

# Key inspection report

## Care homes for older people

<b>Name:</b>	Yardley Grange Nursing Home
<b>Address:</b>	465 Church Road Yardley Birmingham West Midlands B33 8PA

<b>The quality rating for this care home is:</b>	two star good service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

<b>Lead inspector:</b>	<b>Date:</b>
Lisa Evitts	0 3 1 1 2 0 0 9

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

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

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

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

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

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

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

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

Judgement:

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

Evidence:

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

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at [www.dh.gov.uk](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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- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

## Reader Information

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## Information about the care home

Name of care home:	Yardley Grange Nursing Home
Address:	465 Church Road Yardley Birmingham West Midlands B33 8PA
Telephone number:	01217897188
Fax number:	01217895819
Email address:	joanna.king@yardley.great.trust.org.uk
Provider web address:	

Name of registered provider(s):	Yardley Great Trust
Type of registration:	care home
Number of places registered:	45

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	45	0
old age, not falling within any other category	0	45
Additional conditions:		
The maximum number of service users who can be accommodated is: 45		
The registered person may provide the following category of service only: Care Home with Nursing (Code N) To service users of the following gender: Either Whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category (OP) 45 Dementia (DE) 45		

Date of last inspection	1	8	1	1	2	0	0	8
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Brief description of the care home
Yardley Grange Nursing Home is a purpose built home that provides nursing care to 45 people who may also have dementia care needs. The home is situated in a quiet road in a suburb of Birmingham within easy reach of public transport. It is accessed via Vicarage Road. The building stands within picturesque grounds and has a rear garden which is accessible to people with mobility difficulties. There is off road parking available at the front of the home.

### Brief description of the care home

The home has two floors. All bedrooms are single and have ensuite facilities and there are sufficient bathrooms, shower rooms and toilets to meet people's individual needs. Communal space includes lounge areas and pleasant dining rooms on both the ground and first floor of the premises. There are a range of aids and adaptations designed to assist in the management of people with restricted mobility.

On the day of our visit fee rates ranged between £535 - £680 per week depending on individual needs assessments. The home should be contacted for current rates. There are a number of notice boards which supply information about the home and the last inspection report is available for people to read if they choose to.

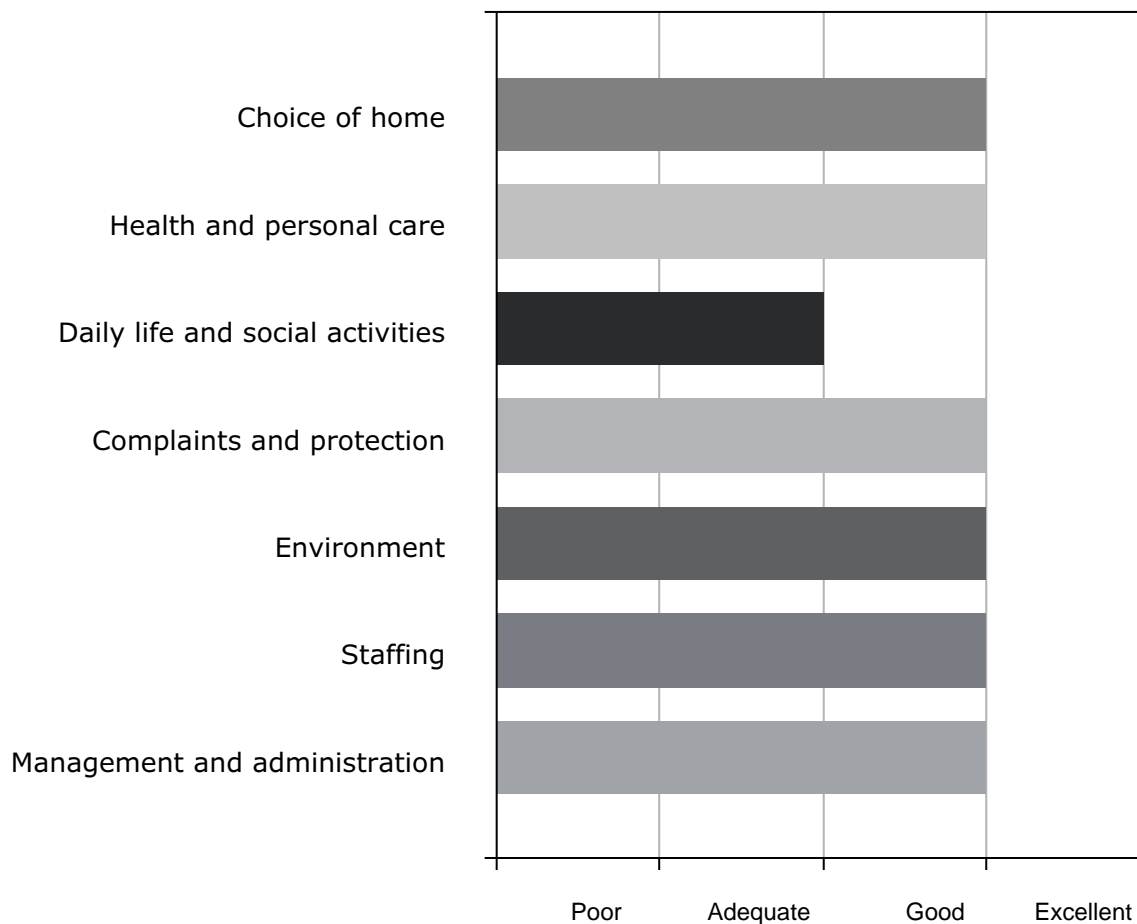
## Summary

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 focus of our inspections is upon outcomes for people who live in the home and their views of the service provided. This process considers the care homes capacity to meet regulatory requirements, minimum standards of practice and focuses on aspects of service provisions that need further development.

The visit to the home was undertaken by two inspectors over one day. We, the commission were assisted throughout the day by the Registered Manager and the Deputy Manager. The home did not know that we were visiting that day when there were 43 people living there.

An expert by experience was present for part of this inspection. An 'expert by experience' is a person who, because of their experience of using services and ways of communicating, visits a service with an inspector to help them get a picture of what it is like to live in or use the service. Experts by experience observe what happens in the

home and talk to people who live there to get their views of the home. The expert talked with people who live at the home and provided a report of her findings, parts of which have been included in this report.

Information was gathered from speaking to four people who live at the home and observing them. Four staff were also spoken to. Four people were 'case tracked'. Case tracking involves discovering individual experiences of living at the home by meeting or observing them, discussing their care with staff, looking at medication and care files and reviewing areas of the home relevant to these people, in order to focus on outcomes. Case tracking helps us to understand the experiences of people who use the service. Staff files and health and safety records were reviewed.

Prior to our visit we sent out random surveys to 12 people who live at the home and five staff. Eight people who live at the home returned the surveys. Comments were positive about the home and are included in this report. We were sent an Annual Quality Assurance Assessment (AQAA) by the home. This tells us about what the home think they are doing well and where they need to improve. It also gives us some numerical information about the staff and people who live at the home.

Before our visit we reviewed any notifications received about the home, these are reports about things that have happened in the home that they must tell us about.

### **What the care home does well:**

People are provided with information about the service offered to enable them to make an informed decision about whether they would like to live at the home.

People who use the service have access to a range of health and social care professionals and this ensures that any healthcare needs are met. One person said "I see the physiotherapist each week for exercises".

People can see their visitors as they choose so that they can continue to have relationships that are important to them.

The home creates a friendly and welcoming atmosphere where people can personalise their rooms to reflect preferences and tastes.

People are supported by staff who are enthusiastic about their work and understand how to assist people to meet their needs. Staff treat people with respect and maintain their dignity.

Small amounts of people's personal money can be held safely by the home if people choose to use this facility.

Health and safety is well managed to ensure people's safety.

People told us:

"I'm pleased I came here"

"Generally the care is very good"

"When the staff tend to my personal hygiene they always ensure my dignity is maintained"

"The staff are very friendly and open to any concerns I may have"

"The laundry is very good and the vacuuming is done every day"

"The staff are very friendly"

"I am very satisfied with the way the staff have treated me"

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

Skin inspection charts have been implemented and people are checked three times a day if they are at risk from sore skin. This means that staff should identify any potential problems and can monitor changes.

The management and recording of medication has improved to ensure that people receive medication as prescribed and that staff have procedures to follow.

Some areas of the home have been redecorated and had new carpets. The garden area has had new furniture and a new patio area. This enhances the environment in which people live.

Staff have received training in dementia, whistle blowing and the Mental Capacity Act so that they have the knowledge to meet people's needs and protect them from harm.

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

Care plans/assessments for moving and handling could be more consistent so that staff can find this information easily.

Activities offered could be further developed to ensure that all people have an interesting and stimulating lifestyle. One person said that "apart from watching TV there were no other activities whilst in bed".

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

The report of this inspection is available from our website [www.cqc.org.uk](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.

Arrangements are in place to ensure that people have the information they need and can be confident that their needs will be met if they decide to live at the home.

Evidence:

The service user's guide is available in each person's bedroom. The document is available in large print and on tape so that people with visual impairments can access this information. The guide had been updated in September 2009 and contained current information so that people know about the home and its facilities. Fee rates were also included so that people know how much they will have to pay to live there. In the surveys returned to us five people said that they had enough information about the home before they moved in, two people said they didn't have enough information and one person wasn't sure.

The certificate of registration was clearly displayed in the reception area of the home. Previous inspection reports are available and a summary of the report is included in

Evidence:

the service users guide so people can access this information if they choose to.

Before anyone comes to live at the home, comprehensive pre admission assessments are undertaken so that the person and the home know that their individual needs can be met before they move in.

The AQAA told us that people can visit the home before they move in so that they can see what it would be like to live there. We were not able to speak directly to people who had recently moved in, on the day of our visit, as they were not well enough.

One person said "Im pleased I came here"

## 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 personal care and health needs of the people living there are met so ensuring their well being.

Evidence:

Each person had a written care plan. This is an individualised plan about what the person is able to do independently and states what support is required from staff in order for the person to meet their needs. We looked at four people's care files.

We found that people had care plans in place which provided staff with most of the information about how to meet people's needs in a way that they preferred. One person told us that staff knew their likes and dislikes and that they were always kept neat and tidy. In a survey a relative said "Generally the care is very good".

We found that moving and handling instructions were not consistent across the files and that some people did not have plans for staff to follow. There were good records of when people had their position changed with the exception of one day, which was

## Evidence:

brought to the manager's attention. All of the people spoken to by the expert by experience said that they were turned by the staff three or four times during the day and night. We spoke to staff about how they moved people and staff were knowledgeable about people's needs including how people were turned.

Visual checks were completed on pressure relieving mattresses to check for malfunctions but the checks were not recorded and these should be written down.

One person did not have a care plan in place for their diabetes but staff were monitoring the condition and checking blood sugar levels. The manager told us that the plan would be addressed the same day. One person should have their vision checked each day by the staff. There was some evidence in the daily records that staff were doing this but it was not consistent. There was no care plan in place and it was discussed with staff at the time of the visit. A chart was to be implemented so that staff could record each day that the check had been completed. This would be easy for staff to retrieve information from.

People were weighed each month or each week if there were concerns with their weight. Assessments are completed for risks such as developing sore skin and nutritional needs so that people are cared for safely.

People had access to a range of health professionals including the general practitioner, tissue viability nurse and physiotherapist. The home have their own physiotherapist who visits the home each week. This means that people receive specialist advice.

We looked at the medication management in the home and found that this was managed very well and ensures that people receive their medication as prescribed. All of the audits undertaken were correct and records were accurate. Copies of prescriptions were kept so that staff could check they had received the correct medication for people. Medication was signed in upon receipt and records were clear if a person had refused their medication. Controlled drugs were stored appropriately and records were accurate. Fridge and room temperatures were monitored daily to ensure that medication was stored at the right temperature. Any tablets that were in a box were audited by two staff twice a day to ensure that they had been administered correctly.

Staff were seen to treat people with respect. One person told the expert by experience "when the staff tend to my personal hygiene they always ensure my dignity is maintained". People were well supported by staff to choose clothing appropriate for the time of year, which reflected individual cultural, gender and personal preferences.

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

Activities and meals may not meet the needs of some people so they may not experience a meaningful lifestyle.

Evidence:

An activity coordinator had recently been appointed at the home and had only been in post for two weeks. There are a variety of activities offered such as memory sessions, arts and crafts, card and board games, films, music and hand massage. A local school choir had visited the home and we saw that an external entertainer and a "zoo man" were booked to visit the home in December. A pat dog comes to the home each week which provides therapy for people who like animals.

A hairdresser visits the home each week so that people can have their hair styled in a way that they prefer. Two people have newspapers delivered so that they can continue to read articles of interest to them. The manager told us that they had had difficulty getting a vicar to come to the home but they had now arranged for a new vicar to start coming to the home to give services. Someone from the Catholic Church visits each Friday so that people can continue to follow their chosen religion.

## Evidence:

The expert by experience spoke with four people who spend most of their time in bed. One person said that "apart from watching TV there were no other activities whilst in bed". Two other people made similar comments. People told the expert by experience about their likes and interests such as classical music, golf and opera music. These comments were fed back to the manager on the day of the visit so that they can review the activities for individual people. One person said that they went out of the home to the park but this was dependant on the number of staff on duty at the time. There were no care plans in place to tell staff what social activities people liked.

We saw in some rooms that there were notices asking relatives and friends for suggestions about activities and the manager told us that the activity coordinator was in the process of speaking to people about their likes and interests. The AQAA had identified that the home could do better with "more individualised activities especially with bed fast residents".

The management are aware that this is an area that could be improved so that it meets the needs of all the people living at the home. Steps have been taken to address this. The coordinator is new in post and therefore needs time to get to know what people would like to do and this will be looked at again at our next visit.

There is an open visiting policy, which means that people can see their friends and relatives as they choose and can continue with relationships that are meaningful to them.

There is a three week rotating menu. Breakfast consists of choices of cereals, toast or cooked breakfasts. At lunchtime there is a choice of two hot meals and at teatime there is a choice of soup and sandwiches or a warm lighter meal. Tables were nicely presented with cloths and flowers and the meals were observed to be relaxed and unhurried. Most of the comments about the food were positive and included:

"The food is ok"

"I have a choice every day, its 5 star"

"The food is good; I'm satisfied with the food"

One person who spoke to the expert by experience felt that the choice of meals was limited for vegetarians. The person said that the chef had been to see them but nothing had changed. We discussed this with the manager who was aware of this persons choice of foods and had tried to provide alternatives without success. The

Evidence:

manager told us that they would review this again to try and provide a choice of food for this person.

The home can provide pureed meals for people who have difficulty with swallowing. These meals are made in a mould so that the shape represents the food provided. One person told the expert by experience that they could identify the different types of food as it was well presented.

## 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.

Arrangements are in place to listen and act upon people views and to safeguard people from harm.

Evidence:

The complaints procedure is displayed in the home and is included in the service user guide in each person's room, making it accessible to people if they want to make a complaint. Since the last inspection we have received one complaint which we asked the provider to investigate using their complaints procedure. The AQAA told us that the home have received nine complaints in the last year. We sampled the complaints records. There was clear documentation about the nature of the complaint and actions taken by the home to try and resolve the concerns.

One relative told us in a survey "The staff are very friendly and open to any concerns I may have". This should ensure that people can be confident that they are listened to and their concerns are acted upon.

The home has a safeguarding policy which gave staff good details about what to do if they suspected or witnessed abuse. The whistle blowing policy had been updated and included contact details for people staff may want to talk to. There had been two safeguarding referrals at the home and both of these were now closed. The home make appropriate referrals to ensure the safety of the people who live there.

Evidence:

We looked at the training matrix and the majority of the staff had received training this year in safeguarding. Most of the staff had also received training in the Mental Capacity Act and the Deprivation Of Liberty Safeguards. This act governs decision making on behalf of adults and applies when people lose mental capacity at some point in their lives or when they have had an incapacitating condition since birth. Staff told us that they had received some training in whistle blowing recently and were able to demonstrate a good knowledge of what they would do to protect people from harm in the event of an allegation being made.

## 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 are provided with a clean and comfortable environment in which to live that meets their individual needs.

Evidence:

The home has two floors, both of which have various communal areas for people to use and a dining room. The home has a hair salon and a separate sensory room and some new equipment had recently been purchased for this room. There is an attractive garden at the back of the home which is accessible to people. The garden area had recently had a new patio and new furniture for people to use.

There is a hospitality suite which has a sofa bed, television and facilities to make drinks. This facility is offered to relatives if they have someone at the home who is poorly and they need to be close by.

Corridors are wide and spacious and enable people to move around the home using any aids they may require. The home has five hoists to help people move their position and a further one was on order. Each floor has an assisted bath and shower so that people can have a choice.

All of the bedrooms are single with ensuite facilities. We looked at the bedrooms of the people we case tracked and these were found to be personalised and reflected

## Evidence:

individual tastes, gender and preferences. People are encouraged to bring in their own possessions in order to have familiar items around them to make their rooms as homely as possible. Staff told us that people could change all the furniture in their room except the bed. The home is in the process of changing the beds to profiling beds. (These are electric beds that enable people to alter their position)

The home was clean and fresh on the day of our visit. In the surveys returned to us, six people said that the home was always clean and fresh and two people said usually. One person told us "the laundry is very good and the vacuuming is done every day".

Since our last visit the home has employed a full time maintenance person so that maintenance issues can be dealt with more quickly. There is a programme of redecoration in place and quotes have been obtained to replace some carpets. This will ensure that people live in a comfortable environment.

## 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 supported by staff who receive training to ensure they have the knowledge to meet peoples needs. There is a robust recruitment procedure which should ensure people are safe.

Evidence:

The home has two registered nurses and eleven care staff on duty throughout the morning, two registered nurses and eight care staff throughout the afternoon/evening and two registered nurses and three care staff during the night. These staffing levels met the needs of the people living at the home on the day of our visit. In addition to care staff the home has domestic, catering, maintenance and administrative staff to help meet all the needs of the people living at the home. There are currently no care or nursing vacancies at the home. The home has used agency staff but try to get the same staff so that people know who will be assisting them to meet their needs.

58% of staff have completed a National Vocational Qualification (NVQ) Level 2 in care and seven other staff are working towards achieving this. This should ensure that the majority of staff have the knowledge and skills to care for people individually and collectively.

People told us:

Evidence:

"The staff care"

"The staff are very friendly"

"I am very satisfied with the way the staff have treated me"

People who spoke with the expert by experience said that all the staff were very helpful and spent time talking to them. People felt that the night staff did not spend as much time speaking to them but that their needs were still met.

We looked at three staff files and these contained all the required information to ensure that people were safe from harm. The home renews Criminal Records Bureau (CRB) checks every three years and this is good practice.

New staff receive an induction into the home and then work through the Skills For Care induction which is more in depth. This should mean that staff are knowledgeable about their role.

The home has a training matrix, which is updated with the training that staff have undertaken to increase their knowledge and skills. Training includes various topics such as fire, first aid, moving and handling, abuse, infection control, nutrition, dementia and pressure area care (sore skin). This training is relevant to the needs of the people who live there.

## 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 home is run in the best interests of the people who live there.

Evidence:

The registered manager has numerous years experience of caring for older people and in a manager's role. The manager completes training courses to keep her knowledge up to date. This should ensure that she has the knowledge to support staff and ensure the home is run in the best interests of the people who live there. The manager is supported by a deputy manager.

The home has meetings for people who live in the home and their relatives so that they have an opportunity to voice any concerns or raise any ideas about how the home could improve. Attendance at these meetings had been limited and the manager was planning to start a newsletter with the involvement of people who live the home. This will mean that people are told about things that are happening in the home.

The home has a fundraising committee called "The friends of Yardley Grange". Money

## Evidence:

raised by this committee had recently paid for a new garden patio, furniture and new sensory equipment. This will enhance the environment for people to live in. Some of the money raised was being used to provide external entertainment over the Christmas period.

The home has a system in place to monitor the quality of the service provided by the home. This includes audits of care plans, medications and accidents. Satisfaction surveys are sent out to people living at the home and a report is produced annually. The results of the survey were displayed on the notice board for people to see. There were some things identified that the manager told us she is following up. The actions taken should be recorded so that people know what is being done. External senior managers visit the home and write a report about the quality of the service. These reports were not available for us to look at in the home on the day of our visit.

Prior to the inspection the manager had completed the Annual Quality Assurance Assessment (AQAA). This gave us information about how the home thought they were performing, what they do well and how they could improve. The manager had identified areas where improvements could be made and had plans how to achieve this. The information in the AQAA was consistent with our findings on the day of our visit.

The home is able to hold small amounts of personal money for people. Each person has an individual record and receipts are kept which matched the entries made. All of the money we audited was correct and this means that people's money is held safely.

A sample of records in relation to health and safety and maintenance checks were looked at and we found that checks had been undertaken to ensure that the equipment was safe and in full working order. Staff attend fire drills and training to ensure that they know how to keep people safe in the event of a fire.

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

### 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	7	Care plans should reflect all of peoples individual needs so that staff have guidance to follow.
2	8	Checks of mattresses should be documented so that staff know they have been completed.
3	12	Activities should meet individual needs so that people have an interesting and stimulating lifestyle.
4	15	Choice of meals should meet peoples individual preferences so that they receive meals that they like.
5	33	Reports on the quality of the service should be available for people to see.

## Helpline:

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