

Key inspection report

Care homes for adults (18-65 years)

Name:	The Old Vicarage
Address:	The Old Vicarage Parsonage Lane Hungerford Berks RG17 0JB

The quality rating for this care home is:	three star excellent 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.

Lead inspector:	Date:
Kerry Kingston	1 9 0 4 2 0 1 0

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 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 mission of the Care Quality Commission is to make care better for people by:

- 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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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	The Old Vicarage
Address:	The Old Vicarage Parsonage Lane Hungerford Berks RG17 0JB
Telephone number:	07748633384
Fax number:	
Email address:	oakviewcare@btinternet.com
Provider web address:	

Name of registered provider(s):	Oakview Care (Berkshire) Limited
Name of registered manager (if applicable)	
Mr Gary Devlin	
Type of registration:	care home
Number of places registered:	12

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	12	0
Additional conditions:		
The maximum number of service users to be accommodated is 12		
The registered person may provide the following category of service only: Care home only (PC) to service users of the following gender: Either whose primary care needs on admission to the home are within the following category: Learning disability (LD)		

Date of last inspection									
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Brief description of the care home
The Old Vicarage provides twenty four hour care to up to twelve people who have learning and possibly, associated behavioural / emotional difficulties. The house is owned and the care is provided by Oakview care (Berkshire) Limited. The home consists of a main building which has eight bedrooms, one on the ground floor, two self contained cottages with one bedroom and one cottage with two bedrooms. The home would not be suitable for people who have serious physical problems as it

Brief description of the care home

contains steps on the groundfloor to access various rooms and stairs to access all bedrooms, but one.

It is situated in a quiet area of Hungerford and is within easy walking distance to the town centre and all the local amenities.

The home has its' own transport and is close to the local railway station, which has a regular service to larger towns in the area.

The fees vary depending on the assessed needs of the individual but are currently between £933 and £2,800 per week.

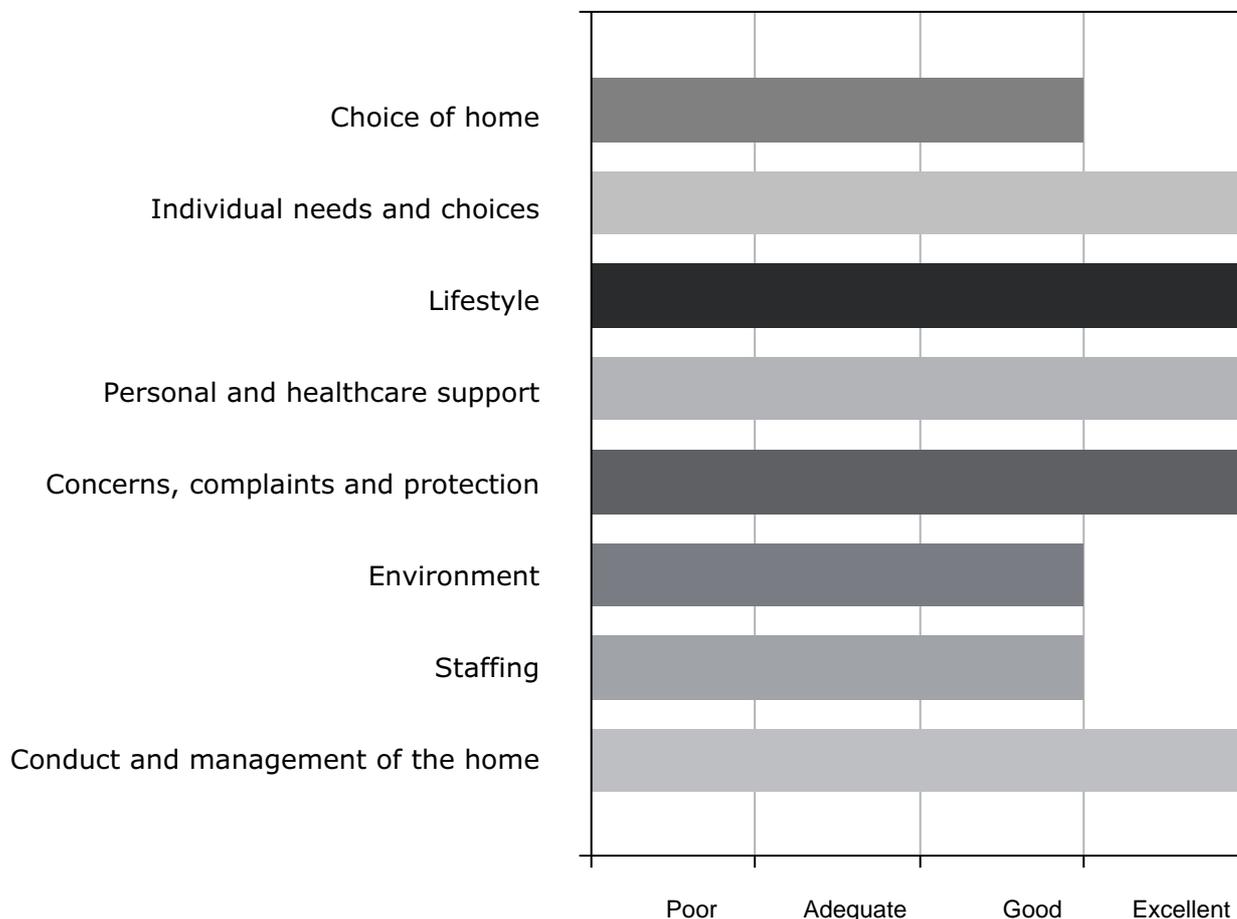
Summary

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

The quality rating for this care home is:

three star excellent service

Our judgement for each outcome:



How we did our inspection:

This is a report for the first key inspection of a new service. It was registered in November 2009, it is a service that has been established for a number of years, but has now changed provider.

The inspection took place between 10.00am and 3.00 pm on the the 19th April 2010. The information was collected from an Annual Quality Assurance Assessment, a document sent to the service from the Care Quality Commission and completed by the registered manager.

Five surveys returned to us by people who use the service, some were completed with the assistance of staff or families and four surveys returned to us by staff of the service.

Discussions with the manager, two other staff members and three people who live in the home took place.

Some people who use the service have difficulty communicating with people who do

not know them so observation of people and their interactions with staff took place during the visit to the home.
Reviewing records of the people who use the service and other records and procedures was also used to collect information on the day of the visit.
All information received by the Commission since registration about this service was also taken into account when producing this inspection report.

What the care home does well:

The home make sure that they write down what people need and how they are going to help them with what they need so that everyone helps them in the same way.

The home make sure that people decide on as many things for themselves, as they can, as safely as possible.

People are helped to do lots of activities that they like, during the day so that they do not get fed up or bored and enjoy their lives.

The home try to do new activities, like the garden project, so that people have more choice about what they would like to do.

The home write down how people like to be helped, what they like and don't like and who they like to help them.

People are helped to go and see Doctors or other people who can make sure that they stay as healthy and fit as possible, so that they can enjoy themselves.

People have lovely big bedrooms and the home is trying to make sure that everybody can have a bath and do their personal care in private.

Staff have lots of training and help, so that they know how to look after people in the best way.

The manager has worked at the home for a long time and he makes sure that the people who live there are listened to and are the most important part of the home.

The service looks at the care it offers and then does things to make it a nicer home for people to live in.

What has improved since the last inspection?

This is the first inspection, since registration.

What they could do better:

There were no requirements made at this inspection although there were a few discussions about best practice, for instance not having too much medicine in the cupboard.

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. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

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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.

The home properly assesses people prior to admission to ensure that it is able to meet their current and continuing needs.

They provide enough information and have an introductory programme so that people can make a decision about whether they want to live there or not.

People are provided with a written statement of terms and conditions so that they know what the service will do for them and what is expected of them.

Evidence:

The Statement of Purpose has been reviewed and up-dated by the new providers. There have been no admissions since registration.

The home has robust admissions and assessment policies and procedures.

They are registered to provide a service for 12 people, there are, currently, ten people living in the home.

The manager ensures that people who are being referred/assessed are compatible with the existing resident group.

People who currently live in the home have their needs re-assessed or reviewed, a minimum of annually.

Evidence:

Individuals have a Statement of Terms and conditions, which includes fee, included in the Service User Guide.

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

People know their assessed and changing needs and are fully involved in the development and reviews of their plans of care.

They are encouraged and supported to make as many decisions as possible about their lives.

People are helped to be as independent as they are able, as safely as possible.

Evidence:

Care plans for four people with diverse needs were seen. Plans of care are simple but contain all the necessary information, to support staff to meet individuals' needs in the way that they wish. These include self care, domestic skills, literacy and numeracy, use of public transport, ability to seek assistance, personality, relationships, leisure activities/employment and work experience. Sexual relationships and sexual needs, as well as any cultural needs are also identified. The plans of care include objectives identified at the annual review, prioritised objectives and monthly reviews of progress or changes needed. Generally plans of care are fully reviewed on an annual basis but there was evidence that they are reviewed much more often if needs or behaviour

Evidence:

changes significantly or if people request it. The home is developing person centred plans in user friendly formats for all service users, these will be used in conjunction with current plans of care, approximately half are completed. People who live in the home attend any meetings held about them, if they choose. Two people spoken to said that they enjoy attending their reviews and enjoy their key sessions.

The home has house meetings and monthly key sessions (1:1 with individuals) where they are able to discuss any issues and/or put forward any ideas. People make their own rules, mainly around respecting each other to allow them to live together relatively peacefully. These are decided upon in house meetings but staff help people to 'enforce' rules by accepting responsibility for talking to people who use the service if they break them. The AQAA states that a representative of the resident group sits in at appropriate parts of the staff meeting to report back, anything of interest, to the others at their house meetings.

Daily notes showed that people make day to day decisions for themselves and staff were seen asking what people would like to do and what they would like to eat. People who use the service appeared to be very comfortable to approach staff to ask questions and make requests. Those people without family or friends are found advocates, currently, two people have an advocate and one person is being found one as his advocate has moved abroad.

There are comprehensive risk assessments for individuals, the plans of care seen included risk assessments, as appropriate to the individuals, their levels of ability and the activities they participate in. Those seen were up-to-date and reviewed at regular intervals.

All personal documentation is kept in locked cabinets in the office that is locked if no staff are in attendance.

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.

People are given opportunities to take part in interesting and rewarding activities, that are provided and chosen to meet peoples' individual and diverse needs. The home continue to develop this area of work to ensure it continues to enhance peoples' lifestyles.

People are assisted to access the community and make use of all, available, community facilities.

People are offered balanced and nutritional meals that they are fully involved in choosing and preparing.

Evidence:

Peoples' activity plans are displayed on the board in the office and some are included in plans of care. Daytime activities include a mixture of off site external activities and in-house activities. There are a variety of local community based activities supervised by residential care staff, and use of colleges, day centres and work experience

Evidence:

placements. The home work hard to try to obtain work experience placements or part time work for those people who are able to benefit from it. There is, currently, discussions about whether external (to the service) or in-house activities are the most beneficial because of the special needs of many of the residents who can be difficult to motivate to participate in activities. There is currently a good mix of the two and the home is developing more positive 'in house activities' such as the garden project and animal husbandry. The service is developing and 'evolving' a large number and variety of activities that they put into individuals' activity plans to enhance lifestyles and meet their particular needs. Surveys from three staff and one person who uses the service said that the home could improve by 'making available more staff to pursue 1:1 activities with individuals', the registered manager explained that he is pursuing some extra funding to this end for particular individuals with specific needs but is realistic about there being limited resources for 1:1 time. It was observed, on the day of the inspection visit that people were 'in and out' and doing a wide variety of activities. One person has been helped to do an unusual activity that he particularly likes, two people attend church regularly and one when he chooses. Daily notes record activities undertaken and choices made, during the course of the day.

The home is in the heart of the local community and is within easy walking distance to the small town centre. They also have adequate transport to enable them to access the larger towns of Newbury, Swindon and Reading. People told me about their social lives and what they do in the evening, these included regular social clubs, going to the cinema, going out for meals and drinks and celebrating special occasions. One staff survey and one survey from someone who uses the service said that people have good holidays, two people spoken to described last years holiday and what they had chosen this year, people choose whether to go on holiday or not and where to go (from a limited choice.)

Three people spoken to said that they are busy and enjoy their lives, several others seemed very interested and excited about the developing garden projects. The manager explained that the new providers are very supportive of the home and are providing resources for projects, which have been planned over a number of years, to be completed. One staff member said that she has been encouraged to complete a horticultural course to enable her to support people to be involved in the garden project.

Eight of the ten people, who live in the home, have contact with their families, the two who do not have been found advocates. People are actively supported to keep in contact with families such as staff transporting people quite long distances to visit with

Evidence:

family members. Records showed that families are kept informed and invited to reviews, as appropriate and if individuals choose. Families are very important to most of the people who live in the home, this is recognised by the service, who act accordingly.

Menus are chosen with different people each week, the names of the people who have chosen the menu are written on it. Menus are excellent, showing well balanced, nutritional and varied meals, the manager explained that the staff team had worked hard in this area to ensure meals of good nutritional value are produced and people have as healthy a diet as possible. People are able to choose their own breakfast and often lunch and are able to have alternatives if they do not like what is on the menu. Five people spoken to said that they liked the food, three (of five) returned surveys said that they had good food. One staff survey said they needed a better menu but did not give any further information. One person told me about their healthy eating plan and explained the health risks of not eating 'proper food'.

The home order some food wholesale or on-line but ensure that there are always things to buy locally, such as fresh fruit and vegetables, so that people can assist with food shopping. There has been much discussion and thought given to balancing time efficiency and ensuring people are not deprived of everyday experiences.

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

The home meet the personal, physical and health care needs of the people who live there very well. They ensure that people are treated with dignity and are very aware of their individuality, choices and preferences.

Staff administer medication as safely as possible.

Evidence:

Plans of care include a detailed description of peoples' likes /dislikes and personal care needs. It is clear how they are helped with any personal care and the manager confirmed that the home has a robust cross gender care policy. A large number of males live in the home, the manager is aware of the gender balance and tries to appoint male staff, as is appropriate and if they are the best candidate for the job. People have clear communication plans which describe how they make their wishes known and how they display their emotional needs and well being, or otherwise. The Person centred plans, that are currently being completed are even more descriptive. The home is working hard to ensure that all residents are treated equally, whatever their needs and however they make their demands, that is staff are attempting to ensure that all those who live there get the right amount of attention even if they do not 'demand' it for themselves.

Evidence:

All have new health action plans, which give excellent information and detailed recording of any health visits, show when people have been to see other health professionals, the outcomes and follow ups of these visits. Deteriorations in health or behaviour result in an immediate review of the plans of care, new assessments and timely referrals to the appropriate specialists. Weight records/and or other records are kept, as necessary, for the individual.

Emotional and mental health needs are dealt with in a robust way, specialist advice is sought and taken, as necessary. The home use behaviour guidelines, risk assessments and staff are trained in 'challenging behaviour' to enable them to support people to control behaviours that may be a risk or distressing to themselves and others. Medication is securely stored in a locked cupboard within a locked cupboard. The home use a monitored dosage system. Records seen, on the day of the visit were accurate, the manager advised that there have been no medication errors since registration.

Staff are trained to administer medication and are competence tested by a senior staff member, before being given medication administration responsibilities.

The home do not, at this time, use any medication prescribed to be taken as necessary, to help with behaviour control.

There was a discussion about minimising the amount of 'homely' remedies stored.

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

The home has a comprehensive complaints procedure and listens to people if they have complaints or concerns.

Staff know how to protect people from all forms of abuse.

Evidence:

The home has a comprehensive complaints policy, supplied to all who live there, in the service user guide. One complaint was made in 2009, by a person who uses the service. It was well recorded, taken very seriously and dealt with quickly, the individual was advised what was happening about the complaint at all times and was happy with the way it was dealt with. Two people spoken to said they knew who to talk to if they are not happy and know how to make a complaint. Two people, spoken to, confirmed that they knew the name of the new provider.

The home recorded no safeguarding issues or concerns, they seek advice from West Berk's safeguarding team with regard to any challenging behaviour incidents to identify if they should record them as safeguarding incidents. Staff know what action to take and who to involve if there are any concerns about abuse, including who to approach external to the organisation, if necessary. The Commission has received no information with regard to complaints or safeguarding concerns about this home, since its' registration.

Staff are trained in physical restraint techniques and have recently been taught a new

Evidence:

system called 'non-aggressive psychological and physical intervention', which staff feel is very effective. Three staff demonstrated the most extreme physical hold which was gentle but effective. There has been one physical intervention, since registration, this was properly recorded (the hold used was demonstrated). People have detailed support plans to assist them with any behaviours that cause themselves or others distress, they are developed with other professionals such as psychologists and specialist behaviourists.

Three people, who live in the home have appointees, the other seven have responsibility for their own finances, managing it with help and support from staff, as detailed in their plans of care. Two financial records were seen, they were accurate and included receipts.

There was a discussion about the 'safety' of staff using personal accounts to 'temporarily' hold peoples' money, even if there is a 'robust accounting trail'.

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

The house is very homely and staff work hard to ensure it is kept to a good standard of cleanliness.

People are being provided with en-suite facilities in their large, comfortable and very personalised private space.

The home meets the individual and group needs of the people who live there.

Evidence:

The Old Vicarage is a large spacious house but is old and needs large amounts of maintenance. It includes three cottages one with two bedrooms and two with one bedroom, there are eight bedrooms in the main house.

The home has embarked on a programme of providing en-suite facilities to all eight bedrooms, one is in the process of being completed which will bring the total of en-suites, in the house to five. There are two communal bathrooms available.

People, as far as possible, have had a choice whether they have a shower or bath in their en-suite, both are available communally incase people want to choose a different bathing method, on occasion.

Several bedrooms were seen, one person said 'I love my bedroom'. Bedrooms are very large, furnished to peoples' individual taste and include entertainment systems of their choice such as flat screen TVs and music centres.

People with any type of physical problem, could no realistically be accommodated in

Evidence:

the home, as there are numerous steps and levels throughout the buildings. There is a large lounge, huge kitchen and pleasant dining area.

The home has a large garden which is being used for a new gardening project , including looking after chicken. The project hopes to grow some of their own produce, aswell as having fresh eggs available.

The laundry is sited out of the house a few yards from the back door, one staff survey said 'we need better laundry facilities'.

Staff survey comments included , 'we are good at supporting the service users to make the house feel like home', 'it is a homely environment and we keep chickens',

'we could make more use of garden', 'we could have a games/entertainment room'.

One survey from a person who uses the survey said 'we are good at housework.'

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.

The home has a very well qualified, enthusiastic staff team who know the people who live there well and meet all their assessed needs.

The home ensures that it provides ongoing training opportunities and support so that staff can offer the best possible care.

The manager reviews staffing levels regularly to make sure that there are enough staff to meet peoples' needs.

Evidence:

Staff retain their contracts and conditions of service that they had with last provider, all staff have been retained and work for the new provider, all have been in post prior to the new registration. 12 of 14 staff have NVQ 2 or above, many have NVQ 3. There are a minimum of two staff per shift but more usually there are three, two would be in an evening when there are no activities and/ or not all of the people were at home. Most people who live in the home do not need alot of assistance with personal care. The manager reviews the staffing levels continually and is currently applying for funding for additional staff hours to meet the specific needs of an individual. Staff surveys commented that, 'we need more staffing', 'we need more time to have 1:1 s with people who live in the home.' They also said, 'we have good relationships with people'.

Evidence:

Four staff files were seen, all had the necessary paperwork on file and the manager confirmed that people do not start work until CRB checks are received. One reference could not be found, the manager undertook to find and file it as soon as possible. Notes of interviews and criteria for selection are kept in files and supervisions are completed regularly with good quality notes kept. Staff confirmed that they are regularly supervised, appraised and have good training opportunities. One staff member described how she is to start a course on gardening to help her to help residents get involved in the gardening project. Staff confirmed that they have completed all the core/mandatory training and training records evidenced this. Staff said 'it is a good staff team, they have good communication systems and there is an open' feeling where you can discuss any issues'. They said that the home is 'particularly good at meeting peoples' individual needs and it is a good place for the people who live there.'

Staff were observed interacting positively, sensitively and respectfully with people who use the service. They were very aware of peoples' individual needs and planned in advance to make sure that the evening started well for people.

Surveys completed by people who live in the home included the comments,' good team work, I get lots of freedom, they look after me well and I love it here'. There were no negative comments about the staff team in surveys or on the day of the inspection visit.

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.

The home is very well managed, in the interests of the people who live there. The change of providers has not caused any disruption to peoples' lifestyles and is beginning to improve their opportunities.

The home has already looked at the quality of service that it offers and includes the people who use the service in this exercise.

The home adheres to Health and Safety policy and procedure ensuring the safety of people who use the service, as far as possible.

Evidence:

The manager has been in post for six years, prior to the new registration. He has a Registered Managers' Award qualification and many years experience of working with people with learning disabilities. Staff described the management as 'supportive', 'open' and 'good management'. Staff said that the manager deals with any problems quickly and directly. Residents said that they can talk to Gary and he always listens to them. The manager described the new providers as supportive, he said that they are investing in new projects (as evidenced by the en-suite and garden projects) and listen to what people have to say. A quality assurance exercise has already taken

Evidence:

place, the responsible individual has collated the results and is presenting them on 22nd April by means of a forum that will involve staff and residents. The staff and people who live in the home will help to produce the annual development plan, from the results of the quality assurance exercise. Regulation 26 visits are completed regularly and notes of the visits are kept in the home.

The policies and procedures were reviewed in March 09, before registration but the new providers are continuing to work with them, currently.

The home is supported with its' Health and Safety responsibilities by a professional group who provide up-dates to policy and procedure and ensure Health and Safety legislation is being adhered to.

The home work with a Health and Safety checklist , which is completed regularly, which covers all aspects of the safety of the home.

All Health and Safety maintenance checks are completed as necessary and the sample of certificates seen, showed them all to be up-to-date.

Accident and incident forms are kept, as is an accident log for ease of reference.

It was discussed that a risk assessment for the AGA and some detail about how risks of recurrence of accidents was to be avoided could be produced.

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

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