



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	The Elms
Address:	The Elms Lowgate Sutton Hull HU7 4US

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:
Beverly Hill	2 8 1 1 2 0 0 8

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The Commission for Social Care Inspection aims to:

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

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

Reader Information

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

Information about the care home

Name of care home:	The Elms
Address:	The Elms Lowgate Sutton Hull HU7 4US
Telephone number:	01482781087
Fax number:	01482781087
Email address:	
Provider web address:	

Name of registered provider(s):	Burlington Care Limited
Name of registered manager (if applicable)	
Susan Rollinson	
Type of registration:	care home
Number of places registered:	34

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	34	0
old age, not falling within any other category	0	34

Additional conditions:

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 Dementia - Code DE

The maximum number of service users who can be accommodated is : 34

Date of last inspection

Brief description of the care home

The Elms is a care home situated in the village of Sutton to the east of the city of Hull and is registered to provide care and support for thirty-four people, some of whom may have dementia care needs. The home is close to shops and local facilities, and access to public transport is nearby. The home has three floors all accessed by a passenger lift. There are bedrooms on each floor, the majority of which have en-suite

Brief description of the care home

facilities. In total the home has twenty-six single and four shared bedrooms. Communal areas consists of two lounges and a dining room. The largest lounge is divided into two distinct sections to allow people access to a quiet space. There are additional seating areas in one of the corridors, one end of the dining room and in the entrance. There are sufficient bathrooms and shower rooms throughout the home. The home has an enclosed courtyard with a water feature and garden furniture, and a well-maintained front garden. There is ample car parking at the front of the home. According to information gained during the day the weekly fees range between 348.50 pounds and 460 pounds. There is a top up fee, the price of which is available from the manager. Items not included in the fee include hairdressing and chiropody. Information about the services the home provides can be located in the statement of purpose and service user guide on display in the home.

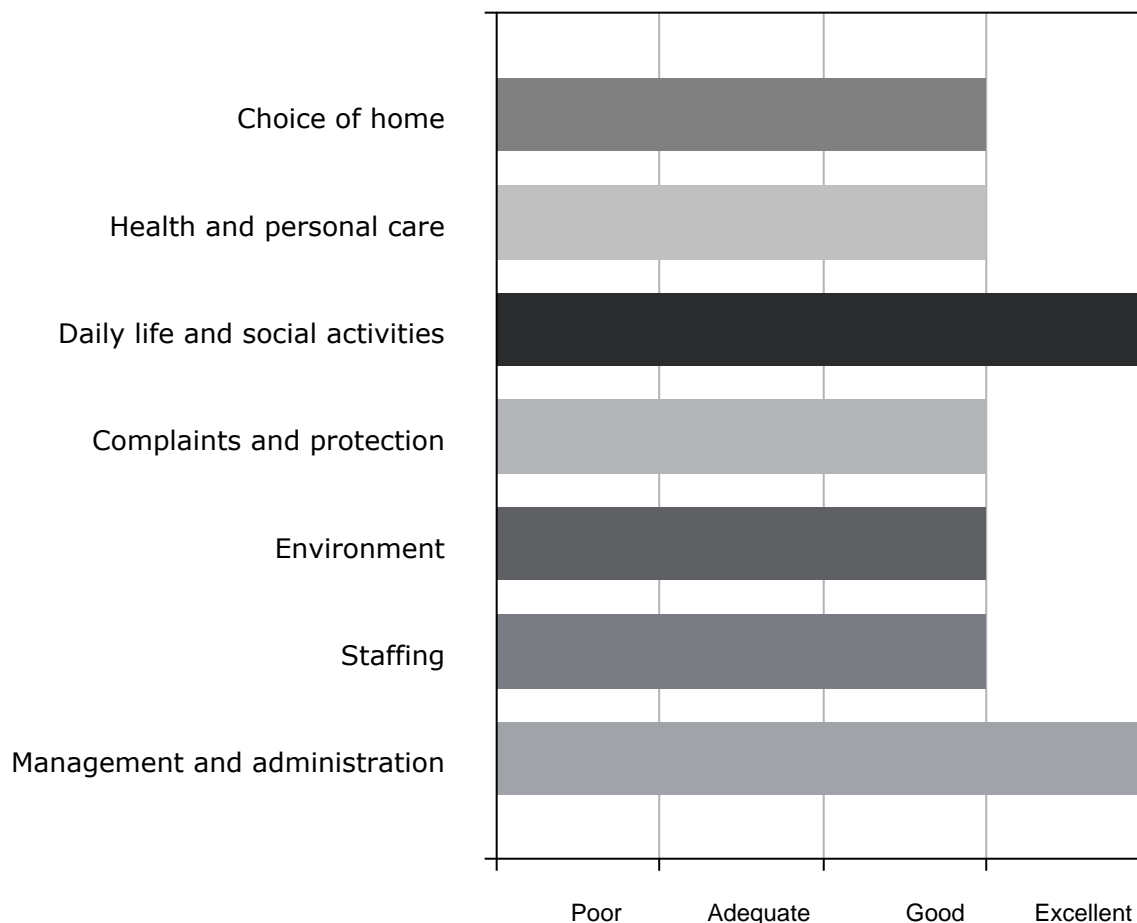
Summary

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

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

The quality rating for this home is 2 star. This means that the people that use this service experience good quality outcomes.

This inspection report is based on information received by the Commission for Social Care Inspection (CSCI) since the home was registered with new proprietors in May 2008 including information gathered during a site visit to the home, which took approximately six hours.

Throughout the day we spoke to people that lived in the home to gain a picture of what life was like at The Elms. We also had discussions with the registered manager, the new proprietor, care staff members and three relatives. Information was also obtained

from surveys received from residents, staff members and a visiting health professional. Comments from the surveys and discussions have been used throughout the report.

We looked at assessments of need made before people were admitted to the home, and the home care plans to see how those needs were to be 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 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 in a safe and 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 The Elms, the staff team and management for their hospitality during the visit and also thank the people who spoke with us and completed surveys.

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 was very well managed.

The home always made sure that people had an assessment before they were admitted and obtained assessments and care plans completed by the local authority. Care plans produced by the home were thorough and were written in ways that prompted staff to ensure independence was maintained.

The home provided a good quality of life for people with plenty of activities to keep them occupied. Staff also ensured that residents were able to make choices about their lives, 'its like a home from home' and 'we can please ourselves'. People who lived at the home stated they liked the meals and drinks provided. Alternatives were available if they did not like what was on offer for the main meal.

The home provided a clean, pleasant and well maintained environment for people to live in. It had a friendly and homely feel and people were able to bring in small items of furniture, pictures and ornaments to personalise their bedrooms.

The staff were described as friendly and caring and they knew the residents needs well, 'the staff always give that bit extra', 'its marvellous' and 'they look after us very well'. The staff provided care and support in ways that promoted peoples' privacy and dignity, they encouraged independence, and supported people to keep in touch with their families. A relative stated the staff also provided support to them and always kept them informed of incidents.

The home provided good training opportunities for staff and ensured that new staff members completed a thorough induction. Staff said, 'there are good supervision and training opportunities for all'. Staff were supervised in accordance with national minimum standards and care staff, residents and their relatives all felt able to go to the manager or proprietor with any concerns. Complaints were dealt with quickly and sensitively.

People in the home were consulted about the services provided and had the opportunity to make suggestions.

What has improved since the last inspection?

The management and staff had completed all the things they were asked to do at the last inspection visit.

They had improved the care plans even further to make them clearer for staff and ensured people living at the home contributed to them.

The training plan had been improved and included courses such as dementia care to enable staff to increase their knowledge and improve their practice when supporting people with dementia and memory impairment. More care staff had completed national vocational qualification training in care at level 2 and 3, which meant the home had exceeded the target of 50 percent of care staff trained to this level.

The risk assessment used to determine if bedrails were needed had been revised and was a much more thorough way of assessing risk.

The manager and senior staff ensured that they always notified the Commission of any incidents affecting residents' wellbeing.

The quality assurance system has been broadened so the views of visiting professionals can be obtained.

What they could do better:

The home only received one requirement from this visit which was to ensure that when new staff were recruited full checks were in place prior to employment. Currently the home employs people after a povafirst check but before the return of the criminal record bureau check, as this can sometimes take a few months. This must only be done in exceptional circumstances and not as a matter of routine.

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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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 peoples' needs are thoroughly assessed prior to admission to enable a plan of care to be produced to meet them.

Evidence:

We examined three peoples' care files in depth during the visit, one of which was for a person recently admitted to the home. All the care files evidenced that the manager or senior staff completed the homes own in-house assessment to gather information prior to the persons' admission. The assessment covered all aspects of health, personal and social care needs. One of the assessments lacked the date of completion and signature of the person completing it. However, the rest of the assessment was completed thoroughly and reflected the persons needs.

The home also obtained assessments and care plans completed by the local authority when placements were funded by them.

Evidence:

Following assessment the manager wrote to the prospective resident to formally advise them their needs could be met in the home. The staff used the information gathered at the assessment stage to formulate care plans.

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 home ensured that peoples' health and personal care needs were planned for and met.

Evidence:

There had been improvements noted in care planning since the last key unannounced inspection. Those examined were very thorough and detailed all the assessed needs. The plan for each section of care first detailed what the resident was able to do for themselves and then what they required assistance with. This enabled staff to promote independence by encouraging people to continue with their existing skills.

The care plans also reminded staff to respect privacy and dignity and were clear about preferences and wishes, for example how the person likes to have their cup of tea, specific toiletries they like to use or the preferred times of rising and retiring to bed. Staff completed a condensed version of the care plan to be sent with the resident during any hospital inpatient stay. It was clear that the residents and/or their representative had seen and contributed to the care plans. This was confirmed in

Evidence:

discussions with residents and a relative.

Risk assessments were completed for specific activities that staff felt posed a risk for the individual. Those seen included nutrition, skin condition, mobility, bathing, the use of bed rails, falls and specific health related issues. The risk assessments were aligned to the corresponding care plan section, so the care file as a whole was well organised and easy to read. The risk assessments for the use of bedrails followed current health and safety guidelines.

There was evidence that residents had access to a range of health care professionals and their visits were clearly documented. The manager had also arranged an occupational therapist to privately assess the seating arrangement for one resident as they had slipped from a chair. The recommendation of particular equipment was followed up and purchased by the manager. The occupational therapist also gave advice regarding mobility issues for several other residents. A visiting health professional stated in a survey, 'responds well to residents' different needs and takes the initiative to manage any potential problems'.

There was evidence of good daily recording both in everyday notes and key worker records. The key worker produced a monthly summary of how the resident has been. Care plans were evaluated and updated when changes occurred in need. They were also audited by senior staff and reviews were held.

People spoken with were very happy with the care they received. Comments were, 'its the highest standard of support', 'mum is spotlessly clean and even though she is incontinent there is never a smell of urine', 'attention is paid to details such as nails, feet and ears', 'health checks are always done', 'they worked hard to get her well when she was very poorly recently', 'yes I've seen my care plan' and 'I am very happy here'.

Medication was well managed when assessed at the last inspection. It was stored and recorded appropriately and administered safely. There had been two minor medication errors since the last inspection but these had been managed well and appropriate measures put in place.

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 had a good quality of life. Their nutritional needs were met with well prepared and presented meals.

Evidence:

People told us that the home had flexible routines and that they were assisted to make personal choices about aspects of their lives, 'we do as we please here, its a very good home', 'I like to stay in my own room, I come down now and again' and 'all the staff know you and you can speak to them and you know they will listen to you'. Relatives spoken with confirmed that choices were respected.

Staff members spoken with told us how they tried to ensure residents had a good quality of life and the bond between residents and their families was supported. One person told us how they were assisted to keep in touch by e-mail with their relative overseas and how they had managed to see them via the computer and webcam set up in the quiet area of the main lounge. Three relatives spoken with confirmed they were always made welcome and offered refreshments, and one told us staff had recently gone out of their way to ensure she was reassured about their loved one. Comments were, 'they always keep me informed', 'the residents feel loved here' and

Evidence:

'the support for me (relative) has been unbelievable'.

The staff organised activities with one person taking overall responsibility and people spoken with stated there was sufficient things going on to keep them occupied. A weekly programme of events was organised and on display in the home. There was also regular residents' meetings and a newsletter produced to keep people and their families up to date with events. Activities ranged from reminiscence discussions (witnessed on the day), hand and nail care, foot spa's, quiz sessions, listening to music, cards and dominoes, ball games, arts and craft sessions, visiting entertainers, karaoke evenings, social events with families invited, trips to the local shops and organised bus trips. Twenty residents with seven staff were due to attend a Christmas party later in December. The home had lots of books, magazines and newspapers lying around and as mentioned earlier a computer had been installed with a webcam in the quiet part of the main lounge. One resident spoken with told us that they were a committee member for the organisation of activities.

The meals provided looked well prepared and presented. People spoken with stated they liked the food and had plenty to eat and drink. Surveys from people also stated they liked the meals either, 'always' or 'usually'. Comments were, 'the food always looks very appetising and well presented with good choice', 'its home cooked, they would give you an alternative', 'very good food', 'no complaints about the food at all' and 'we're well fed, its just what you want, we get a good mixture of food'.

The home catered for special diets and had responded to requests to expand the choices available for those people that required soft or pureed meals. Dietetic advice and input was obtained when required. The home had gained a score of, 'B' with the Local Authority for food management, which was a good achievement.

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 provides an environment where people feel able to complain and where they are protected from abuse by adherence to policies and procedures.

Evidence:

The home had a policy and procedure to deal with any concerns or complaints. The procedure was on display in the home and staff spoken with were aware of what to do should a resident or visitor raise any issues with them. The manager maintained a log of complaints. There had been six minor complaints since the last inspection and there was evidence that the findings from investigations had led to changes in practice. For example, one complaint indicated there should be more choice for soft and pureed diets. In response menus were reorganised with additions of fruit smoothies and a variety of soft desserts. Another person suggested the small lounge was in need of redecoration. This was planned to be completed the week following the inspection visit.

Residents spoken with also felt able to complain and detailed which staff they would go to. Most mentioned the manager by name or their allocated keyworker.

The home had access to the multi-agency policy and procedures regarding safeguarding adults from abuse. The manager had completed the local authority, 'train the trainers' course and was able to deliver the training to staff within the home. All staff members had completed the training and newly employed staff were due to

Evidence:

completed the course in December.

Staff spoken with were clear about what to do if they witnessed anything they were concerned about.

There had been three safeguarding referrals made by the manager to the local authority since the last inspection. Two related to minor incidents between residents. The third related to a staff member but was not substantiated and the family were happy with the care provided.

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 home provided a clean and safe environment for people. Communal areas were sufficiently spacious and people had the opportunity to personalise their bedrooms.

Evidence:

The home was well maintained and a rolling programme of redecoration was carried out. The home had two lounges, one of which was set out into two distinct areas to give people the opportunity to have a quiet space. The lounge was clean, warm, and nicely furnished and decorated. The second, smaller lounge was to be redecorated the week following the inspection visit and had been provided with new easy chairs. There were additional small seating areas in one of the corridors joining the old building with the new extension, one end of the dining room and the entrance. The dining room was set out with individual tables and chairs and was light and airy.

There were bedrooms on each of the three floors, the majority of which have en-suite facilities. Seven of the bedrooms in the older part of the house did not have en-suite facilities but usually had a larger space and were close to bathrooms. Bedrooms were personalised to varying degrees dependent on the choice and taste of the occupant. All the bedrooms bar one had special non-slip flooring. One had been fitted with a carpet at the residents request.

Evidence:

The home had assisted bathing facilities or shower rooms on each of the floors.

People spoken with, and comments in surveys, told us they were very happy with their home, 'The Elms is like a home from home', 'the cleanliness and freshness is excellent', 'nice smells, fresh and clean', 'mums room is immaculate' and 'I don't think there could be a better home'. All five surveys received from residents indicated the home was 'always' clean and fresh.

The homes domestic staff obviously worked hard to maintain the high standards and staff spoken with had sufficient equipment to complete their roles. The laundry was appropriate for the size of the home.

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 home ensured that residents were supported by well trained and competent staff.

Evidence:

The home was well staffed, which was confirmed in discussions with residents and staff members and examination of staff rotas. There were five care staff members on shift in the mornings with an extra person employed to assist with breakfasts between 7am and 10am, four care staff in the afternoon/evenings and three at night. The manager worked supernumerary. Comments about the staff team from residents and relatives were very positive, 'the staff are all very friendly and helpful', 'very obliging and helpful', 'staff listen and act 100 percent', 'staff are always available', 'all staff always give that bit extra', 'they look after you and they are very kind', 'they're lovely' and 'I like it here, the staff are friendly'. Relatives told us they were kept well informed about things affecting their loved ones.

The home had a staff training plan in place that covered mandatory and some service specific training. The manager had completed an audit of staff training and had identified some shortfalls that the plan will address. All staff have completed moving and handling and fire safety and twelve have completed first aid. Seniors are to attend a further four-day training course. All catering staff and most care staff have completed basic food hygiene. Infection control training was completed last year

Evidence:

facilitated by an infection control nurse from the Humber Protection Agency and new staff have been identified for the course. All staff have had safeguarding of adults from abuse training, some at different levels to others, and all seniors and one carer were progressing through a twelve-week, accredited medication course. The manager had noted that staff had completed health and safety in induction but required more in depth knowledge so was sourcing training opportunities and in the meantime had purchased a health and safety DVD with workbooks.

All staff had completed three, ninety minute dementia care awareness sessions funded by the home, and facilitated a community psychiatric nurse provided by the primacy care trust. Most staff had completed catheter care training. The manager recognised that staff required more training in the health conditions affecting older people and has arranged for a person from, 'train to gain' to complete a skills review of the home on the 4th December. This showed us that the manager was proactive in assessing and planning shortfalls in training needs.

The home employed twenty-six care staff, fifteen of whom had completed a national vocational qualification in care at level 2 or 3. This was an excellent achievement and equated to 57 percent of care staff trained to this level and exceeds the required national minimum standard. A further ten care staff were due to start the course in January 2009.

All new care staff proceed through skills for care induction standards to assess their competence, which is signed off by the manager on completion. Some longer standing staff have also chosen to progress through the standards to refresh their practice.

Generally staff recruitment was robust with application forms, references, povafirst checks and interviews all prior to employment. However, it was noted that in two of the care files examined staff were employed after a povafirst but prior to the return of the full criminal record bureau check. This must only be done in exceptional circumstances and not as a matter of routine. The manager stated that staff always worked with other more experienced staff until the full criminal record bureau check was received. This was confirmed in discussion with staff.

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 is well managed and is a safe place for people to live in and staff to work in.

Evidence:

The manager is an experienced Registered General Nurse and has completed registration with the Commission. She keeps herself up to date with current practice and has completed training appropriate for her role. The manager was very organised and had everything to hand during the day. Residents, staff and relatives spoken with were very complimentary about the manager's style and people knew her name, which told us she managed to get out and about around the home. Comments were, 'she is very good, always keeps us informed', 'we have a very supportive and encouraging manager', 'our home is organised very well and we have a good team, I'm very proud to work here', 'the manager is always the first port of call', 'there's a complete partnership between staff, resident and family, 'she has an open door and is very organised' and 'I would go to Sue, she's lovely'.

Evidence:

The home has had new proprietors since the last inspection visit. Relatives and staff confirmed they had met the new proprietor and that he took an active interest in the home, 'he is very approachable and friendly and visits regularly taking time to talk to staff and residents' and 'he attended our fundraising event and seems to want to get involved'.

Documentation confirmed that staff received formal one to one supervision with the manager and also had group sessions with team leaders every two months. The formal supervision with the manager covered issues such as, team work, keyworker role, job description, appearance, policies and procedures, and training and development. The group sessions focussed on specific items each time and could reflect general issues that have been highlighted such as, confidentiality, fire safety, upholding residents choices and infection control. Staff spoken with stated they were well supported by the senior management group and felt able to go to them with problems.

The home had a quality assurance system that consisted of a series of audits every two months for different topics and questionnaires to a range of people. Information was collated, analysed and action plans produced to meet shortfalls. The action plan was signed off and dated when the shortfall had been addressed. The home had been awarded parts 1 and 2 of the local authority's quality development scheme, which assessed care planning and how the home monitored the quality of the service it provided to people.

Staff and residents meetings were held and there was evidence that suggestions were followed through.

Residents finances were managed well. Individual records were maintained for monies held in safekeeping and receipts obtained for expenditures.

The home was a safe place to live in and work in. Appropriate risk assessments had been completed, equipment was in place and serviced regularly, fire alarm tests and drills were carried out, repairs completed quickly and the environment checked during audits. Staff receive training in infection control, fire safety and first aid and basic health and safety is covered in induction. The manager is looking into more comprehensive health and safety training for the coming year.

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	29	19	<p>Staff must only be employed after a povafirst but prior to the return of the full criminal record bureau check in exceptional circumstances and not routinely.</p> <p>This will help to ensure that vulnerable people are protected and only suitable people are employed to work with them.</p>	31/12/2008

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No.	Refer to Standard	Good Practice Recommendations
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Helpline:

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