



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Danes Lea
Address:	133 Cardigan Road Bridlington East Yorkshire YO15 3LP

The quality rating for this care home is:

two star good service

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

Lead inspector:	Date:
Jean Dobbin	1 1 1 1 2 0 0 8

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

Copies of the National Minimum Standards – Care Homes for 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 Commission for Social Care Inspection aims to:

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

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

Reader Information

Document Purpose	Inspection report
Author	CSCI
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
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Internet address	www.csci.org.uk

Information about the care home

Name of care home:	Danes Lea
Address:	133 Cardigan Road Bridlington East Yorkshire YO15 3LP
Telephone number:	01262672145
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Email address:	manager.daneslea@hica-uk.com
Provider web address:	

Name of registered provider(s):	Humberside Independent Care Association Limited
Name of registered manager (if applicable)	
Miss Leah Anne Hart	
Type of registration:	care home
Number of places registered:	29

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	0	29
old age, not falling within any other category	0	29

Additional conditions:

Date of last inspection

Brief description of the care home

Danes Lea provides personal care and accommodation for up to 29 older people, both men and women, some of whom may have dementia. It is a large adapted three-storey property situated in the seaside resort of Bridlington. Located in a residential area of the town, Danes Lea has views of the seafront, and is within walking distance of the town centre and other local facilities. Public transport passes the door and there is a car park and on street parking. The home has level access and a passenger lift to the first floor. There are four shared and twenty-one single rooms, fifteen of which have en-suite facilities. Danes Lea has large safe and private gardens providing a variety of seating areas. Danes Lea is operated by Humberside Independent Care Association Ltd (HICA)which is a not for profit organisation. The fees to live at Danes

Brief description of the care home

Lea are from £435 to £480 plus a small top-up charge, which is from £7.50 to £20 a week and which the family pay. Additional charges are made for hairdressing, chiropody, toiletries and personal items and newspapers. Danes Lea provides written information about the facilities and services it provides in their Statement of Purpose and Service User Guide. These, and recent reports by the Commission for Social Care Inspection, are presented in a large file in the entrance area for people to look at.

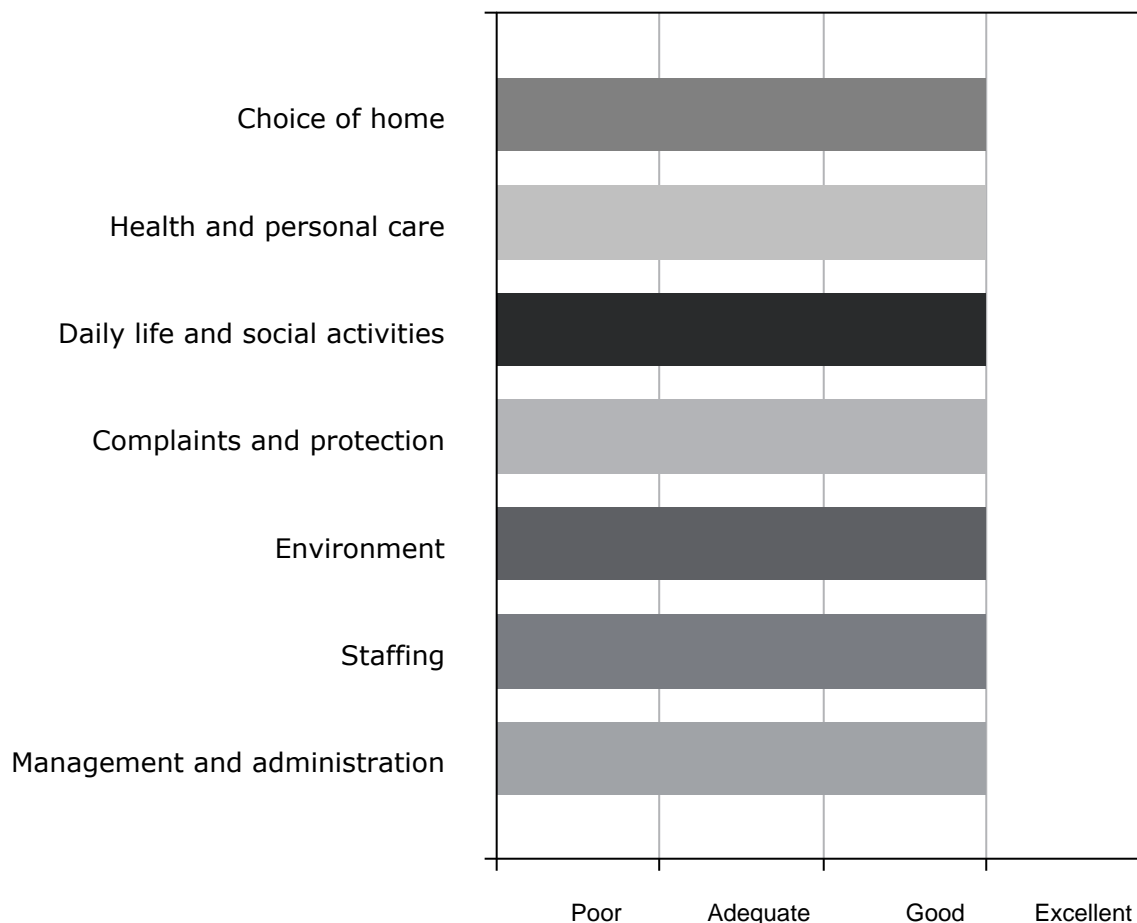
Summary

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:

This is what was used to write this report.

Information about the home kept by the Commission for Social Care Inspection.

Information asked for, before the inspection, which the manager provides. This is called an Annual Quality Assurance Assessment AQAA.

Information from surveys, which were sent to people who live at Danes Lea, to staff and to other professional people who visit the home. 10 were sent to people at the home, and 8 were returned. 8 were sent to healthcare and social care professionals and 1 was completed and returned. 5 were sent to staff at the home and 4 were

returned.

A visit to the home by one inspector, which lasted about 7 hours, from 9.10 to 4.20. This visit included talking to people who live there and their visitors, to one healthcare professional, and to staff and the manager about their work and training they had completed. It also included checking some of the records, policies and procedures that the home has to keep.

We did this inspection with an 'expert by experience' who spoke to people who live at the home. An 'expert by experience' is a person who either has a shared experience of using services or understands how people in this kind of home communicate. They visited the home with us to help us get a picture of what it is like to live there. This is important because the views and experiences of people who use services are central to helping us make a judgement about the quality of care. Some of her comments are recorded in the outcome group 'Daily Life and Social Activities'.

Information about what was found during the inspection was given to the registered manager at the end of the visit.

We have reviewed our practice when making requirements, to improve national consistency. Some requirements from previous inspection reports may have been deleted or carried forward into this report as recommendations, but only when it is considered that people who use services are not being put at significant risk of harm. In future, if a requirement is repeated, it is likely that enforcement action will be taken.

What the care home does well:

People are assessed properly before they move to Danes Lea. This is so that the manager can find out exactly what help and support they need, so that she can be sure that the staff have the skills to provide that care. This process also reassures the individual and their family that they will receive the right care if they choose to move there.

There are very detailed and individualised care records, describing the kinds of help that people need. They are written in a way that encourages care staff to promote people's independence and choice, so that people can still be in charge of their own lives as much as possible.

The home has good links with health care professionals. They ask for advice and guidance and follow that advice so that people receive the right care. One healthcare professional commented in their survey 'staff are friendly and courteous and do not hesitate to contact our team with any concerns'.

Complaints are always taken seriously and investigated properly. An open style of management encourages people to speak out about concerns they may have.

The home is clean, and comfortable and well maintained. It has a happy atmosphere. People can bring their own small items if they move there, to make it seem more like home. People say they like living there. One said 'Staff go out of their way to be helpful'.

The staff are well trained and the manager holds regular meetings, both with staff teams and with individuals. Good communication makes sure people working at Danes Lea know what's going on so they are more likely to provide the right care

There is an experienced and enthusiastic manager in charge at Danes Lea who demands high standards of care from her staff. She works to make sure that the people living there are properly consulted about how the home runs.

What has improved since the last inspection?

The way controlled drugs are stored and recorded is now much more robust, so that the home complies with legal requirements for keeping this type of drug.

People's family members now provide written consent for their relative to have their drugs 'hidden' in food, if this is the only way to be sure that these drugs, prescribed by their doctor, will be regularly taken. This decision is taken in consultation with the person's own doctor.

What they could do better:

Some medication processes could be reviewed. This could make sure that people always receive their drugs as they have been prescribed, and the records could accurately show who is giving the drugs on any given day.

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

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

Details of our findings

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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's care needs are properly assessed before they move to the home to make sure that the staff have the knowledge and skills to provide the right kind of care and support.

Evidence:

People's care plans looked at as part of the inspection process each contained evidence that an assessment of their needs had been completed before they moved to the home. This assessment enabled the manager to satisfy herself that the staff at the home had the skills and knowledge to support the individual properly as well as reassuring the person that their needs would be met if they chose to move there.

Two people spoken with could not remember this process, but a visitor confirmed that the manager had visited their relative at their home to talk about what kinds of support they would need. They were also invited to visit the home to get 'a feel' of

Evidence:

what it was like.

The visitor said the home provided them with a lot of written information about the facilities and services, and felt 'very reassured' by the whole process. They also confirmed that they had been given a written contract on their relative's behalf.

The care plans also contained comprehensive assessments completed by a care manager from social services so the manager gathered good information about what kinds of help and support the individual would need.

Information about the home in the form of a Statement of Purpose and service user guide is given to people to read. This is also available in an audio version and large print. The manager could consider producing a simplified version of the service user guide, so that people with impaired understanding could still find out about the home and how it runs. The manager says she will do this.

Danes Lea does not provide Intermediate care.

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.

Whilst people's health and personal care needs including end of life care are well met and there are detailed records underpinning that care, some medication practices need reviewing to make sure drugs are always administered according to their prescription

Evidence:

Two care plans were looked at in detail as part of the admission process, and several others were looked at briefly. These demonstrated that the records were put together in a consistent way. The information was easy to find.

The records showed very good evidence of person centred care. This means it was easy to work out how one person was very different to another. The written records described how staff would support people to maintain their individuality as well as recognising the need to support people to maintain their life skills, like being able to wash and dress themselves.

These records were up to date. One person had recently been diagnosed with a new

Evidence:

health problem. The records described how this now affected their day to day living and included information about the condition, for staff to read, so that they would have more understanding of why the changes had had to be made.

There were detailed assessments of risk to people, whether this was risk from falling, becoming malnourished, because of poor appetite or a health problem, or developing pressure sores. There was information about how they were to be assisted in mobilising so that this care could be given in a safe, consistent way. Other individual risk assessments were also clearly recorded. People were allowed to take risks as part of everyday living, and the records described what systems the home had put in place to minimise the risk of the individual coming to harm. These assessments were generally reviewed regularly and daily records were also in place to record people's day-to-day lives.

The records clearly showed good liaison with other health care professionals, like the doctor, chiropodist and community nurse. Specialist beds and aids to prevent pressure sores were in use. Sensor mats connected to the call bell system are used at night for some people who are at risk of falling when they get out of bed, so that staff can provide extra help if needed. And a special chair is used for one person, following an assessment by an occupational therapist. One visiting health care professional said that the home contacts them appropriately for advice and guidance. Staff at the home provide high quality palliative care for people who may be nearing the end of their life. Comments from health care professionals include 'there is a good standard of care and attention'. And 'a very caring home, where staff are always friendly and helpful'.

Several people living at Danes Lea receive covert medication. This is when their doctor and family representative provide written consent for some medicines to be 'hidden' in food if necessary, as the only way the person will take their drugs. This was recorded in their care plans.

The medication systems were looked at and some shortfalls were noted. The home uses a cassette system, where the dispensing pharmacist puts drugs for a week into a compliance aid for the staff to administer from. Some drugs cannot be put in this aid, and have to be administered from their normal packages. The medication administration records looked at had several places where signatures were missing. Two members of staff signed hand written prescriptions on these records, however they were not dated. The running totals of the actual number of tablets were not carried forward from one month to the next so it wasn't possible to check whether the drugs had been given but not signed for, or whether the person had never received the drug. Drugs must be given and signed for as prescribed, and there must be good systems of checking that this is being done. Any anomalies need to be investigated

Evidence:

and addressed so that the manager can be confident that people are always receiving their drugs as prescribed.

Some people look after their own tablets and one person's records relating to this was looked at. A robust assessment of risk had been completed and was reviewed twice yearly and the person had signed their agreement to the process. However the individual had been less well recently, which may have affected their ability to self medicate. The manager and senior staff need to be alert to situations where people may not be able to manage their own drugs for a temporary period. Assessment of risk must be repeated more frequently if the person's personal circumstances change, to confirm that the person is still able to manage this task.

The medication records also showed that some people were prescribed ointments and creams, however the person administering the drugs signed for these, even if the cream was applied by a different carer. The home should have some system in place, where the person who applies this cream is the person who signs that it has been given. This would clearly identify who has carried out this task.

Care staff were observed interacting with people in a kind and sensitive way. Staff were seen knocking on people's doors before entering, and explaining to people what they were going to do, before starting the task. There was a lot of gentle humour and banter. Staff were observed talking to people and listening to what they had to say. This all helped to demonstrate that people were being respected as individuals.

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

People are supported to live the life they choose and receive a varied and nutritious diet.

Evidence:

People spoken with said they liked living at Danes Lea. One person said 'everyone is so kind' and a person in their survey wrote 'I enjoy being here. It is comfortable for such as me. It is a very happy home'.

One visitor said they liked the way they were made welcome, whether they visited early in the morning, or late at night and they can bring their pets if they choose. One person said they go out regularly with their family and people can also go out on their own if they are able and safe to do that. People say they can get up and go to bed when they wish and they can choose whether to stay in their room. Some people have keys so that they can keep their room locked.

One of the carers has eight hours a week to plan and organise activities in the home, like skittles, reminiscence work or walks in the garden. Notices were displayed advertising future events provided by outside entertainers and the care staff also

Evidence:

provide one to one work. However this is dependent on them having the time when they have completed their care duties. The care plans record events like hand massage, reading the newspaper, or helping with small household tasks in the home. If the activities person worked more hours though, there would be less reliance on the carers to supplement this role.

The communal areas had no evidence of magazines or newspapers, although the manager said these were delivered to the home regularly. There was not a lot of evidence of the general 'homely clutter' which people often have in their homes and no evidence of activities like knitting or other handiwork. Although gardening is a popular activity there were no winter tubs or hanging baskets. The manager explained afterwards that the winter tubs had been removed so they could be prepared for Christmas plantings. These sorts of individual pastimes could be better catered for if the activities person had more hours each week.

Three people in their surveys said that they would like more activities, all only answering 'sometimes' to the question as to whether there are activities in the home that they could join in with. One person though said 'there's plenty to do'. The manager acknowledges that more activities would make people's lives more interesting, however financial constraints stop this happening.

The hairdresser visits each week and a religious service takes place at the home each month. Some people attend the local church with their family.

There is a four-week cycle of menus with a choice of main meal and dessert at both lunchtime and teatime. The comments about the meals were generally very positive, such as 'I think the food is very good' and all except one survey said they 'always' liked the food.

The lunchtime was a very relaxed social occasion, with background music. The dining room has a number of tables, seating four, with tablecloths, bud vases and salt and pepper. Some people had wine with their meal.

People had their meals served on different types of crockery, according to their assessed needs. Others had special cutlery to promote their independence. Staff provided assistance in an unhurried and respectful manner and people requiring protective wear for their clothes wore tabards, like the care staff.

The meal choices were chicken stew or beef curry and rice, with a selection of vegetables. There was sponge and custard or fruit tart and cream for dessert. People chose what they wanted when they sat down for their meal. Seconds were offered

Evidence:

however two ladies said that they would like smaller portions and it was noted that the hot dessert was initially too hot to eat.

The chef had a good understanding of the nutritional needs of the people there. He knew how to fortify foods for those people who needed extra calories and recognised people's choice to eat unhealthy foods, if that was what they wanted. Items stored in the fridge were protected and labelled properly.

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 can be confident that any complaints will be taken seriously and staff are alert to any signs of abuse, and the need to keep people safe.

Evidence:

The complaints policy is displayed in the entrance area and is included in the information given to people when they move to the home. Two visitors spoken with said that they would definitely complain to the manager if they had concerns, but up to now they had none at all. People's responses in their surveys suggested that almost everyone would complain if they were concerned about something. Some did not know the manager, but said they would tell someone. One person said they would only report someone being horrid to them 'if it was bad enough'. The manager needs to impress on people the importance of telling someone if they are unhappy about something, so that it can be put right.

The home has received three complaints in the past year. Two were about delays in answering the call bell, and the other about specific care issues. The manager had written records of her investigations and some signatures to show people were happy with her investigation and action plan. It would be good practice though to always try to obtain the signature of the complainant to show they are satisfied with the way their complaint has been managed.

Evidence:

Staff attend training in Safeguarding adults as part of their induction, and also in refresher courses. Two members of staff spoken with were very clear of their responsibilities should they hear or see something which may be abusive behaviour. They would also immediately report concerns, even if the person asked them not to. This is good practice as it means they realise that information suggesting someone may be at risk must always be reported.

There have been four safeguarding referrals made to the local authority, as lead investigators, in the past year. The manager reported these incidents promptly and worked with the local authority and health care professionals to promote people's safety. A good understanding of 'abuse' by all people working at the home means that staff are helping to keep people safe.

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.

Danes Lea provides a clean, warm and comfortable environment, which has been well adapted for the people who live there.

Evidence:

The home is a large extended detached house in a residential street close to the South Beach. The dining room, on the first floor has picture windows overlooking gardens to the sea. There are two lounges, a conservatory and a small sitting area in the foyer, giving people a choice of where to sit. There is also a small room for people living there, who wish to smoke.

The home has level access and a safe well maintained garden. One person said that they spend a lot of time there in the summer. Bedrooms are on the ground and first floor. The stairs have safety gates to protect people from potential harm. There are four large bedrooms, suitable for shared occupancy, however these are all currently for single use only. A second floor is used for office space only.

The house was noted to be clean, warm, comfortable and well maintained. There were no unpleasant smells. The furnishings and decoration are homely, with lots of photographs, lamps and ornaments. Those rooms needing to be kept locked were indeed locked and people's rooms contained personal items and effects to make them

Evidence:

more like home. Those looked at were a good size, with room for small items of furniture. One person had their own fridge.

All bedroom doors are lockable and a few people choose to have their own key and keep their room locked. Fire doors have magnetic door closures. One person chooses to have their door open and this is recorded in their care plan, as well as a detailed risk assessment stating what staff must do in the event of a fire.

Visits from both the environmental health officer and the fire safety officer since the last inspection nearly two years ago have raised no concerns.

A new computerised call bell system has been introduced in the last year. This makes it more easy for staff to carry out checks to make sure people are all right as well as providing computerised information for the manager, so that she can be satisfied that call bells are being answered promptly.

The manager makes sure that appropriate aids are available and used to make sure that people living and working in the home are protected against infection. One care worker explained what they do as part of their routine to minimise the risk of the spread of infection and one care plan described in detail the systems put in place to protect both the other people at the home, and the staff, from the spread of infection.

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.

People are cared for by a staff team who are valued, supported and well recruited and are deployed in sufficient numbers to meet the needs of the people living there.

Evidence:

The staffing levels currently at Danes Lea are four carers on the early shift, three, plus one for part of the shift, on the late shift, and two at night. These numbers do not include the manager, a full time administrator and a catering assistant to help with the three main meals each day. There are also laundry and domestic staff. One of the carers also has some dedicated hours for planning and organising activities in the home. On the day of the site visit these numbers appeared adequate, though at the last inspection two years ago concerns were raised about whether there were enough care staff on duty.

The manager said that she felt people's needs were being met and that in the last year she had 'turned down' some people who had wanted to move there. This was because she felt their needs could not be met, when other people's needs, who were already at the home, were taken into consideration. People spoken with said that staff were able to give them the care and support they wanted. A number of people though, choose to stay in their own room all the time, and providing this support means that staff are often less visible for the remaining people living there. Staffing levels need to be

Evidence:

reviewed regularly as people's care needs change to make sure people can still be cared for in a timely way.

At this time all the care staff are female. If people prefer to have personal care by specifically female staff this is clearly recorded in their care plans, as sometimes a male carer from an agency works there. The manager could consider recording in the Statement of Purpose that there are no male staff, so that if someone preferred this type of care from a male carer, they would know that it couldn't generally be provided.

More than 50% of care staff have achieved a National Vocational Qualification Level 2 in Care. People are more likely to be cared for in a safe, consistent way by carers who have a good understanding of why they do what they do.

Two recruitment files were looked at. All the necessary checks were in place, although both workers started work at the home before their complete police check was available to look at. Both had had a PovaFirst check completed, to make sure they weren't already barred from working in a care setting because of a previous offence. One of these care workers said that her work had been closely supervised. She said she knew that she couldn't work as she would like to, until the complete police check was back and the manager was satisfied that she was safe to work with people. These processes contribute to keeping people safe.

There is a company induction policy, which two members of staff confirmed. Training needs are identified at annual review meetings, held with staff, and then HICA, as the parent company, arrange these training sessions for all their homes. Staff confirmed that they attended a variety of events, both compulsory refresher training and related to the needs of the people who live there, like 'Understanding and managing difficult behaviours'. Records in staff's individual files confirmed this. Staff also attend regular supervision sessions where their work and career development is discussed. Good records were seen of these. These processes show that staff at Danes Lea are valued and the manager makes sure they receive the right training and support to enable them to do their job properly.

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.

There is an experienced and very competent manager at Danes Lea, who makes sure that the home is run in the best interests of the people who live there.

Evidence:

The registered manager has worked in her present role for a number of years and has completed extra training to help her with her work. She showed in discussion that she had an excellent understanding of how people with dementia should be supported, to make the most of their abilities and strengths.

Although she has a supernumerary role, she works 'on the floor' to cover sickness and annual leave as she feels this is the best way for her to really know about the day to day running of the home, and what help people need.

Staff spoken with said that she was very approachable and always available to talk with. She has a very open style of management. On the day of the site visit several of

Evidence:

the people living there called into the office and each was welcomed. Two visitors spoken with also said the manager was available and approachable. One professional said in their survey that 'Danes Lea is a well managed home'.

A monitoring system is in place, where the views of people, with an interest in how the home runs, are sought periodically. Resident's meetings are held every three months, and the activities person asks for the comments of those people who choose not to attend. Other comments about the home are gained informally. Responses from surveys and meetings are collated and an action plan produced. One comment earlier this year, from a health care professional was that it was often difficult to get someone to answer the front door. As a result 'pagers' were bought for staff, so that the doorbell could be answered more promptly. Another comment was 'I always feel professionally confident in the service that Danes Lea offers and gain good positive feedback from relatives and other colleagues'. The record keeping at the home is very organised. People's monies are kept in line with HICA's policy and the records sampled were well maintained, to show that people's finances were being protected.

Health and safety records were also easy to check, and those looked at were all in date. There are a range of Health and safety policies and procedures in place. The home has made proper provision to ensure that there are safe working practices by providing staff training in first aid, fire, food hygiene, infection control and safe moving and handling techniques.

Fire safety checks are carried out regularly, hazardous products are stored appropriately and records and data sheets are well maintained. Monitoring arrangements are in place to ensure the delivery of safe hot water and minimise the risk of Legionella. The home employs a handyman who carries out regular checks so as to maintain the safety of the premises. All these systems show that the health and safety of people in the home is recognised as important and people are well protected.

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
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Requirements and recommendations from this inspection:

Immediate requirements:

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

No.	Standard	Regulation	Requirement	Timescale for action
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Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
1	9	13	<p>The way medication systems are audited must be improved.</p> <p>So that checks will help to make sure that drugs are always being given according to the prescription</p>	10/12/2008
2	9	13	<p>People who look after their own drugs must be re-assessed whenever there are any changes to their health or personal care needs.</p> <p>This is to make sure they still want to, and are able to, manage their own drugs safely and reliably.</p>	10/12/2008

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	9	Hand written drugs on the medication records should include the date that they are written, as well as two

		signatures, to minimise the risk of the drug being written incorrectly.
2	9	Care staff who apply creams and ointments should also sign the medication chart so that there is an accurate record of who carries out this care.

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