



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Parklands
Address:	Station Road Rawcliffe Goole East Yorkshire DN14 8QP

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:
Eileen Engelmann	3 0 0 9 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

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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:	Parklands
Address:	Station Road Rawcliffe Goole East Yorkshire DN14 8QP
Telephone number:	01405839226
Fax number:	01405839699
Email address:	manager.theparklands@hica-uk.com
Provider web address:	

Name of registered provider(s):	Humberside Independent Care Association Limited
Name of registered manager (if applicable)	
Mrs Caron Lesley Rogers	
Type of registration:	care home
Number of places registered:	30

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	0	30
old age, not falling within any other category	0	30
Additional conditions:		

Date of last inspection									
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Brief description of the care home
Parklands is situated in the rural village of Rawcliffe near to the port of Goole in East Yorkshire. The home is owned and operated by Humberside Independent Care Association Ltd. (HICA) which is a not for profit organisation. The home provides personal care and accommodation for up to 30 older people, some of whom may have a dementia care need. Accommodation is provided on two levels with a passenger lift allowing access to the first floor. All rooms are for single occupancy with four of the rooms having a private sitting area. Two of the rooms are en suite. Service users have ample communal including a conservatory in which they can relax. Information about

Brief description of the care home

the service can be found in the statement of purpose and service user guide, copies of which are available from the manager.

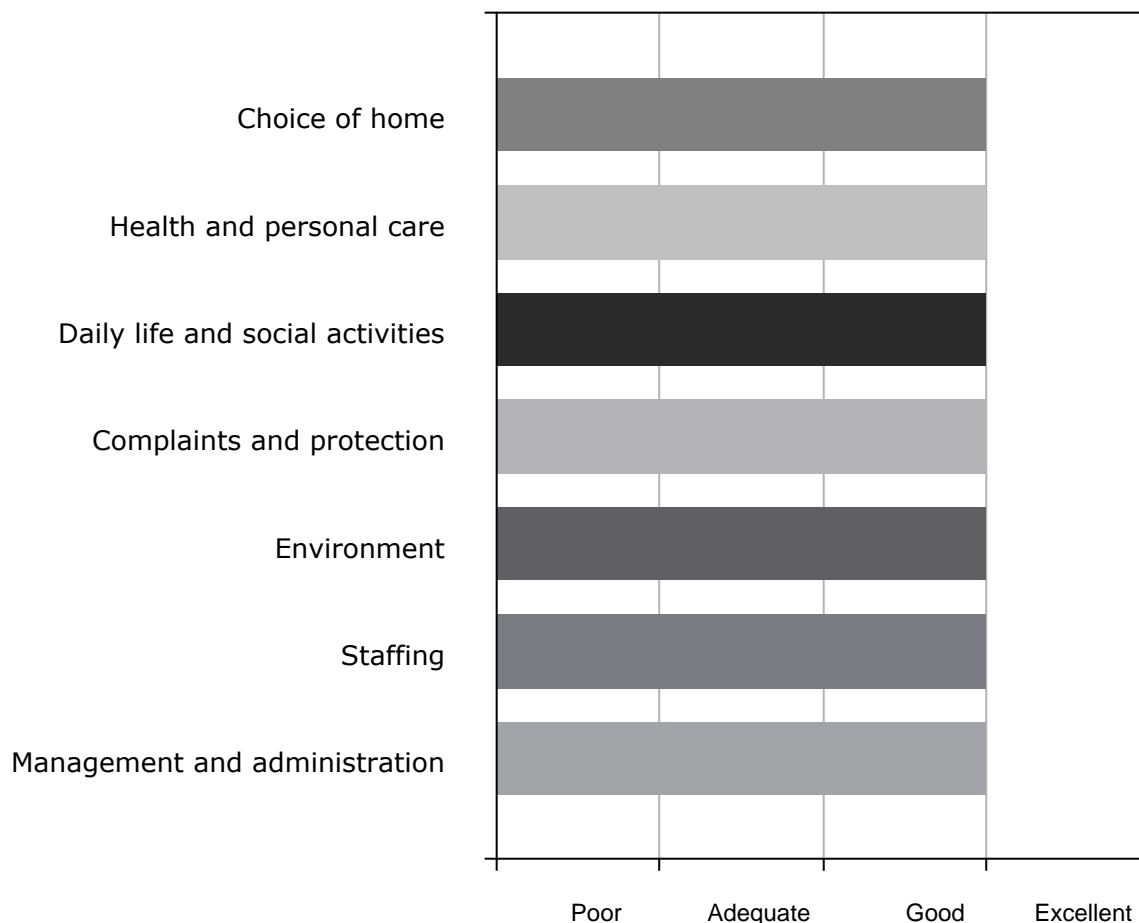
Summary

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:

Information has been gathered from a number of different sources over the past 12 months, this has been analysed and used with information from this visit to reach the outcomes of this report.

This unannounced visit was carried out with the manager, staff, visitors and people using the service. The visit took place over 1 day and included a tour of the premises, examination of staff and people's files, and records relating to the service. Informal chats with a number of people living in the home and visitors took place during this visit; their comments have been included in this report.

Questionnaires were sent out to a selection of people living in the home and staff. Their

written response to these was good. We received 2 from staff (20%), 5 from relatives/visitors (50%) and 10 from people using the service (100%).

The manager completed an Annual Quality Assurance Assessment and returned this to us within the given timescale.

Over the past 12 months we have received one safeguarding allegation, which was passed onto the local social services safeguarding team. The issue was investigated and no evidence to support the allegation was found. The home has referred two other allegations to the safeguarding team, these were also investigated and no further action was required from the home.

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.

Information given by the manager during this visit on 30 September 2008 indicates the home charges fees from 350.00 to 480.00 per week. The level of fee is dependent on the type of funding used, the type of care required and the different room facilities chosen by the individual. A list of the specific fee levels and other information is available from the manager of the home.

People will pay additional costs for optional extras such as staff escorts to appointments, hairdressing, private chiropody treatment, toiletries and newspapers/magazines. Information on the specific charges for these is available from the manager.

What the care home does well:

People in the home are provided with a warm, safe and comfortable place to live that welcomes visitors and makes them feel at home. The home is clean and staff work hard to make sure the building is odour free.

The home is welcoming and has a relaxed atmosphere. People living there said they are happy with their bedrooms and can bring in their own possessions, making it feel more like home.

All of the people spoken to are positive about the home and like living there. People living in the home and relatives expressed their satisfaction during this visit regarding the care given, service received and the living environment of the home. Staff are hard working and do their best to meet the needs of those people living in the home.

People being cared for have good access to professional medical staff and are able to access external services such as dentists, opticians, physiotherapists, chiropody and dieticians, so their health is looked after and they are kept well.

What has improved since the last inspection?

The management team continue to work hard to maintain a good standard of care for people using the service and to keep records and documentation up to date and accurate.

Staff receive satisfactory induction and training to ensure they have the skills and knowledge to meet the needs of people using the service.

What they could do better:

The home has worked hard to meet the standards within this report. We have made a small number of recommendations around good working practices and these will be followed up at the next visit to the home.

We would like to thank everyone who completed a survey or spoke to us during this visit. Your comments are very important to us and ensure this report includes the views of people who use the service or work within it.

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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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 wanting to use the service undergo a needs assessment and are given sufficient information about the home and its facilities prior to admission, to enable them to be confident that their needs can be met.

Evidence:

The home's service user guide and statement of purpose are on display in the entrance hall and copies are available from the manager on request. People's survey responses indicated they received sufficient information to make an informed choice about the service before accepting the placement offer.

Four people's care and records were looked at as part of this visit, they each have been provided with a statement of terms and conditions/contract on admission and these are signed by the person or their representative. These documents give clear information about fees and extra charges, which are reviewed and kept up to date.

Evidence:

Each person has his or her own individual file and the funding authority or the home, before a placement is offered to the individual, completes a need assessment. The four files looked at during this visit were for three funded individuals and one person who funds their own care.

The home develops a care plan from the assessments, identifying the individual's problems, needs and abilities using the information gathered from the person and their family.

Discussion with the manager indicated she goes out to assess individuals who have expressed an interest in coming into the home, and each person is given information about the service and life in the home.

Staff members on duty were knowledgeable about the needs of each person they looked after and had a good understanding of the care given on a daily basis. Information from the people's surveys showed that they were satisfied with the care they receive and have a good relationship with the staff. Comments from the surveys were 'staff are friendly and welcoming and have a pleasant manner with the people using the service'.

Information from the Annual Quality Assurance Assessment and discussion with the manager and people living in the home indicates that all of the people using the service are of White/British nationality. The home does accept people with specific cultural or diverse needs and everyone is assessed on an individual basis. Discussion with the manager indicated that the home looks after a number of people from the local community, although placements are open to individuals from all areas.

Checks of the staffing rotas and observation of the service showed that the home employs four care staff from overseas. The home is able to offer a limited choice of staff gender to people who express preferences about care delivery, as they employ one male care staff; the manager said this is due to a lack of suitable male applicants and that she would discuss people's care preferences during the needs assessment process.

Information from the training files and training matrix indicates that the majority of staff are up to date with their basic mandatory safe working practice training, or they are booked onto training in 2008. The home is registered with us to accept placements for people with dementia and information from the staff training files indicates that dementia care sessions are available for staff on a yearly basis.

Evidence:

The home does not have any intermediate care beds and therefore standard six does not apply to this service.

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.

The health, personal and social care needs of the people living in the home are clearly documented and are being met by the service and staff. The medication at the home is well managed promoting good health.

Evidence:

Staff told us in the surveys that they are satisfied about the way the home provides them with the information about the needs of the people they support and care for.

Information from the surveys indicates that the majority of people who responded are satisfied that the staff give appropriate support and care to those living in the home. People said they are able to make their own decisions about their daily lives most of the time; that staff treat them well and listen and act on what they say. Comments from people who spoke to us were 'the staff are lovely, they take good care of us' and 'we have not regretted our decision to come into the home, the staff have looked after us well and we are very settled and comfortable here'.

Evidence:

Individual care plans are in place for all people using the service and the four examined set out the health, personal and social care needs identified for each person. The plans looked at have been evaluated on a monthly basis and any changes to the care being given is documented and implemented by the staff. Risk assessments were seen to cover pressure sores, nutrition, moving/handling and activities of daily living. Information about the person's social interests, likes and dislikes, spiritual needs and wishes regarding death and dying are included within the individuals care plan. People and relatives are able to input to their plan and changes to their care is discussed with the individual where possible. Signatures on the plans show that these have been agreed with the individual and/or their representative.

People said that they have good access to their GP's, chiropody, dentist and optician services, with records of their visits being written into their care plans. They all have access to outpatient appointments at the hospital and records show that they have an escort from the home if wished. Comments from the people and relatives indicate they are satisfied with the level of medical support given to the people living at the home.

The staff weighs everyone on a regular basis and evidence in the plans show that dieticians are called out if the home has particular concerns about an individual. District nurses visit the home on a regular basis to offer nursing support to those people who require this service. The staff have a good rapport with the community nurse team and together they ensure individuals are assessed for risk of developing pressure sores, and the community team provides appropriate beds, mattresses and cushions to prevent sores developing or visit to treat individuals with affected areas. Information from the Annual Quality Assurance Assessment completed by the manager in September 2008 indicates that no person has developed a pressure sore at the home in the past 12 months.

The medication policy for the home says that individuals can self-medicate if they want to and after a risk assessment has been completed and agreed. All of the people spoken to prefer to have staff administer their medication.

The home uses a nomad medication system supplied by a local pharmacy. Checks of the medication records showed these are up to date and accurate, including those for controlled drugs and refrigerated items. There were some areas of practice that need attention and these included making sure that staff are recording fridge temperatures on a daily basis, and that where staff are hand writing medication onto the sheets (transcribing), there should be two staff signing the entry to indicate they have both witnessed that the information on the sheet (name of medication, strength and administration methods) is correct. The home also requires a bound book for recording controlled medication in (register) as the one in use has pages that can be removed.

Evidence:

The manager said she would deal with these issues immediately.

Relatives commented that they are kept informed of their relative's wellbeing by the staff; they are regularly consulted (where appropriate) on their care and feel involved in their lives. Overall there is a good level of satisfaction with the care being given to the people living in the home.

Chats with people revealed that they are happy with the way in which personal care is given at the home, and they feel that the staff respect their wishes and choices regarding privacy and dignity.

Individual comments were 'the staff treat us with dignity and respect, and provide a warm and welcoming environment for people and visitors'. Observation of the service showed there is good interaction between the staff and people; with friendly and supportive help being given to assist individuals in their daily lives.

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 using the service are provided with choice and diversity in the activities and meals provided by the home. Individual wishes and needs are catered for and people have the option of where, when and how they participate in both eating and leisure activities.

Evidence:

Activities within the home are fairly low key, but talks to people using the service indicated they are satisfied with the variety of things to do and enjoy taking part in group activities. The home employs an activity co-ordinator for 6 hours a week and staff carry out other activity sessions on a regular basis. On the day of this visit the motivational worker (who comes every Tuesday) was doing a quiz with people and this was clearly a popular event. Trips out are arranged by the manager and staff and there is access to a minibus, owned by one of the other HICA homes.

Discussion with people indicated they enjoyed going out of the home with their families and friends and that they could access the local village of Rawcliffe for lunches, walks and mixing with their local community. Five of the people spoken to were from the local area and they kept themselves up to date with news and

Evidence:

community events through visitors/relatives, newspapers and television.

The manager told us that at present there is not a church service available in the home, but individuals could attend local church services and festivals as wished. The home provides special meals and cakes for birthdays and helps people celebrate all major Christian festivals such as Easter, Harvest Festival and Christmas.

We spoke to three people visiting the home and their comments were very positive about the service and staff. One individual said ' my relative gets good care, they are looked after well and everyone in the home is friendly and helpful'. Another person told us that ' lately the atmosphere in the home has improved, people are more motivated and happy'.

People spoken to were well aware of their rights and said that they had family members who acted on their behalf and took care of their finances. There is some information and advice on advocacy and this is on display and available in the service user guide.

Staff have received training around current legislation in equality, diversity and disability matters, so they understand individual rights within the care home and out in the community.

People told us that the home encourages them to bring in small items of furniture and personal possessions to decorate their bedrooms.

There are meetings where the viewpoints and opinions of those living in the home can be expressed and the management team will listen and take action where needed. Visitors said they are kept informed of any important issues affecting their friend/relative and felt that staff did a good job of supporting people to live the lives they choose.

Observation of the midday meal showed it to be well prepared and presented, and the kitchen staff had made an effort to provide soft diets in an attractive way. Staff were organised when serving the meal and a number of individuals were seen to offer assistance to people who need help with eating and drinking.

People and relatives are pleased with the quality and quantity of the meals served, saying 'the food is excellent and there is always a choice given'.

The manager told us that there are plans to introduce visual menus (pictures) to aid those with memory problems, and these should be in place by March 2009.

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 has a satisfactory complaints system with some evidence that people feel that their views are listened to and acted upon. Visitors and people using the service are confident about reporting any concerns and the manager acts quickly on any issues raised.

Evidence:

Checks of the records in the home show that there have been two formal complaints received in the past year, these related to issues around care, medication and the appearance of the gardens. The manager investigated each one and responded in writing to the complainants and the issues were resolved quickly.

The home has a complaints policy and procedure that is found within the statement of purpose and service user guide. It is also on display within the home.

People's survey responses showed individuals have a clear understanding about how to make their views and opinions heard and those people spoken to said 'the manager comes round every day to see us and will discuss any problems at this time'.

Relatives are aware of the complaints procedure and are confident of using it if needed. Those who spoke to us said that the manager was efficient and effective in answering queries and they were satisfied with her actions.

Evidence:

The home has policies and procedures to cover adult protection and prevention of abuse, whistle blowing, aggression, physical intervention and restraint and management of people's money and financial affairs.

The staff on duty displayed a good understanding of the safeguarding of adults procedure. They are confident about reporting any concerns and certain that any allegations would be followed up promptly and the correct action taken.

The staff training files looked at during this visit shows there is an ongoing training programme for staff to attend safeguarding of adults awareness training, and sessions were held in May, July and August 2007 and January 2008. The training files also showed dementia care training took place in May and August 2007 and in January 2008. There is a need to include training sessions on management of challenging behaviours so staff have the skills and knowledge to recognise and meet the needs of the people living in the home.

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.

The standard of environment within the home is good, providing people with a comfortable and homely place to live.

Evidence:

We walked around the building and found it satisfactory and suitable to meet the needs of the people using the service. The home has an ongoing maintenance and refurbishment programme and the environment is clean, comfortable and homely. The domestic staff do an excellent job of keeping the premises clean and odour free and people told us that 'the staff visit every day to ensure our rooms are kept clean and tidy'.

The home is built on two floors with communal space available on the ground floor. People have access to two lounges and there is a large, bright and warm conservatory at the front of the building, which is supplied with comfortable armchairs and good quality furnishings. In addition to the lounges there is a small room for those people who wish to smoke, and a large spacious dining room.

People can easily access the exterior of the home and there are ramps in place to aid those with mobility problems. Flat walkways are provided around the building and individuals have benches to sit on to enjoy the sunshine and gardens. The upper floor

Evidence:

of the home is accessible by stairs or passenger lift, although the lift has two doors to close before it can be moved and this makes it difficult for people to use on their own.

Discussions during this visit indicate that people using the service are satisfied with the laundry service provided by the home.

Infection control policies and procedures are in place, and staff have access to good supplies of aprons and gloves for use in personal care. The staff training files indicate that staff had access to infection control training in May and September 2007 and January and April 2008.

Staffing

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

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

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

The staff induction, training and recruitment practices are good, resulting in an enthusiastic workforce that works positively with people to improve their whole quality of life.

Evidence:

Comments from the people using the service, relatives and staff are on the whole very positive about the staffing levels within the home, and individuals feel that there is a high standard of care being given to the people living in the home. People and relatives told us 'the staff are supportive, well trained, helpful and enjoy their work'. Staff commented that 'practices in the home are changing and to date it is working very well'.

At the time of this visit there were 24 people living in the home and staffing levels were as follows

Morning 7am - 2.30pm One senior care assistant and three junior care assistants

Afternoon 2.30pm - 10pm One senior care assistant and two junior care assistants

Night 10pm - 7am One senior care assistant and one junior care assistant.

Evidence:

Information from annual quality assurance assessment about the number of staffing hours provided, and information gathered during the visit about the dependency levels of the residents, was used with the Residential Staffing Forum Guidance and showed that the home is meeting the minimum hours asked for in the recommended guidelines.

40% of care staff at the home have an NVQ 2 or above in care and new starters do the skills for care induction programme. The home has a mandatory staff training programme in place and discussion with the manager indicates that the majority of the staff are up to date with this or are booked onto refresher training for 2008. There was no staffing matrix available in the home and it is recommended that the manager introduces one so she can see at a glance which staff have completed training sessions and who have yet to attend.

Three staff training files were looked at and they contained evidence of a variety of training events attended over the past year including all mandatory subjects such as moving/handling, fire, infection control, health and safety, food hygiene, and more specialist subjects such as safe guarding of adults (abuse), equality and diversity issues and dementia care.

The home has an equal opportunities policy and procedure. Information from the staff personnel and training records and discussion with the manager, shows that that this is promoted when employing new staff and throughout the working practices of the home.

The home has a recruitment policy and procedure that the manager understands and uses when taking on new members of staff. Checks of three staff files (for new workers) showed that police (CRB) checks, written references, health checks and past work history are all obtained and satisfactory before the person starts work.

Management and administration

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

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

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

This is what people staying in this care home experience:

Judgement:

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

The management of the home is satisfactory overall and the home regularly reviews aspects of its performance through a good programme of audits and consultations, which includes seeking the views of people using the service, staff and relatives.

Evidence:

The registered manager of the home is on long term sick leave and in her absence the home has been looked after by two other HICA managers. They are collectively called the manager in this report. Staff and people using the service are very positive about the interim arrangements saying 'the home is going through a lot of positive changes at the moment and we are happy with this'.

The home has achieved the Local Council's Quality Assurance Award (QDS parts I and II).

Policies and procedures within the home have been reviewed and updated to meet

Evidence:

current legislation and good practice advice from the Department of Health, local/health authorities and specialist/professional organisations. The manager and senior staff complete in-house audits of the home and its service on a monthly basis, and the registered individual does spot checks and completes the regulation 26 visits.

Feedback is sought from the people living in the home and relatives through regular satisfaction questionnaires, and the manager told us she will produce a development report as part of this process to highlight where the service is going and/or indicate how the management team is addressing any shortfalls in the service. Meetings for the staff and people using the service are taking place; minutes are kept and are available for any interested parties to read.

Checks of the finance systems within the home found that computerised and handwritten records are kept for people's personal allowances; the administrator on a daily basis up dates these. Information from the Annual Quality Assurance Assessment indicates the majority of people have their families looking after their financial affairs, and checks of the system show their relatives top up the person's individual allowance account on a regular basis. People who have asked the home to look after their personal allowances are able to access their money on request, and receipts are kept for any transactions. All monies are kept safe and secure within a single bank account and details about this are in each contract; only the administrator or manager has access to the funds.

Maintenance certificates are in place and up to date for all the utilities and equipment within the building. Accident books are filled in appropriately and regulation 37 reports completed and sent on to the Commission where appropriate.

Staff have received training in safe working practices and the manager has completed generic risk assessments for a safe environment within the home. Risk assessments were seen regarding fire, moving and handling, bed rails and daily activities of living.

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
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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	The manager should make sure that where staff are hand writing medication onto the sheets (transcribing), there are two staff signing the entry to indicate they have both witnessed that the information on the sheet (name of medication, strength and administration methods) is correct.
2	9	The manager should ensure that a controlled drug register is obtained for the home, which has bound pages.
3	9	The manager should check that staff are recording the medication fridge temperatures on a daily basis, and take action if the temperatures fall outside of the acceptable range.
4	18	The manager should ensure staff have access to training in the management of challenging behaviour so they can be confident in meeting the needs of people using the service.
5	28	50% of care staff should have achieved an NVQ 2 or equivalent by September 2009.

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