



Making Social Care  
Better for People

Inspecting for better lives

# Key inspection report

## Care homes for older people

<b>Name:</b>	Albemarle
<b>Address:</b>	Baxtergate Hedon Hull East Riding Of Yorks HU12 8JN

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.

<b>Lead inspector:</b>	<b>Date:</b>
Janet Lamb	2   5   0   8   2   0   0   9

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

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

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

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

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

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

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

Judgement:

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

Evidence:

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

Copies of the National Minimum Standards – Care Homes for 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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- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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

## Reader Information

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## Information about the care home

Name of care home:	Albemarle
Address:	Baxtergate Hedon Hull East Riding Of Yorks HU12 8JN
Telephone number:	01482896727
Fax number:	01482890511
Email address:	manager.albemarle@hica-uk.com
Provider web address:	

Name of registered provider(s):	Humberside Independent Care Association Limited
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Type of registration:	care home
Number of places registered:	43

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	0	43
old age, not falling within any other category	0	43
Additional conditions:		
The maximum number of service users who can be accommodated is: 43		
The registered person may provide the following category of service only: Care home only - code PC To service users of the following gender: Either Whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category - Code OP, maximum number of places: 43 Dementia, over 65 years of age - Code DE(E), maximum number of places: 43		
Date of last inspection		
Brief description of the care home		
Albemarle is situated in the market town of Hedon in East Yorkshire and was purpose built approximately 30 years ago as a care home for older people.		

## Brief description of the care home

The home is registered to provide care and accommodation for up to 43 older people, some of whom may have memory impairment. There are three lounges, a dining room and a seating area in the main entrance. The accommodation consists of mostly single bedrooms on two floors with access to the upper floor by stairs or passenger lift. The home has recently undergone extensive upgrading to the environment and this programme of improvements is now complete.

People have easy access to the wide range of shops and facilities in Hedon and access to public transport or a company vehicle. There is car parking for approximately five vehicles on site, otherwise on street parking where there are no restrictions has to be used. There is a secure rear garden for people to enjoy in the warmer months.

The standard fees charged by the home are between £362.04 and £490.00 per person per week with additional charges made for hairdressing, chiropody etc.

Albemarle provides information about the home to service users in its Statement of Purpose and Service User Guide, both of which can be obtained on request from the manager.

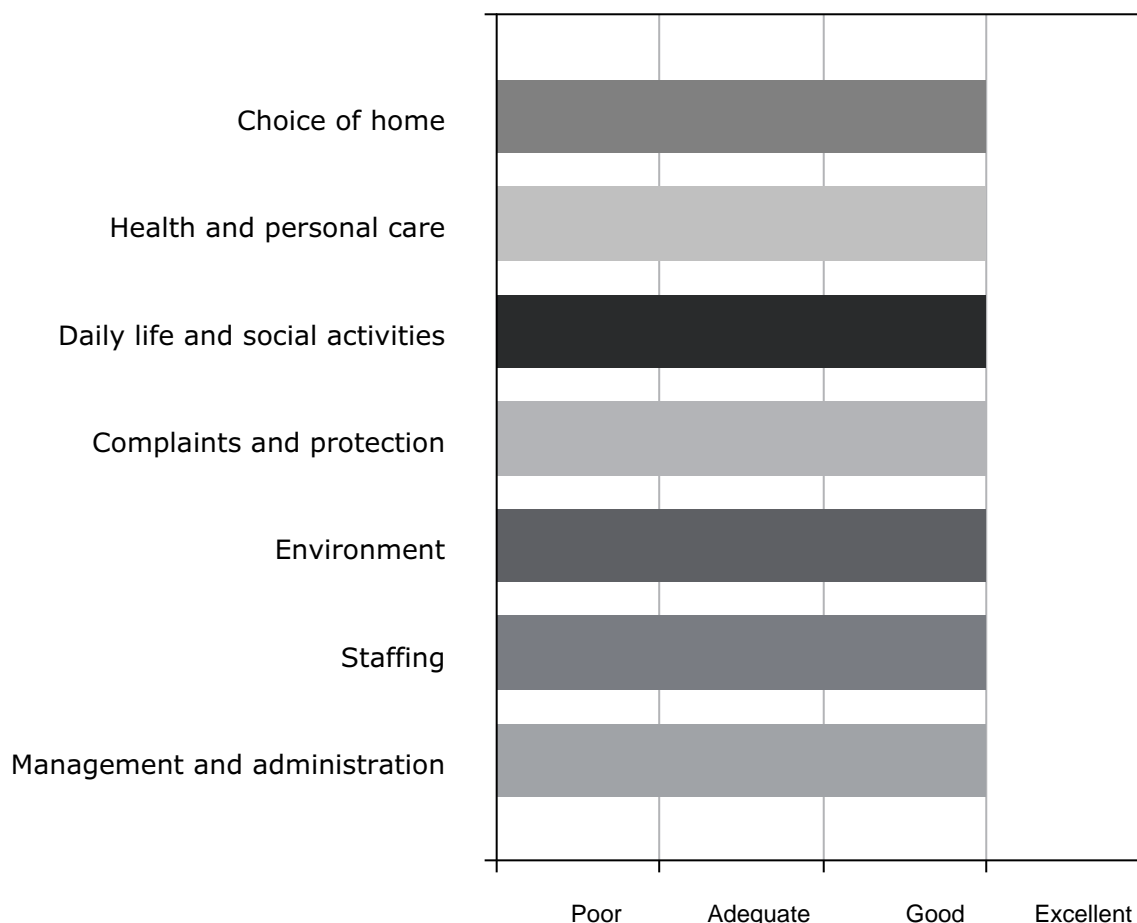
## Summary

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 Key Inspection of Albemarle has taken place over a period of time and involved sending a request to complete an annual quality assurance assessment (AQAA) in May 2009, containing information about people who use the service and staff and details of the homes policies, procedures and practices. The Commission did not receive the requested information in time for the site visit, but evidence was seen to verify the AQAA had been sent to CQC prior to this date. It had not been electronically delivered. However, survey questionnaires were still sent to 20 people living in the home, to 5 health care professionals and 10 staff working there. Of these surveys 10 were returned from the people in the home, 6 from staff and none from health care professionals.

All of the information obtained from surveys, from notifications received and information already known from having had contact with the home since the last key

inspection was used to suggest what it must be like living there.

Then on 25 August 2009 Janet Lamb made a site visit to the home to test these suggestions and to interview people, staff, visitors and the home manager. Some documents were viewed with permission from those people they concerned and some records were also looked at. The communal areas of the home were viewed along with six bedrooms.

There were two people who use the service, the manager and two staff interviewed and other people were spoken with during the site visit to seek information. One relative was briefly spoken with. What was said was checked against the information obtained through questionnaires and details already known because of previous information gathering and contact with the home. Judgements were made using the information and some of the evidence used at the last inspection to say what it is like living in the home. This report shows those findings and judgements.

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 have their care needs well assessed. They have security of tenure from a written contract of residence.

People have good care and health care plans in place that assist the staff to support them. They are well protected by the home's policies and procedures for dealing with medication and they are treated with respect and their right to privacy is upheld.

People have good social contact in the home and in the community, they are able to make choices wherever possible and enjoy good, nutritional, appetising food.

People have good complaint and protection systems in place so they are confident their complaints are listened to, taken seriously and acted upon. They are well protected from abuse with the policies, procedures and practices on 'safeguarding adults' in place.

People have a safe, clean and comfortable environment to live in and hygiene standards are satisfactory. Environmental standards have improved.

People are well cared for by a skills mix of staff in sufficient numbers, with the recommended qualifications and the right training to meet their needs. Staff are well recruited according to company policy and procedure and regulations and schedule 2.

People benefit from a well run home that is run by a well qualified, experienced manager of good integrity. There are good quality assurance and self-monitoring systems in place showing the home is run in the best interest of people living there. People and staff have their health, safety and welfare well protected and promoted.

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

People or their family now receive a contract of residence.

Medication storage is more secure and receipting of medicines into the home is more consistent and accurate.

There are improved opportunities for people with memory impairment to engage in activities, though further development is needed.

Only staff that have received their full security checks are taken on to work in the home.

The registered manager has achieved NVQ level 4 IN Care and NVQ level 4 Registered Manager's Award.

People are now informed verbally and in writing when their funds held in safe keeping are running low.

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

The service should ensure there are sufficient lounge chairs in lounges and communal areas for everyone to sit on, without having to sit on the uncomfortable window seats.

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

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

## Details of our findings

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## 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 are given information and can 'test drive' the service to help them decide if the home is the right place or not. People have their care needs well assessed, so they know their needs will be met. They have security of tenure with a contract of residence in place.

Evidence:

Discussion with the manager and staff and viewing of case files with permission from people they refer to shows the service continues to ensure people are well assessed before they move into the home.

An assessment of needs in the form of a pre-assessment document is completed by the manager before an admission takes place. Copies of placing authority assessment forms are also obtained and held in files, so with this information and through discussions with relatives the home has plenty of details to determine whether or not it can meet a person's needs.

## Evidence:

The company pre-assessment forms contain information on personal details, personal care and support, dressing, night care, eating and drinking, mobility, health, leisure, emotional care, dementia, safety, communication, specialist input, finances and any other area. Two files were viewed as part of the inspection and both contain such documents.

It is understood that the 'statement of purpose,' the 'service user guide' and contracts of residence, in the form of 'Admission Agreements,' are available for viewing though they were not inspected on this occasion. Contracts were discussed, as a recommendation was made at the last inspection to ensure everyone is issued with a contract of residence, and we are informed the manager has completed an audit on contracts and everyone now has one. They are now sent to relatives when a new person is admitted. The 'statement of purpose' and 'service user guide' have been updated in previous months, though the manager believes they need updating again.

Of the ten surveys received from people five say they have received a contract, two say they did not and three say they don't know if they did or not. Also six say they received enough information about the place, one says they did not, two say they don't know and one does not answer the question.

Intermediate care is not provided at Albemarle and so standard six is not applicable.

## 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 have good care and health care plans in place that assist the staff to support them. They are well protected by the home's policies and procedures for dealing with medication and they are treated with respect and their right to privacy is upheld.

Evidence:

Discussion with the manager, staff and people, and viewing of their case files with permission shows there are still good systems in place to ensure people have their needs well documented in a plan of care and a health care plan, for handling medication and for upholding privacy and dignity.

There are person centred plans of care in place for everyone and these are reviewed and updated according to either the planned review dates or the changing needs of people. They have an element to them which is the care programme. Two case files were seen and they contain all of the information required of the standards on care plans and health care. They contain risk assessment and management documents as well.

## Evidence:

The care programmes are compiled to include strengths and needs to each area assessed and they are reviewed monthly on paper and six monthly with the involvement of people they refer to, placing authorities and families. Care plans and health care plans are evidenced in files. Copies of placing authority care plans are also available in files for viewing.

Health care issues are also included in the general person centred plans of care but all input and care in respect of health care is recorded on 'health monitoring forms' kept in a separate ring binder file for staff completion. Health care needs are well observed, monitored and recorded. Observations of people show there are some people with such as pressure sore or wound dressings, several with dementia needs and many with supervision needs. There are records of GP, district nurse and community psychiatric nurse visits. Weight charts are maintained and records of food and fluid intake are kept if necessary. There is also a 'patient passport' form completed for whenever a person needs to be admitted to hospital, which shows all relevant health details and information as well as information on the person's dementia or particular condition of age.

When they were asked, people could not remember much about their care plans but they knew documents were held in the office that contain information on their care needs and the support they require. People say they are pretty contented living at Albemarle, the food is good, they are happy with the arrangements for having their money and medication handled, and they very much enjoy the visiting entertainers. People have differing care needs and the personal support they require is also different, but they say they receive help the way they want it.

Medication systems within the home are appropriate and protect people from risk of harm from taking the wrong medication because all medicines are handled by the staff. This is in line with the policy and procedure on medication administration. There is a new monitored dosage system in use, which was changed approximately six months ago.

Medicines are stored in a medication trolley in a locked cupboard. There is a fixed locked controlled drugs cabinet also in the cupboard. Therefore the requirement made at the last inspection to ensure medication is securely stored is being met. The medication trolley is usually taken round the home as necessary and also into the dining room and kept under full supervision while giving out medicines. The practice of giving out medication was observed and is considered appropriate. Unfortunately the medication round takes such a long time to complete that a senior staff was still giving out morning medication on our arrival at 10:25. Perhaps this needs to be looked at to

## Evidence:

make sure everyone receives their first medication of the day at a much earlier time.

The manager regularly checks the medication administration record (MAR) sheets as part of her monthly summary of audits and therefore the recommendation made at the last inspection to ensure records of drugs received are well maintained, is now being met. Staff administering medications are trained and competence checked via an external course, which is recorded on the home staff training matrix.

Maintaining people's dignity and privacy is difficult but well managed. No personal care is ever provided in communal areas, but always in bathrooms or bedrooms. GP and District Nurse visits take place in bedrooms also, while people are usually addressed how they choose, receive their mail unopened and can use the home telephone if necessary, and they usually only wear their own clothing.

Surveys completed and returned number ten, though some were done with help from relatives or the activity coordinator. They say people are listened to by staff, receive the help and support they need and get the medical attention they also need. Generally people make comment that the service of care is good, their needs are met and they have sufficient to do.

## 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 have good opportunities for social contact in the home and in the community and they are able to make choices wherever possible. They enjoy excellent, nutritional, appetising food with a good variety of choice and plenty of it.

Evidence:

Discussion with people in the home, the manager and staff and viewing of some records and documents with permission, and observing people interacting with each other and staff shows there are some good opportunities to engage in pastimes and be part of the community, while food provision is satisfactory.

People are able to receive visitors at almost any time and several were seen coming and going on the day of the site visit. One visitor was briefly spoken to. People also go out when they choose if able or if accompanied. There are in-house activities carried out on a regular basis and these may include having visiting singers in two or three times a month, playing musical bingo, holding barbeque's, watching television and DVDs, making cakes and tarts, relaxing in the garden, having pie and peas suppers, reading and playing board games. External activities that can be enjoyed include mystery trips out to such as Scarborough and Withernsea and walks into the town for shopping and socialising. The home's AQAA points out that it needs to look at more

## Evidence:

person centred and individual activities for people, and is considering a potting shed in the garden as a starting point. The recommendation made at the last inspection to develop activities that people with dementia can be involved in is being better met. The home should continue to find ways of occupying and entertaining those with memory impairment.

Information on events to be held is posted on the notice board and a monthly newsletter is being produced. There is a monthly activity plan on display to inform people of what is planned. There are also activity records held to show all joint activities and their outcomes as well as all individual activities that people get up to. These show the date, names and numbers of people involved, what the activity or outing was and how successful it may have been.

People are able to exercise autonomy and choice where possible, control their own finances in small amounts and have family or solicitors to handle their main finances. There is a HICA general account in operation for people wanting to have their money held in safekeeping, the system is computerised, a joint sum is held for all, and statements are given out as requested. The system is not entirely ideal but it seems to work. Only the administrator and the manager have access to the systems and the money held for people. People in the home were observed choosing when to eat, when to go to their room to rest and whether or not to sit out in the garden etc. and there is evidence in diary notes that shows what they have done or where they have been and so on. People say they are satisfied with the choices they make and some of them are able to decide for themselves, while others rely more on staff and family members to help them. Where possible people are encouraged to be self-determining.

Albemarle provides a very good standard of food to people in the home. There are two sittings for lunch and tea time where usually those more independent eat first, while those requiring more assistance eat at the later sitting. There are set menus which always include a set alternative. The cook maintains very high standards of hygiene, keeping records on cleaning and food temperatures, and food presented looks extremely appetising and smells delicious. People are offered seconds of main and pudding at lunch time even though portions seen are rather large already. The kitchen is well organised and equipped and the cook follows environmental health requirements rigorously. Lunch seen was choice of beef stew and dumplings with mashed potato and vegetables or bacon and egg pie with mashed potato and vegetables, and there was a cheese flan with vegetables for those wanting vegetarian diet. There was also rice pudding or fruit and ice cream for dessert. The dining room is pleasantly set out and meals are a social occasion. Arrangements for food provision and the food actually consumed is excellent.

## 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 have good complaint and protection systems in place so they are confident their complaints are listened to, taken seriously and acted upon. They are well protected from abuse with the policies, procedures and practices in place.

Evidence:

Discussion with people in the home, the manager and staff and viewing of some records and documents with permission shows there are good systems in place to handle complaints and make referrals of a safeguarding nature.

There is a company policy and procedure in place for dealing with both complaints and with safeguarding adult's issues. There are also company records maintained of any complaint made or suspected or actual abuse referred. Staff have good understanding of how to handle complaints and where to direct them and of making referrals to the safeguarding adults teams in local authorities. This they demonstrated in interview and there is also evidence of safeguarding training in files.

According to the information on the AQAA the number of complaints received since the last inspection is three. These were dealt with appropriately. According to information sent to CQC in regulation 37 notifications the number of safeguarding referrals made since the last inspection is six. All of these were investigated by the East Riding of Yorkshire Council safeguarding adults team and were dealt with appropriately. Two remain on-going. The manager ensures all issues are referred appropriately and

Evidence:

recorded.

Staff complete company safeguarding training as part of their induction and further training is done which involves the local authority safeguarding team coming in to do a session. Files evidence the training undertaken. It is expected that all staff complete updated safeguarding adults training every three years and are competence assessed every year on their understanding of their responsibilities and the procedures to follow. All of this should be recorded as evidence.

Surveys say people and staff know how to make and process complaints and pass on any information on suspected 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 **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People enjoy the benefits of a safe, well maintained environment that is clean, comfortable and hygienic.

Evidence:

Discussion with people in the home, the manager and staff and viewing of the communal areas and some private areas of the home, show the premises are suitable for providing care and accommodation to older people. They are clean, comfortable and safe.

Albemarle is a purpose built residential care home and has a unique building style. It is spacious, light and airy and all rooms are single except for two. There are now nine rooms with en-suite facilities following some upgrading of the building. There are three main lounges all used differently. One is a smoke room, one is for memorabilia and the other is for activities facilitated by the staff. There is also an upper floor mezzanine lounge that overhangs the largest lounge and this is mainly used for staff meetings or training and one to one sessions. People also have access to a pleasant enclosed garden with seating, shade etc. Albemarle has only ever had two bathrooms over the years of its registration, but the refurbishment introduced a shower and wet room as well. This is still not a sufficient number of bathrooms for the number of people living in the home, but previous legislation and the current standards allow for the facilities to remain as they were at 31/03/02. Bathroom facilities have increased

Evidence:

by one and so they have improved since then.

An observation in the large lounge is that the window seats are not comfortable for older people to sit on, or for anyone to sit on any length of time, and should therefore not be counted as seating for the numbers of registered people. The home is registered for 43 people and should therefore provide 43 comfortable lounge chairs (not including those in bedrooms) for people to use. A requirement is made to ensure there is a lounge chair in the lounges and communal areas for everyone to sit on.

Albemarle is clean and hygienic and free from malodours. The laundry is suitable for its use and meets the requirements of the Water Supply (Water Fittings) Regulations 1999. Surfaces are easily cleaned, equipment is compliant, and staff keep the laundry well organised and tidy.

## 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 well cared for by a skills mix of staff in sufficient numbers, with the recommended qualifications and the right training to meet their needs. Staff are well recruited according to company policy and procedure and regulations and schedule 2.

Evidence:

Discussion with the manager and staff and viewing of staff files with permission shows the home continues to use robust systems for recruiting and selecting staff and training them.

According to the rosters seen, to information from the manager and to staff interviewed there are usually three or four care staff, plus one senior on duty each day shift and three waking staff at night. The manager is available weekdays and usually during office hours to assist if necessary. There is also a handy person, a cook, a laundry assistant and one or two cleaners on duty throughout the day. The manager has instructed staff to take their breaks in turn and never more than one at a time to ensure maximum cover for supervision is provided to people in the home. There appears to be sufficient staffing to meet the needs of people, even though staff would like more time to spend with people individually to offer improved quality of life.

All staff are expected to undertake induction to Skills for Care standard and then enrol on NVQ level 2 and 3 if possible. There are now approximately 84% of carers with the

Evidence:

award. Certificates seen in two staff files evidence that NVQ level 2 has been completed.

The home uses and follows the company policies and procedures on recruitment and selection of staff, so two files seen show there are application forms, references, security clearances and inductions. There are also forms for changes made to employment such as contract changes, pay increases, change of address etc., and there are copies of terms and conditions of contract, annual leave and sickness records. Staff confirm in interview the circumstances of their recruitment and selection. The requirement made at the last inspection to ensure new staff are only taken on once their security checks have been received is now being met.

Staff are expected to complete company mandatory training courses that include moving and handling, medication administration, fire safety, first aid and safeguarding adults. They also complete courses such as use of the hoists, back care, food hygiene, health and safety, continence, infection control, 'bild' physical intervention, dementia care, Parkinson's disease and care of the dying. The home maintains a training matrix and the company flags up any shortfalls where staff need to refresh a course. Certificates of attendance and confirmation in staff interviews are evidence of the courses and training completed.

Staff are also to start doing VRQ awards starting with dementia care in September 2009.

## 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.

People benefit from a well run home that is run by a well qualified, experienced manager of good integrity. There are good quality assurance and self-monitoring systems in place showing the home is run in the best interest of people living there. People and staff have their health, safety and welfare well protected and promoted.

Evidence:

Discussion with the manager and staff and viewing of some of the home's documents, certificates and maintenance checks and records shows there are robust systems in place to promote and protect the health, safety and welfare of people and staff.

The manager is now qualified with NVQ level 4 In Care and NVQ level 4 Registered Manager's Award, and therefore the recommendation made at the last inspection for her to hold a relevant qualification is now met. She has substantial experience of managing the home. She has an open style of management and is supportive to the staff.

## Evidence:

Quality assurance systems, that are organised and implemented by the company are in place to ensure that people living in the home may be involved in decisions about their lives. The quality assurance system was not tested for effectiveness but it is understood there is a comprehensive system in use that follows the National Minimum Standards and gathers information from different sources, especially people and their relatives.

There are company policies and procedures on handling people's finances and these are well managed within a controlled system of accounting. People pay their accommodation fees via direct debit arrangements, any cash or cheque brought in for safe keeping is receipted and entered into the home's joint account, where individual records of transactions are kept on computer, statements are handed out on request and a cash amount is held to furnish people with small sums of money upon request. Systems are not entirely ideal from an auditing point of view but they seem to work well. The requirement made at the last inspection to ensure people do not develop a negative balance in the pooled account is now being met, as formal letters go out to family when funds are getting low and people in the home are also informed verbally.

Records in the home are being regularly updated and inspection of the home's maintenance documents confirmed that appropriate safety checks are being carried out to ensure the health, safety and welfare of staff and people living in the home. Some areas sample checked include fire safety, electrical and gas services, water temperature controls and legionella testing and hoisting and lifting equipment.

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	20	16	<p>The registered provider must ensure there are sufficient lounge chairs in lounges and communal areas for everyone to sit on.</p> <p>This is so all people are able to sit comfortably in the communal areas of the home.</p>	10/12/2009

### 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

## Helpline:

**Telephone:** 03000 616161 or

**Textphone:** or

**Email:** [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

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

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

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