



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Longhill House
Address:	Coldstream Close Hull East Yorkshire HU8 9LS

The quality rating for this care home is:

three star excellent service

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

Lead inspector:	Date:
Beverly Hill	2 2 0 5 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 or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The Commission for Social Care Inspection aims to:

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

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

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Longhill House
Address:	Coldstream Close Hull East Yorkshire HU8 9LS
Telephone number:	01482376231
Fax number:	01482701106
Email address:	manager.longhillhouse@hica-uk.com
Provider web address:	

Name of registered provider(s):	Humberside Independent Care Association Limited
Type of registration:	care home
Number of places registered:	41

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	41	0
old age, not falling within any other category	0	41
Additional conditions:		
The maximum number of users who can be accommodated is: 41		
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, 41 Dementia - Code DE, maximum number of places, 41		

Date of last inspection								
Brief description of the care home								
Longhill House is a purpose built care home located on the eastern outskirts of Kingston upon Hull in a mainly residential area. The home's location provides people with easy access to a variety of local shops, pubs and public transport etc. It is owned By Humberside Independent Care Association Ltd (HICA), which is a not for profit organisation. The home provides personal care and accommodation for a maximum of forty-one older people, some of whom may have dementia.								

Brief description of the care home

The home is laid out on two floors with access to the upper floor via a passenger lift. There are thirty-nine single bedrooms and one shared bedroom. The home is nearing the end of a major refurbishment which will ensure thirty-four of the bedrooms have en-suite facilities. There are four bathrooms and one shower room and sufficient toilets throughout the home.

Communal areas consist of two lounges and a large dining room. As part of the refurbishment, a further reminiscence lounge has been developed on the first floor.

The home has a large lawned area at the rear and side of the property and a patio area with garden furniture. The home is accessible to wheelchair users. There is ample car parking facilities at the front of the building.

The home is clean, tidy and very welcoming.

According to information received from the home the weekly fees are between 315.50 and 490 pounds. There is a top up system of 10 pounds for a basic room and 20 pounds for an en-suite room. Additional charges are made for hairdressing, chiropody, transport, newspapers, personal items and outings.

Information about the home and services can be located in the statement of purpose and service user guide on display in the home.

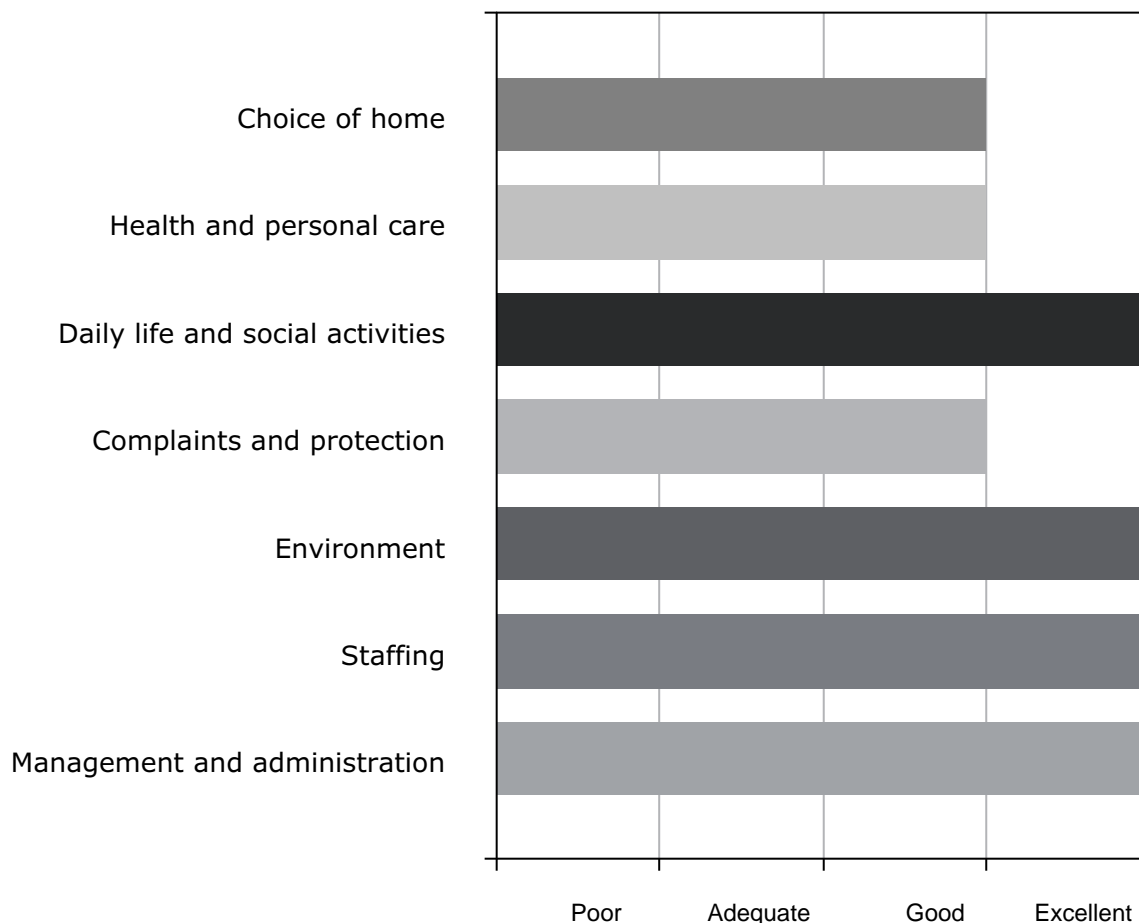
Summary

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

The quality rating for this care home is:

three star excellent service

Our judgement for each outcome:



How we did our inspection:

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

This inspection report is based on information received by the Care Quality Commission (CQC) since the last key unannounced inspection on 24th May 2007 including information gathered during a site visit to the home, which took approximately nine hours.

Throughout the day we spoke to people that lived in the home to gain a picture of what life was like at Longhill House. We also had discussions with the registered manager, staff members and several relatives. Information was also obtained from surveys

received from residents (some of which had been completed by their relatives), staff members, visiting health professionals and care management staff from the local authority. Comments from the surveys and discussions have been used in the report.

We looked at assessments of need made before people were admitted to the home, and the home's care plans to see how those needs were met while they were living there. Also examined were medication practices, activities provided, nutrition, complaints management, staffing levels, staff training, induction and supervision, how the home monitored the quality of the service it provided and how the home was managed overall.

We also checked with people to make sure that privacy and dignity was maintained, that people could make choices about aspects of their lives and that the home ensured they were protected and safe in a clean environment. We observed the way staff spoke to people and supported them, and checked out with them their understanding of how to maintain privacy, dignity, independence and choice.

We would like to thank the people that live in Longhill House, the staff team and management for their hospitality during the visit, and also thank the people who completed surveys and had discussions with us.

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 the 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:

The home always ensured that peoples' needs were assessed prior to admission. This enabled staff to be sure the home could meet the persons needs and gave them direction in how to care for them.

Staff were clear about how they promoted peoples' independence and choice and provided care to people in ways that respected privacy and dignity. The staff members knew the residents well and were observed speaking to people in a courteous manner. Residents described staff as, 'pleasant and always listen', 'like a family' and 'if I need them the staff are there'. Management and staff have developed a very relaxed and friendly atmosphere in the home.

Longhill House provides a pleasant environment for people. It is clean, warm, well presented and has plenty of communal space. The company ensures a process of continual redecoration and refurbishment of the home.

The home provides nutritious and well planned meals for people and has won a healthy heartbeat award. Some comments about meals were, 'great - he's a good cook' and 'we have very good food'. Catering staff scored an, 'B' in the local authority's food safety management assessment.

The home manages complaints well and always tells the Commission or the local authority of any reportable incident. This enable us to monitor situations and check how the home is dealing with them.

The company has an excellent training and induction programme. Senior managers are always looking to improve the training courses. Staff members all say they receive the training required for them to complete their jobs.

There has been a very low staff turnover in the last year, which means there is consistency for residents and the staff team as a whole.

The home has a good quality assurance system that enables people to be consulted about the way the home is managed.

What has improved since the last inspection?

Following the initial assessment the manager formally writes to people to let them know their needs can be met in the home.

The care plans and risk assessments contain more detailed information about people and the tasks staff have to complete to meet their needs and minimise risks. Managers are currently looking at improving these even further by including all the personal information gathered in fact files and stored in staffs' knowledge of people.

The home is almost at the end of a major refurbishment. Communal areas have all been improved and en-suite facilities have been installed in most of the bedrooms that had space to do this. At the end of the refurbishment later this year, thirty-four bedrooms will have en-suites. A reminiscence, 1940's room has been developed with

artifacts and memorabilia for residents to pick up and talk about.

The home has purchased a mobile sensory unit and developed a comprehensive structure of activities for people.

Recruitment of staff has been made more robust by the pairing up of new care staff that are employed, in exceptional circumstances, after a povafirst check but before the return of the full criminal records bureau check.

A system has been implemented to check bed rails to ensure they are safe.

The number of care staff that have gained a National Vocational Qualification in care at level 2 and 3 has increased to 83 percent. This is an excellent achievement. Also a new, more in depth dementia care course has been sourced. This will give staff an even better understanding of how to support people with dementia care needs.

What they could do better:

The way the home manages medication needs to improve. There was some confusion in the use of codes when medication was omitted, which led to difficulty in auditing why the person didn't receive what was prescribed for them. There was also an instance when two people missed some of their medication when attention had not been paid to stock control.

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

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

Details of our findings

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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.

The home ensures that people have their needs assessed prior to admission. This enables staff to be sure they can plan and provide care for people in order to meet their needs.

Evidence:

Care files contained assessments and care plans completed by care management for people they provided funding for. The assessments were obtained prior to admission. On one occasion a person was admitted in an emergency and information was obtained verbally from the locally authority but this was followed up with written assessment documentation soon afterwards.

The home also completed an assessment of needs using corporate documentation. The information gathered enables staff to formulate plans of care to meet identified needs. Following the assessment the manager writes to the person or their representative

Evidence:

formally advising them that the home is able to meet their needs.

The home does not provide intermediate care services so standard 6 does not apply.

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.

Peoples' health and personal care needs were planned for and met in ways that promoted privacy and dignity.

The recording of medication needs to be clearer to prevent confusion and mistakes occurring. This will ensure people receive the medication as prescribed.

Evidence:

We looked at three care files in detail and examined documentation in other care files such as behaviour management plans and monitoring charts for pressure relief and nutritional intake. The care files were well organised and easy to read with information quickly to hand. Care plans had been produced from information gathered at the assessment stage, risk assessments and from fact files completed just after admission. The care plans had improved since the last inspection and included more detailed information about the person and had clearer tasks for staff. The home is currently improving these even further by detailing very precise information which at present is stored in staff members' internal knowledge of people. This is very good practice and

Evidence:

will make the care plans even more personalised and easier to follow for new staff.

Care plans were updated as a result of monthly evaluations and also at reviews, which were held with the resident, family members, care management and significant others present. Residents or their representatives signed agreement to the care plans.

There was evidence that risk assessments were completed and significant information transferred to care plans. Risk assessments covered, nutrition, pressure areas, moving and handling, falls and bed rails. Some people also had more specific risk assessments relating to their health care needs such as epilepsy, and behaviours that could be challenging to others.

Residents health care needs were met and they had access to a range of health care professionals. People had been referred to the falls team and dieticians when required, GP's visited as requested, consultant appointments were attended and district nurses provided any nursing care. People also received visits from the optician and chiropodist. There was an instance when a resident persistently declined to use a specific inhaler medication so staff contacted the GP and an specialist asthma nurse visited.

In discussions with people and from comments in surveys it was clear that health needs were met and staff supported people in ways that promoted privacy and dignity. Comments were, 'I am happy with the care', 'the staff are nice and helpful', 'they look after all her needs', 'they show care and consideration to her', 'she is putting weight on and is eating well', 'she is much better in herself and is communicating more', 'mum always looks clean and tidy', 'he is much more alert here, people talk to him and they really care here', 'the carers are excellent' and 'cannot fault the care given'.

Medication was stored appropriately and staff had requested the pharmacist provide them with a folder of information on all the medication supplied to the home. Each resident had a laminated information sheet that included their photograph to assist with administration and details such as allergies and GP.

There were some issues with recording that senior staff need to address. This was mainly to do with codes used when medication was omitted. The codes need to be clear and consistent to avoid confusion.

At times residents declined medication such as laxatives and pain control, as they or staff felt they did not require it. Staff need to be more proactive in contacting the GP to have this prescribed, 'as required' rather than a designated dose at set times.

Evidence:

There were also some medication written on the medication administration record (MAR), 'as directed' and staff had designated the times. The medication needs to have clear direction to avoid mistakes and staff need to check this out with the prescriber.

The home ran out of medication for two residents. The reordering system needs to be reviewed to ensure this does not occur again. Other minor medication issues were discussed with staff.

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 living in the home experienced a good quality of life. This was achieved by staff providing people with opportunities for social stimulation, supporting them to make choices about aspects of their lives, helping them to maintain contact with family and friends and serving nutritional meals.

Evidence:

The home had a very pleasant and cheerful atmosphere. There was a lot going on and there were signs of wellbeing with people wandering around quite freely, popping in and out of communal rooms, chatting to staff and each other. Some people were having a late breakfast and catering staff were attentive to them. We spoke to several relatives during the day and received five surveys from them. All expressed positive views about the home, 'this home has a very friendly atmosphere', 'the staff are really friendly - it feels homely', 'I love the home - there is nowhere else better' and, importantly for one relative, 'I have more time to spend on my self now, as I'm reassured he's ok here'. They confirmed visitors were welcomed at any time and were always offered refreshments. One person told us they were always offered lunch.

The activity coordinator was employed from 1-5pm Monday to Friday but was flexible

Evidence:

to fit in with activities. She provided a range of stimulation in one to one sessions or with groups and the activity observed on the day was well received. People were joining in the music quiz, singing along or tapping their feet and hands and answering questions. The activity coordinator told us there was a lot of goodwill from the staff team regarding activities and people helped out in their own time. People enjoyed baking, craft work, exercises, pampering days, reminiscence, visiting entertainers, monthly outings further afield and various trips to local facilities. The home had purchased, via fund raising, a mobile sensory unit for people who may not be able to join in more traditional pursuits and a reminiscence room had been organised. This was decorated in a 1940's style and filled with memorabilia from the era. In a survey one relative stated their loved one used to like dancing and hoped this could be introduced into the activity programme.

Local clergy visited three specific residents for Holy Communion. The activity coordinator was also investigating access to a local community centre for some residents. The home shares the use of two minibuses with other homes in the company and this works well when booked in advance.

In discussion staff were clear about how to promote independence, privacy, dignity and choice and were able to give us many examples of how they completed this during their support of people. We observed this in practice throughout the visit with all levels of the staff team.

The meals provided met peoples' nutritional needs and catering staff received information about individuals special dietary needs. The meal observed on the day looked well prepared and presented. People spoken with enjoyed the meals provided, 'the meals are smashing', 'there's plenty to eat and drink - I'm nearly always eating', 'I don't mind the food at all', 'very good food' and 'you only have to ask and they do you it'. Relatives said, 'the meals are always nice and tasty - he has a soft version of food', 'the meals are lovely, I had one once and it was absolutely lovely' and another stated, 'she is putting weight on - she eats well'. Out of ten surveys received from residents, eight stated they liked the meals, 'always' and the remaining two said, 'usually'.

Catering staff gained a, 'B' in the local authority's, 'scores on the doors' assessment for food safety management, which was a good achievement. They had also been awarded a healthy heartbeat award for including healthy options on the menu. Menus had two choices for the main meals and a range of alternatives. Snacks and fruit were also available on the trolleys taken around the home at intervals to provide hot and cold drinks to people.

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.

The home provided an environment where people felt able to complain and safeguarded vulnerable adults from abuse by staff training and adherence to policies and procedures.

Evidence:

The company had a corporate complaints policy and procedure and staff made sure this was on display in the home. There was also a complaint form for residents, their relatives and staff to complete should any complaints be brought to their attention. The manager kept a log of complaints and in the last year there have been three minor issues, which were all resolved quickly. There was an action section to be completed to try to prevent a recurrence of the problem. Staff in discussions were aware of what to do and who to report issues to, but stated they tried to sort out minor complaints quickly.

Residents and family members spoken with also knew how to complain, 'I would go to Jane (manager) or any of the staff', 'I never have complaints here, Jane always asks me if I have any problems', 'I have no complaints but I would see my key worker or Jane' and 'they would sort out anything for you'. The complaints folder also had information about compliments paid to staff and there was evidence that the area manager had given staff praise following receipt of a letter from a relative overseas.

Evidence:

The home alerted the local authority and Commission promptly when there were any issues required to be reported. This enabled us to monitor the situations and check on how the home was managing them. There had been some issues between residents and risk assessments and behaviour monitoring plans had been updated so staff had guidance.

All staff had completed safeguarding of adults training during induction and the manager had completed more in depth training specifically for managers regarding the referral and investigation role.

Environment

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

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

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

This is what people staying in this care home experience:

Judgement:

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

Residents are provided with a clean, well maintained and homely environment.

Evidence:

Longhill House is coming to the end of a complete refurbishment and the home looks much improved. Windows have been replaced making the exterior much smarter and the interior draught free. It is a purpose built home with plenty of communal space, is nicely decorated and is very clean and tidy without losing its homely feel. Staff are very proud of the home and residents and their families are pleased with the changes. As well as the two lounges downstairs and a hair dressers salon, there are small seating areas at intervals in the home and a new reminiscence room has been developed upstairs. This is in a 1940's theme and has lots of memorabilia and interesting artifacts for residents to pick up and stimulate conversation.

Corridors are wide and have handrails to assist mobility. The garden and patio area is accessible from the dining room.

Bedrooms were personalised to varying degrees and all doors had privacy locks and lockable facilities for valuables. The refurbishment programme means that at the end of the process, later this year, thirty-four bedrooms will have en suite facilities. The refurbishment has taken place with as minimum amount of disruption as possible for

Evidence:

the residents.

People spoken with were very happy with their home. Comments from residents and relatives were, 'I like it here, it's a nice home', 'I have a big room - its always clean and tidy', 'I am very happy here', 'its a very nice home - it never smells of old people', 'I love the home - there is really nowhere else', 'its always a nice environment', and 'they are attentive of continence issues to people and the environment'. All the staff obviously work hard to maintain the standards of cleanliness and homeliness.

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

People are supported by appropriately recruited and well trained and competent staff. The low staff turnover provides consistency of care for people.

Evidence:

In discussions staff told us they were split into two teams and there were usually five care staff on duty, sometimes six, between 8am and 8pm, and three to four care staff at night. There were designated staff for the provision of activities and the home had appropriate numbers of domestic and catering staff. Staff members told us they felt this was sufficient for the needs of the residents and surveys from staff said there was enough staff either, 'always' or 'usually'. The home has a very low staff turnover, which provides consistency for residents.

There were no reports from residents that their care was rushed and indeed comments were very complimentary about them, 'they are caring and very friendly', 'staff are pleasant and always listen - if I need them staff are there', 'I could not want better staff - they are very pleasant', 'the staff are like a family', 'they help wash and dress me in the morning usually', 'they are really friendly - it feels homely', 'I'm reassured he is ok here' and 'I'm much happier now he is here, they are all permanent staff and they have a range of mature staff'. One relative also said, 'they have been helpful and supportive to me during a bereavement'.

Evidence:

The company has an excellent induction and training programme that is supportive of staff development needs and includes mandatory and service specific training. Good records are maintained of training completed and when updates are due. The company has expanded the dementia care training provided to all staff. Training is provided by a range of internal and external facilitators, distance learning and access to the local authority training programme.

According to information in the homes annual quality assurance assessment (AQAA), 83 percent of care staff have a national vocational qualification (NVQ) in care at level 2 or 3. This is an excellent achievement and exceeds standard 28, which requires that homes aim for 50 percent of care staff trained to this level. In surveys staff told us the training they received was relevant, kept them up to date and helps them understand peoples' needs.

The company has a robust recruitment system and relevant checks are carried out prior to the start of employment. In the exceptional circumstance when care staff are employed after the return of a clear povafirst check but before the return of the full criminal record bureau check (CRB), care staff are paired with others when providing support to people.

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

The home was very well managed, had an inclusive atmosphere and was a safe place for people to live in and staff to work in.

Evidence:

The registered manager is very experienced and has completed her Registered Managers Award. She completes relevant training courses to keep herself up to date with legislation and new ideas. Residents and relatives spoken with all knew her name, which told us she managed to get out and about the home and her name was the first mentioned by residents when asked who they would go to if they had any concerns. Staff members described the manager as having a, 'good approach' and 'you can go to her to sort things out'.

There was a very positive atmosphere in the home, created by the management team and reflected in all the staff. This was confirmed in staff turnover, which has been very low. This is an excellent achievement and means that residents are supported by a

Evidence:

consistent staff team, who know their needs well. Staff members also said, 'its the best home I have ever worked in', 'I won't work anywhere else', 'I have worked here fourteen years and its a lovely place to work', 'they employ good carers who stay', 'all the staff put the residents needs first' and 'its a good atmosphere'. Another person has decided to stay working at the home even when past retirement age, 'I enjoy my job so much'.

A visiting professional also said, 'even on unannounced visits things always appear to be running well'.

Staff are well supervised and records showed that one to one discussions take place at least six times a year. The manager confirmed that as well as formal supervision her door is always open for staff and the personal care managers are always available for support and guidance. Staff meetings are held to ensure an exchange of information and for an opportunity to express views.

The company has a corporate quality assurance system that consists of audits and questionnaires. Management meetings take place to discuss findings from audits, and action plans are produced to address any shortfalls. The medication audit needs to be completed more comprehensively to pick up issues such as those found during the inspection. Questionnaires are sent out to residents, their relatives, professional visitors and staff. The home also had a range of meetings in place to promote consultation with people living in the home, and family and friends that visit.

The company has recently appointed an area manager to oversee quality monitoring in a number of homes and to conduct inspections of the way the homes are operating in an effort to drive up quality even further. The home completed a comprehensive annual quality assurance assessment (AQAA).

Although finances were not assessed thoroughly at this inspection the company has a good system of ensuring people have access to their monies deposited for safekeeping. Records are maintained on a computerised system, which is managed by an administration officer and audits of finances are completed. Receipts are held for any purchases made by staff on behalf of residents or when out on trips with them.

The home was a safe place for people to live in and staff to work in. Fire alarm checks were carried out and staff completed mandatory training in fire safety, infection control, moving and handling and health and safety. The company had a health and safety officer for advice and guidance. At the last inspection there was an issue with the provision of bed rails and the home was required to review them in line with health and safety guidance. This was completed and bed rails checked on the day fitted

Evidence:

snugly in line with manufacturers' instructions.

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>Recording on medication administration records and the reordering system for specific medication must be improved.</p> <p>This will ensure people receive medication as prescribed, will avoid confusion for staff and will enable a clear audit trail.</p>	19/06/2009

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
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