



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for adults (18-65 years)

Name:	Sunnyside House
Address:	130 High Street Aveley South Ockendon Essex RM15 4BX
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:
Alan Thompson	1 9 0 2 2 0 0 9

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

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

Outcome area (for example: Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) 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.

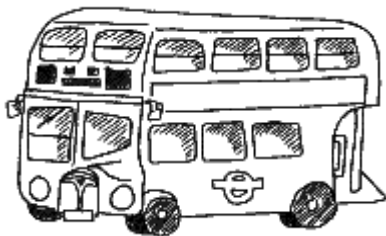
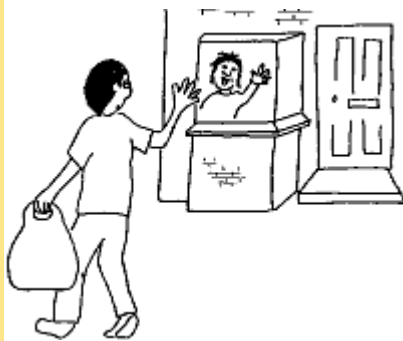
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Internet address

www.csci.org.uk



A bit about the care home

Sunnyside House is a two storey detached property that was first registered with the CSCI in August 2008. The home is situated close to the centre of Aveley, with local shops and facilities only a short walk away. A bus service passes the front of the home along Aveley High Street. This gives a regular public transport link to the Lakeside shopping complex and to Grays and Basildon town centres.

The property was completely refurbished in 2008 before being opened as a care home for up to twelve people who have a learning disability. The service aims initially to work with people towards developing independence with a view to them moving on into the community, however Sunnyside House can also accommodate people who

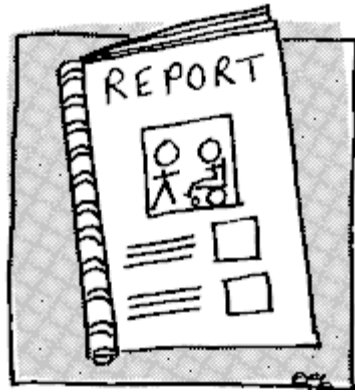


have other aims/needs.

The communal facilities comprise of a lounge, a dining room with an adjacent open plan kitchen and a communal bathroom off the hallway, all on the ground floor. All bedrooms are singles and all have private ensuite wc and shower. Bedrooms are located on both floors of the building.

There is also an outbuilding with a covered walkway connection from the main building. In the outbuilding there is a games room, a staff training/meeting room and a toilet with disabled access facilities.

The grounds and garden were well maintained and accessible, offering both lawn and patio area for service users to use. There was off road car parking for staff and visitors at the front.



The weekly fees range between £1100 to £1349. Fees need to be discussed on an individual basis with the home as the exact amount will depend on assessed individual care needs.

CSCI inspection reports can be obtained from the home, or via the CSCI internet website, www.csci.org.uk.

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:

Choice of home

Individual needs and choices

Lifestyle

Personal and healthcare support

Concerns, complaints and protection

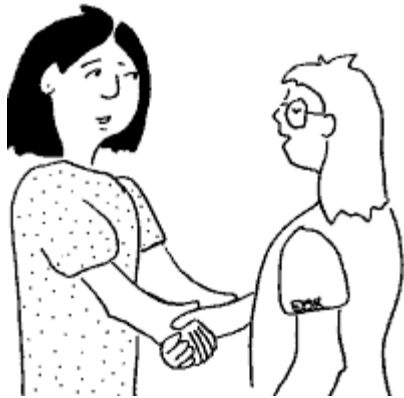
Environment

Staffing

Conduct and management of the home



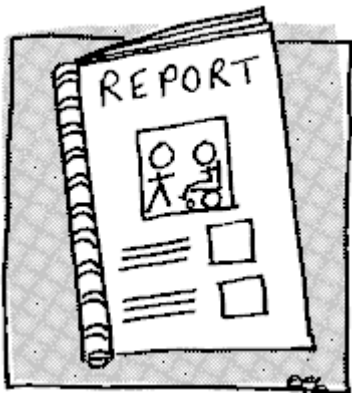
How we did our inspection:



This is what the inspector did when they were at the care home

We started this inspection on Tuesday 20th January 2009 with a second visit on 19th February 2009 to complete the process.

This report reflects our findings over both days of the inspection along with information provided by the owner/responsible individual, the manager and feedback by service users and staff. The manager was on leave on the first day of the inspection and we met the owner/responsible individual. We returned for our second visit when the manager and all service users would be in.



The manager had completed and returned the Annual Quality Assurance Assessment AQAA to us before the inspection. This document gives home's the opportunity of recording what they





do well, what they could do better, what has improved in the time since our last inspection as well as their future plans for improving the service. Some of the information and detail provided within the AQAA has been included in this report.

During our visit we spoke with service users, the manager and staff on duty. We also asked for surveys to be completed by service users, staff and others involved in the service. We received thirteen completed surveys back and reference to what was said in these has also been made in this report.



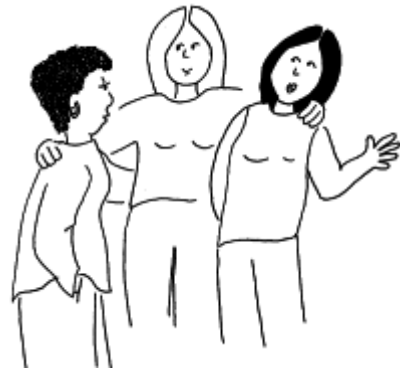
We looked at some records and policies and procedures and were shown around parts of the home and grounds.





What the care home does well

This home had a relaxed, friendly and welcoming atmosphere, and was light, bright and airy. The decoration, facilities and furnishings were of an excellent standard.



Staff on duty were knowledgeable about service users care needs and the staff team worked together well and were enthusiastic about their work.



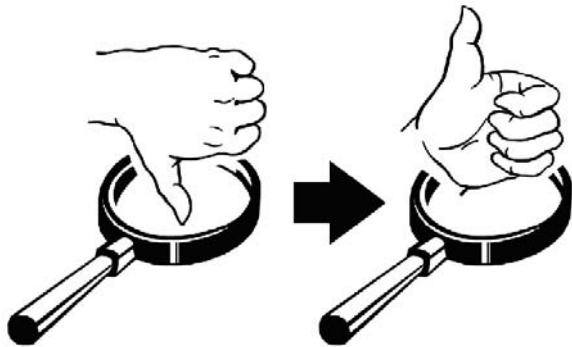
Service users are very involved in the day to day planning of their own care, and in the way the home is managed on a daily basis.



Service users are able to enjoy a wide variety of leisure and social

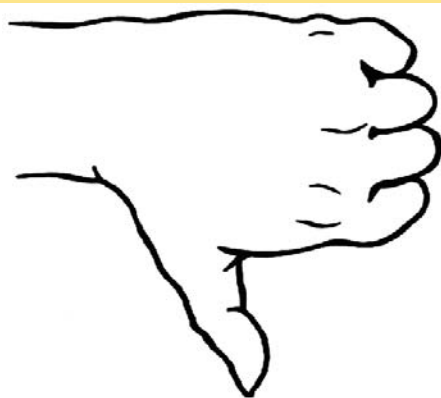


activities, both local and farther afield.



What has got better from the last inspection

This was the first inspection since the home was registered in August 2008.



What the care home could do better



The home must have care/support plans in place that include details of how each service user's health and welfare needs will be met.



If you want to read the full report of our inspection please ask the person in charge of the care home



If you want to speak to the inspector please contact
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Fulbourn
Cambridge CB21 5XE
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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, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. 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 the person 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 considering moving into the home can be confident that the admission processes ensures that the home can meet their needs.

Evidence:

The home's Statement of Purpose and Service Users Guide were seen, and included the information needed to help new services users make an informed choice when considering moving into Sunnyside House. Information was easy to read and includes pictures and photographs.

The current service users are placed and funded by Local Authorities. Records confirmed that these organisations had provided a full assessment of needs to the home before admission. In addition to this the manager and the designated key worker complete a written assessment of needs for all prospective service users prior to admission.

Files were looked at for people admitted since the home opened. Included was information on the individual's background, with assessed needs which included, social skills, self help, leisure interest/needs, communication, family and professional involvement, physical, daily living, medical, health and community participation. There was also an initial risk assessment completed on admission that showed the perceived risk and the recommended actions needed to minimise this.

Comments in service user surveys returned to us confirmed that they were asked if they wanted to move into this home, and service users spoken with said they had looked around the home with their family before deciding to move in.

Individual needs and choices

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 needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

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 information in support plans ensures that people's needs could be met in a way they would wish.

Evidence:

At the time of this inspection there were three service users were living at Sunnyside House. Their support/care plan files were inspected. These had risk assessments with guidelines for staff on methods to minimise risk. Risk assessments had been reviewed regularly.

The home's plans were person centred and had daily identified needs under individual headings including, personal care, social, safety and daily living skills. Each area of need showed the outcomes sought from the support offered. All care plans had been regularly reviewed and included recorded notes of the service users views. Care plans were also in place that had been provided by the commissioning authority involved with people's placements.

These were focused on the care package required from the home but did not necessarily cover all people's health and welfare needs. The home's own plans did take account of health and welfare needs in the health action plan and information included in the health monitoring form, however none of the home's care planning documentation that was seen at the inspection covered sufficiently all of the areas of need that had been identified in the initial admission assessment. (The manager confirmed after our inspection that new care plans had been put in place to cover this, however the shortfall is shown in this report until we re-check care plans at our next inspection).

Evidence:

Healthcare issues were seen to be recorded including visits to medical professionals, social workers, hospital visits, GP consultations, dentists, opticians and chiropractors. Also seen recorded were notes of reviews of placement undertaken with the placing authority and the service user.

The manager confirmed that weekly service user meetings are held. Minutes of four meetings that had taken place in February were seen with discussions recorded around interests, daily routines and community access. Service users views and opinions were included.

Service users spoken with told use they had weekly meetings and confirmed that they thought they are fully included in day to day decision making within the home, with staff offering good choices around routines and events.

Lifestyle

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 can take part in activities that are appropriate to their age and culture and 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 and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

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

Service users are able to participate in a range of social and leisure opportunities that meet their expectations. Meals and mealtimes are flexible and suit the lifestyle of service users living at the home.

Evidence:

Service users in Sunnyside House are encouraged and supported in finding work, with one person working part time at a local public house with a second person about to attend an interview to work part time with animals. Both spoken with said they wished to work and one said he enjoyed what he did and being paid to do it. The home also supports a wide range of options for service users to attend colleges and use leisure facilities in the community.

Discussion with the three service users living in the home and looking at activity plans and records showed that five different colleges are being used to take part in various classes and activities, with some going independently and some with staff. Activities included, german language lessons, golf, swimming, numeracy, gardening, gym, clubs, computer skills and cooking. Records also showed that group activities are decided each week between the service users and the member of staff who has special responsibility for coming up with ideas and options. A weekly programme for this was seen and showed table tennis, cookery night, music night, pool and table tennis, quiz night, shopping, bowling, cinema, theatres and meals out. Other activities and outings planned for included ice skating and visits to attractions in London and on the coast.

Evidence:

Service users spoken with confirmed that they enjoyed their activities and that they could choose what they took part in. Comments made in surveys received from service users and their relatives included 'We feel the staff try very hard to meet all of our sons needs'. 'We are extremely pleased with the care and support which is given to our son, he is very happy at Sunnyside'. 'I feel comfortable living here and feel that I am becoming more independent'.

The games room was in use on both days on the inspection with service users and staff playing pool and table tennis. The games room also had a TV with cable television (also available in the main lounge), and a quiet room in the same area had a desktop computer for service users to use. There was also a laptop computer in the home and this was seen being used by service users sitting the lounge. Both computers had access to the internet.

Service users were asked if they would be going on holiday. They said they hoped to go away together for a week in the summer, the manager confirmed that this was soon be discussed in a house meeting.

Service users see their families and friends regularly, two lived close by before moving into Sunnyside House and can walk home to see family. One also uses public transport independently to see friends. Contact for all three service users includes visits home and some stay overnight. Records had been kept of family contact and visits. The manager confirmed that staff only enter peoples bedrooms with the individual's permission, unless the welfare or well being of the service user is in question. All service users have keys to their rooms.

Throughout this inspection staff were observed to interact appropriately with service users and appeared to always use the individual's preferred form of address. Discussions were seen to take place and the atmosphere in the home was supportive and friendly, with staff engaging enthusiastically in activities with service users.

Nutrition records were inspected and evidenced a varied and balanced diet. The manager said that service users usually eat at the tables in the kitchen/diner, but may also eat in their room if they wished. Breakfast and lunch are taken at times according to service users choices and their daily routines. The main daily meal is in the evening, when generally everyone eats together.

Service users and staff decide at the beginning of each week what the menus will be for that week. Service users and staff then do a weekly shop at a local supermarket to get the provisions needed, service users also take part in meal preparation and cooking as a planned activity. Food stocks were looked at and were considered good.

Service user meetings included discussion on the food and the manager confirmed that service users food preferences and likes/dislikes form the basis of menu planning. Evidence of this was seen on individual diet sheets in peoples files. Service users spoken with said they liked the food and confirmed that they choose with staff what they will buy and cook. They also said they liked take away meals and eating out.

Personal and healthcare support

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 receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people 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.

If people are approaching the end of their life, the care home will respect their choices and help them to feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

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

People living at Sunnyside House can expect to receive support in an appropriate and dignified way that meets their needs.

Evidence:

Care records and discussion with service users and staff confirm that service users are fully supported in making their own choices around clothing styles, hairstyles and general appearance. Some service users told us that they independently access the local community for shops and haircuts. Shopping for clothes is usually done with staff at a nearby shopping centre or on home visits to family. Care files included preferences around rising and retiring times and details of the levels of care support required was also seen to be documented.

Service users who spoke with us when asked to express a view as to the support provided them by staff, confirmed that they liked the staff and were very satisfied with the support available to them in the home.

Care plan files contained assessment of healthcare needs and a health action plan. Service users are offered staff support and guidance in recognition of their individual healthcare needs and to access community healthcare facilities. These visits include seeing consultant psychiatrists, GPs, chiropodists and dentists. The visits are either with staff or some may choose to go alone to local services. Some service users told us that they see their GP alone but that staff go with them to visits further afield. Service users healthcare needs were recorded within individual care plans and seen to be updated in the daily care records.

Currently no service users required full staff support for their medication needs, as only one person has regular medication and they collect their own prescriptions and

Evidence:

look after their own medication in a locked cupboard in their room. All staff had been trained on medication administration and offer support to people who self administer. This support currently involves prompting people to take their medication at the right times and then recording this and also checking medication stocks. The service users health action plan showed their overall health care needs and the health monitoring forms records any daily observations or consultations. Both forms showed the basic procedure for service users who self administered but there was no risk assessment covering the whole process from collecting prescriptions through to taking the medication and returning any unused stocks. This shortfall could present a potential risk to people and the manager said he would ensure risk assessments were completed without delay. (Evidence was provided to us by the manager after our inspection to show that this shortfall had been responded too and a risk assessment was in place).

The home had appropriate written medication guidance for staff which clarified policies and procedures for ordering, receipt, storage, administration, self administering and returning unused stocks of medicines.

As already stated all staff have been given medication training which covered handling and administering medicines. Certificates of this were seen as evidence. The manager said that when there are people in the home who require full support with their medication needs staff will be assessed for competency before they take on this role.

Concerns, 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. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

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. Practices in the home safeguard service users and ensure that concerns are listened to and addressed.

Evidence:

The manager had a complaints procedure in place, which clarified the complaints process and the timescales that the manager should respond to the complainant.

There was an easy read complaints procedure in the Service Users Guide. Some service users may not have the ability to follow any written procedure, but the document clearly indicates to service users that they have a right to tell somebody if they are unhappy. Comments in service user surveys confirmed that if they were unhappy they would tell their key worker or somebody else. This was also confirmed in discussion with service users when they said they had told staff when they were worried about something and staff had 'helped to sort things out'. All service users have active involvement with their respective families and regular contact with external health/social care professionals. Evidence was also seen to confirm that some service users access independent advocacy services. There was a set template form for recording complaints. There had not been any formal complaints recorded since the home opened.

Also seen in the home was a copy of the safeguarding adults policy and procedure produced by the registered provider, and a copy of the latest safeguarding procedural guidelines issued by the Essex joint authorities on abuse issues. These documents included detailed guidance for staff on the adult protection procedures and on types of abuse that may occur.

Staff have safeguarding adult abuse training during their induction. Certificates were seen for this. The manager also showed us evidence that further safeguarding awareness training had been booked for staff to attend in April 2009.

Staff spoken with understood what was meant by safeguarding adults from harm and

Evidence:

said that if they suspected an issue then they would contact the manager. Also seen was a whistleblowing policy which clarified staffs responsibility to report any suspected abuse.

Environment

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

People stay in a safe and well-maintained home that is homely, clean, comfortable, 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. People have enough privacy when using toilets and bathrooms.

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. Service users live in a comfortable, clean and homely environment.

Evidence:

During the inspection a partial tour of the home was made accompanied by the owner/responsible person. The entire building had been completely refurbished to a high standard before being registered. All areas seen were very clean, bright, homely and were well maintained, furnished and decorated.

All of the rooms seen at Sunnyside House are spacious and have their own ensuite shower and WC. There are four bedrooms on the ground floor and eight on the first floor. Private rooms had wardrobes, adequate storage facilities and were fitted with TV points.

Service users spoken with said they like their rooms and told us about the things they have in them, they also said that they liked living at Sunnyside House.

The manager confirmed that service users are provided full opportunities to personalise their rooms to their own tastes and requirements, and rooms inspected included various items of personal possessions according to individual choices. The lounge was very well furnished and looked comfortable. The dining area of the kitchen/diner was well furnished and the kitchen area was equipped to a high standard. The laundry room was accessed off the main hallway and had sufficient space and equipment for the size of this home.

The home has gardens on both sides as well as at the rear. Access to the garden was from a side door or directly through french doors from the lounge. There is a driveway area at the front of the property which provides car parking for visitors.

Service users work together with staff as part of their independent living skills training

Evidence:

in ensuring that their home is kept clean and tidy. On both days of the inspection the home was bright, cheerful, clean and hygienic.

Sunnyside House does not have a pay phone but the manager said that all service users have their own mobile telephones, and that they may also use the office phone to keep in touch with family and friends.

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, qualified 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. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

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. Service users benefit from being supported by an experienced staff team who had received training. The recruitment procedure in the home provides the safeguards to ensure that appropriate staff are employed.

Evidence:

A clear organised staff rota was available for inspection. The home had only been open for six months and is not yet full, and on the day of the inspection there were three service users were living there. Daytime staffing for this number was a minimum of two staff on duty with one waking member of staff at night and one sleeping in as on call support. The manager's hours are usually supermunery and there is also a part time administrative assistance who works four days a week. The manager confirmed that when the home is full then staffing will be four on daytime shifts with two on waking duties at night.

Monthly staff meetings had taken place to ensure that staff are fully involved in decision making and in service planning. Minutes were seen for a meeting held on 14.1.2009 discussion had included rotas, quality assurance, routines, service user issues and activities, training, menus, team work and responsibilities. Staff spoken with confirmed that these meetings were held regularly and that they were useful.

Staff records for employees taken on since the home opened in August 2008 were looked at. Records kept included an application form, references, proof of ID, photo, a CRB check and contract of employment.

New staff undergo an induction training programme over the first four weeks of employment. Evidence of this was seen and covered the areas to ensure that new staff have the information they need. Staff without NVQ awards are quickly enrolled onto an NVQ course, and currently all either had at least an NVQ 2 or were training for this award.

Evidence:

Staff training records were kept on individual files, these showed that good training opportunities had already been given to staff and that on going training was booked to ensure they are well equipped for their roles. Training provided included, safeguarding (abuse awareness), food safety, learning disability awareness, mental health, first aid, report writing, fire safety, supervision, health and safety, infection control, aspergers syndrome and medication. Further training booked for the remainder of February and for March included, dignity in care, care planning, autism, communicating with people with learning disabilities, diversity, safeguarding and fire safety.

Staff spoken with confirmed they were well supported by the management team. They also said that they thought that they had been offered good training opportunities appropriate to their roles. On both days of the inspection staff were open, friendly and demonstrated sound care values. All had a good understanding of work practices and routines and the observed rapport between staff and service users was respectful, relaxed and friendly. Comments about the staff in surveys returned to us included: 'I'm really happy living at Sunnyside, I like the staff here, they are caring, helpful and friendly'.

Monthly staff supervision meetings had taken place, with records kept of the agenda discussions and actions. Areas included had been work role, responsibilities, key worker role, performance and training needs. The home's written supervision policy provided clear guidance to staff on the reasons for regular 1 to 1 meetings. The manager is regularly supported by the registered provider at least monthly, and on alternate months by an external support supervisor. Notes of these meetings were seen and showed that the manager receives the right support for his role.

Conduct and management of the 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 have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because 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. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

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 live in a home that is well managed and run in their best interests.

Evidence:

The registered manager is very experienced in care and showed us evidence that he worked for 35 years in the field of social and nursing care, specialising in working with both adults and children who have a learning disability. The manager's qualifications include being a qualified nurse (RNLD), a level 3 internal assessor, an internal verified and a qualification in management (Certificate in Management Studies). The manager had also undertaken various short course awards to ensure that he kept updated of the needs of people in care, and at the time of this inspection was undergoing a course for the Management and Leadership Award.

Comments made in discussions with staff and in surveys received from staff about the management of the home included '(the) manager is very supportive', 'we have very good support', 'we have supervision every month and if we need any advice in between the manager said his door is always open to ask'.

The manager's quality assurance QA processes included asking service users and staff to complete surveys about the service. Staff surveys had been sent out and those returned were seen. These asked questions about the information provided to them, the needs of service users, their recruitment, staffing levels, and complaints. The manager said that surveys would soon be sent to service users for them to complete, and responses would be collated so that any actions needed could be dealt with. There was a service development plan already in place along with a QA framework. This showed the main areas that would be taken account of to ensure the service met people's expectations and needs.

Evidence:

Random samples of records required to be kept by regulation were looked at. These included, the Statement of Purpose and Service Users Guide, regulation 26 reports (monthly registered person report), staff rota, visitor book, nutrition records, assessments, care plans, staff recruitment, complaints, fire procedures and fire drills. All were in order except that care plans needed more information in them. (The manager confirmed to us after the inspection that he had updated care plans, which we will need to check at our next inspection).

Staff records seen and staff spoken with confirmed that they had received training in first aid, fire safety, health and safety and food safety. This was to provide them with the knowledge they need relating to health and safety in the home.

Service records were seen to show that the home's fire alarms, fire equipment, emergency lights, gas systems, the electrical installation supply and portable electrical appliances had all been tested/serviced within recommended timescales.

The manager confirmed that hot water supply is regulated at or near 43 degrees Celsius, and that weekly checks on this take place. Records of this were seen.

The home's premises and safe working practices risk assessment formats were seen. The manager provided evidence to show that a fire safety officer was due to visit the home later in February to update staffs awareness of fire safety issues.

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	Description	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	Description	Timescale for action
1	6	15	<p>There must be a care/support plan in place for every service user that has been written by staff in the home, which shows how the service users health and welfare needs are to be met.</p> <p>This is ensure that all peoples needs have been recorded.</p>	29/05/2009
2	20	13	<p>A risk assessment must be in place covering when service users retain control of their own medication.</p> <p>This is ensure that service users are protected, where possible, from avoidable risks.</p>	30/04/2009

Recommendations

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

No	Refer to Standard	Good Practice Recommendations
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