they can change their minds at any time. Bedrooms visited were appropriately furnished and brightly decorated. They included a wardrobe, chest of drawers, lockable facilities, and residents' own personal possessions such as televisions, furnishings and family photographs. During discussions residents told us that they liked their bedrooms, and having their own belongings with them.

The rest of the accommodation includes four toilets, six bathrooms, which four have assisted baths, and shower rooms. Specialist equipment is provided and maintained at the care home. It was noted that shower rooms were cluttered with trolleys and commodes. This was discussed with the manager who told us that she would address this. There are lounge/dining rooms on the first floor, and a separate dining room and two lounges on the ground floor.

Evidence:

Hand gel, liquid soap dispensers and paper towels were located throughout the home. The home has an Infection Control policy that was last reviewed in December 2008, and staff receive ongoing training in regard to Infection Control.

Residents were observed to have access to the communal parts of the home.

The home has narrow corridors and the building is quite old. The registered provider is aware of this and has purchased land that is adjacent to the care home with the intention of building a new purpose built home. A planning application has been submitted for the building of a new purpose built care home. The registered manager told us that they will advise the Commission of the progress of this application. The home has a business plan in place until 2010.

The home's handyman works very hard to ensure that the decoration of the home is kept in good order.

There is a large garden surrounding the property that also includes a sensory garden. Residents are able to access the gardens, and some were observed in the garden on the day of the site visit.

On the day of the site visit the home was very clean, tidy and free from offensive odours.

Eight surveys received from residents informed that the home is always fresh and clean, two informed that it is usually fresh and clean.

The AQAA informs that they are awaiting planning permission for the total renewal of the home, currently, the home is of character that has narrow corridors and small rooms that present their own challenges in regard to ensuring the home is clean, homely, safe, comfortable, well maintained and odour free. Residents are given a choice of rooms and are encouraged to be involved in choosing the colour schemes. Evidence found during the site visit supports the information provided in the AQAA.

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

The arrangements for staffing are satisfactory, ensuring staff have the qualities and training to meet the needs of residents. Recruitment practices require further attention to ensure people who use the service are fully protected.

Evidence:

The staff duty rota provided evidence of the staffing at the care home. There are two Registered General Nurses (RGN) and twelve care assistants on duty during the early shift, and one RGN Nurse and eight care assistants for the afternoon shift. Each night there is one RGN Nurse and three care assistants on duty.

Of the surveys received from staff, one informed that there are always enough staff on duty. Three informed that there are usually enough staff on duty.

Comments received in the residents surveys included "The time staff spend with individuals is very good," and, "I am very pleased with the care I receive."

The home continues to employ housekeepers, laundry assistants, a chef, kitchen assistants and a maintenance/handy man.

Information provided in the Annual Quality Assurance Assessment informs that forty percent of care staff hold the minimum of an NVQ level 2 or above, and that eighty

Evidence:

five percent of staff are currently undertaking NVQ training that also includes staff working towards NVQ levels 3 and 4.

All staff have individual training and development plans. The sampling of six training files provided evidence that staff had undertaken training in regard to Dementia, Equality and Diversity and Communication. The home was awarded the 'Investors in People Award' in December 2008.

The home has a Recruitment Policy that was last reviewed in January 2009. Four recruitment files were sampled on the day of the site visit. These included an application form, references, employment history, health declaration, Criminal Record Bureau (CRB) and the Protection Of Vulnerable Adult checks, and proof of identification. However, one recruitment file only had one written reference. The manager told us that she had taken a verbal reference over the telephone for this identified person. Two recruitment files did not provide explanations for gaps in employment. A requirement has been made in regard to the recruitment practices of the home.

During discussions staff told us that they thought their recruitment was done fairly, and they did not commence employment until all the recruitment checks had been completed.

Evidence was viewed that staff had undertaken the Skills For Care Council Induction training when they commenced employment at the home. Two staff surveys informed that their induction covered everything they needed to know very well, two informed that it mostly covered everything they needed to know.

Staff surveys informed that they are being provided with the training they require. Three issues raised in these surveys were discussed with the registered manager during a telephone conversation on the 21st July 2009.

The AQAA informs that the recruitment process is robust. They do not use agency staff. The home operates a high ratio of staff to residents, they are proactive in encouraging staff to undertake a wide range of training courses. New staff attend Skills for Care Induction training.

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.

The arrangements for management and administration ensures the home is run in the best interests of residents, and their safety is promoted and safeguarded.

Evidence:

The manager of the home is a qualified Registered General Nurse (RGN) who has also gained the Registered Managers Award (RMA). The manager told us that she has been working at the care home for fifteen years, and as the manager for the last two and a half years.

During discussions staff told us that the manager is very supportive and has an open door style of management. They also told us that they have formal one to one supervision every two months. Relatives and residents were very complimentary about the care and dedication of the manager.

The manager told us that she has undertaken the first year of a foundation degree, and attended training in regard to the Deprivation Of Liberties (DOLs), The Mental

Evidence:

Capacity Act, and holds the City and Guilds Qualification in Delivering Learning to Adults. The manager is also an NVQ assessor.

Staff surveys inform that the manager regularly meets with them to give support, one stated that the manager usually does this. One comment in these surveys stated "The management are sympathetic and flexible."

A survey from a care manager informed that "I find the manager to be specially helpful and her staff receive the support they need from a competent management team."

The manager must attend to the identified issues in regard to recruitment practices identified in this report.

Quality Assurance is undertaken through residents meetings and relatives meetings. Minutes of these meetings were evidenced. An external consultant undertakes the monthly Regulation 26 visits that monitors all aspects of care including falls and accidents. The findings of these visits are discussed at a monthly management meeting.

Surveys of residents and relatives are undertaken every six months by another external agency, and they produce a summary of the findings. The manager creates an action plan to address any issues raised. It was noted that these surveys do not include health care professionals or any other stakeholders who visit the care home. A good practice recommendation has been made in regard to this.

The manager told us that staff at the home do not have any involvement in residents' finances, these are handled by residents and/or their relatives. There are lockable facilities for residents' to keep valuables safe.

The sampling of six staff training files provided evidence that staff are being provided with all the mandatory training as required. Refresher training dates have been arranged.

The AQAA informs that the annual maintenance checks have been undertaken as required by the manufacturers recommendations. The Fire Officer visited the home in April 2009 and no issues were raised.

Monthly audits are undertaken by the manager, provider and external consultants. The AQAA informs that the manager has been managing the home since mid December 2006, is a qualified nurse and holds the RMA. Monthly audits take place.

Evidence:

The home has their own quality consultant who the manager works closely with.

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	29	19	<p>The registered person shall not allow a person to who applies to work at the care home unless the employer has obtained in respect of that person the information and documents specified in paragraphs 1 to 9 of Schedule 2.</p> <p>All recruited staff must have two written references.</p> <p>Written explanation for gaps in employment must be recorded.</p>	03/08/2009

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	33	The manager should include health care professionals and other stakeholders when undertaking surveys to ascertain the views of people about the standard of care provided by the service to residents.

Helpline:

Telephone: 03000 616161

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.

Copyright © (2009) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.