



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Elm Tree Court
Address:	344 Preston Road Hull East Yorkshire HU9 5HH

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	1 3 0 5 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 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

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Elm Tree Court
Address:	344 Preston Road Hull East Yorkshire HU9 5HH
Telephone number:	01482788447
Fax number:	01482788448
Email address:	administrator.elmtreecourt@hica-uk.com
Provider web address:	

Name of registered provider(s):	Humberside Independent Care Association Limited
Type of registration:	care home
Number of places registered:	72

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	72	0
old age, not falling within any other category	0	72

Additional conditions:
The maximum number of service users who can be accommodated is: 72
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, maximum number of places 72, Dementia - Code DE, maximum number of places 72

Date of last inspection									
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Brief description of the care home
Elm Tree Court is a purpose built care home located on the eastern outskirts of Kingston upon Hull in a mainly residential area and close to shops, a health surgery, a post office, public houses, churches and leisure facilities. Main bus routes into the City Centre stop just outside the home and there are ample car parking facilities within the grounds. It is owned by Humberside Independent Care Association Ltd (HICA), which is a not for profit organisation. The home provides personal care and accommodation for a maximum of seventy-two older people, some of whom may have dementia.

Brief description of the care home

The facilities are all on the ground floor and the home is structured into three separate bungalows: Willows, Sycamore and Hawthorne. Each bungalow has twenty-four single bedrooms, however two of the bungalows have the facility to join together two bedrooms to make them shared accommodation.

Each bungalow has two separate lounges, a serving area and dining room, which leads onto a further lounge, two bathrooms, a shower room and individual toilets. Each bungalow has access to an individual enclosed courtyard where residents can walk in safety.

A further courtyard area is the central core of the home and an internal 'street' surrounds this. Located on the street are a small shop, hairdressers salon and seating. Photographs of old Hull and other memorabilia decorate the walls.

According to information received from the home the weekly fees are between 350.50 pounds and 490 pounds. There is a top up system of 10 pounds for a basic room and 20 pounds for an en-suite room. There are additional costs for toiletries, newspapers, magazines, hairdressing, chiropody and outings.

Information about Elm Tree Court and the services it provides is included in the statement of purpose and service user guide, which are available from the home.

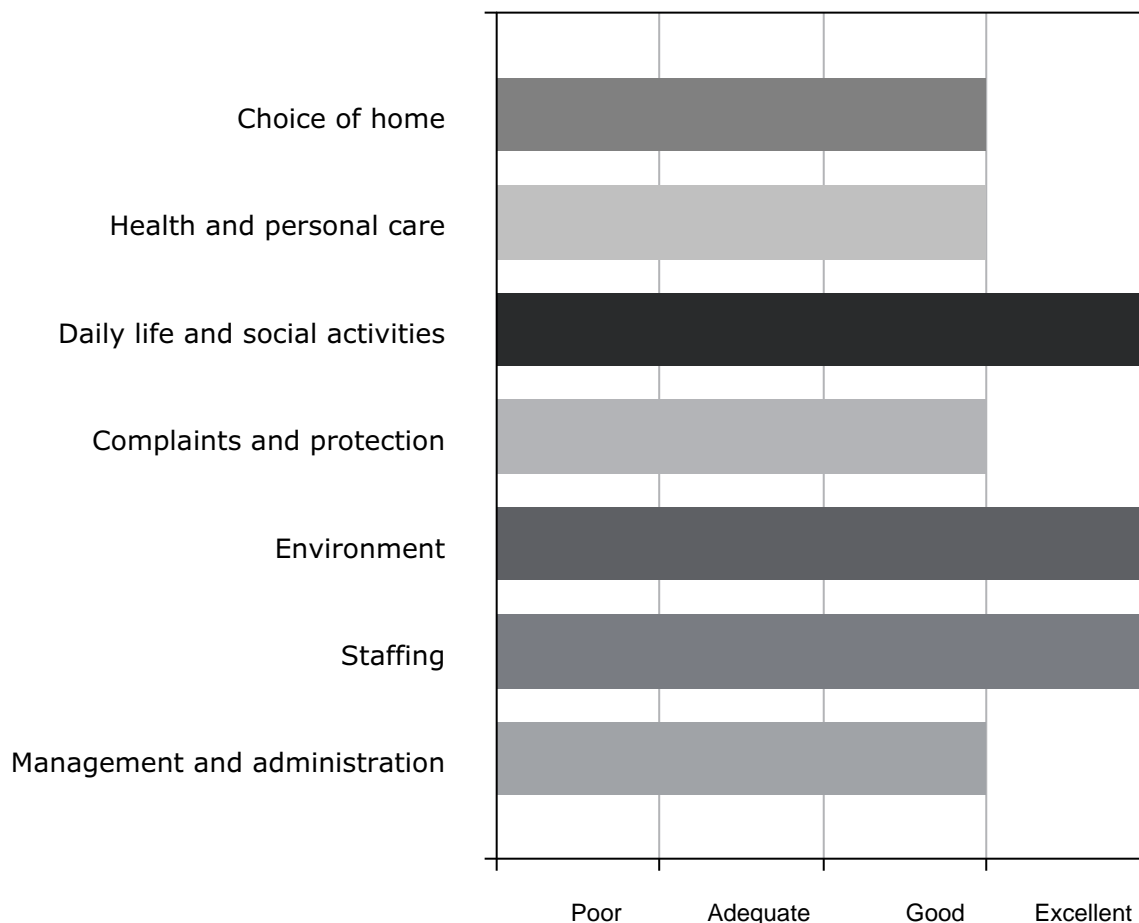
Summary

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 service 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 Care Quality Commission (CQC) since the last key unannounced inspection on 17th May 2007 including information gathered during a site visit to the home, which took approximately eight and a half hours.

Throughout the day we spoke to people that lived in the home to gain a picture of what life was like at Elm Tree Court. We also had discussions with the registered manager and staff members. Information was also obtained from surveys received from

residents (some of which had been completed by their relatives), staff members, visiting health professionals and care management staff from the local authority. Comments from the surveys and discussions have been used in the report.

We looked at assessments of need made before people were admitted to the home, and the home's care plans to see how those needs were 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 it 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 and safe in a 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 Elm Tree Court, the staff team and management for their hospitality during the visit, and also thank the people who completed surveys and had discussions with us.

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 always ensured that peoples' needs were assessed prior to admission. This enabled staff to be sure the home could meet the persons needs and gave them direction in how to care for them.

Staff were clear about how they promoted peoples' independence and choice and provided care to people in ways that respected privacy and dignity. The staff members knew the residents well and were observed speaking to people in a courteous manner. Residents described staff as, 'kind' and 'patient'.

Elm Tree Court provides a pleasant environment for people. It is clean, warm and well presented. Although a large home, the separation into three individual bungalows, enables staff to care for people in smaller more homely areas. There are outside courtyards for people to access safely. The company ensures a process of continual redecoration and refurbishment of the home.

The home provides nutritious and well planned meals for people and has won a healthy heartbeat award for the last twelve years. Catering staff scored an, 'A' in the local authority's food safety management assessment.

The home manages complaints well and always tells the Commission or the local authority of any reportable incident. This enable us to monitor situations and check how the home is dealing with them.

The company has an excellent training and induction programme. Senior managers are always looking to improve the training courses. Staff members all say they receive the training required for them to complete their jobs.

The home has a good quality assurance system that enables people to be consulted about the way the home is managed.

What has improved since the last inspection?

Following the initial assessment the manager formally writes to people to let them know their needs can be met in the home.

The care plans and risk assessments do contain more detailed information about people and the tasks staff have to complete to meet their needs or minimise any risk. The care plan could be improved even further - see below.

The communal areas in Hawthorne bungalow have been completely redecorated and refurbished; new flooring, tables and chairs in the dining room and the two lounges re-carpeted and redecorated. In the main unit an activities room has been set up and a visitors room organised. A number of the bedrooms in the home have been redecorated.

The home has purchased a mobile sensory unit and developed a better structure of activities for people.

The home has reorganised and increased some of the staffing structure to make it more flexible to needs at certain times of the day. Also recruitment of staff has been made more robust by the pairing up of new care staff that are employed, in exceptional circumstances, after a povafirst check but before the return of the full criminal records bureau check.

The home has liaised with the local authority and resolved a financial issue for one resident.

A system has been implemented to check bed rails to ensure they are safe.

The number of care staff that have gained a National Vocational Qualification in care at level 2 and 3 has increased to 53 percent. This is a very good achievement. Also a new, more in depth dementia care course has been sourced. This will give staff an even better understanding of how to support people with dementia care needs.

What they could do better:

To improve the care plans even further staff could include the information gained about residents when they produce fact files. The fact files have lots of historical information about preferences and wishes. Also some care plans had not been evaluated consistently each month. Evaluations highlight changes in need and prevent care from being missed.

The way the home manages medication needs to improve. There were some errors in recording, especially surrounding a controlled drug, which led to confusion for staff and important medication missing its application date.

Staff should visually check bedrails used on divan beds to ensure they are secure to the base when they are in use. This will ensure they are used in accordance with manufacturer's instructions.

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.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 and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

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

People continue to have their needs assessed prior to admission to the home. This enables the staff team to be sure they can support the person and can plan appropriately for their care.

Evidence:

The home continues to ensure that people have a full assessment of their needs prior to admission. This was confirmed when we examined four care files during the visit. Each contained assessments of need and care plans completed by care management teams for people funded by the local authority. The staff also completed the homes own assessment documentation to check that needs had not changed in the interim. This covers all aspects of health and social care needs. The pre-admission assessment process enabled the staff to be sure they were able to meet the person's needs.

The manager writes to prospective residents or their representatives following the

Evidence:

initial assessment, formally stating the homes capacity to meet identified needs. This provides written confirmation to people that their needs can be met.

The home does not provide intermediate care service so standard 6 does not apply.

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.

On the whole the health and personal care needs of people were planned for and met. Care was delivered in ways that respected privacy and dignity.

The recording of medication needs to be clearer to prevent confusion and mistakes occurring. This will ensure people receive the medication as prescribed.

Evidence:

Four care files were examined and each contained good information regarding assessments, risk assessments, personal profiles and also fact files that detailed peoples' likes, dislikes, relationships and preferences etc.

There was an improvement noted in the support plans formulated to provide information to staff in how to meet peoples needs. The support plan highlighted the residents strengths and what they were able to do for themselves, and generally included preferences and wishes, for example in the clothes people liked to wear and whether they preferred a night light on. Tasks for staff were defined and there were

Evidence:

set scripts for them to use with specific residents when words of encouragement or reassurance were required. There were some instances when staff direction was vague, for example with continence care, 'regularly check', but on another occasion there was a very precise care plan to promote good skin integrity. One new staff member told us the care plans helped them to get to know the residents.

There was a shortfall with documenting evaluations of care plans. These were usually carried out monthly to enable any changes to be inputted into the care plan but when checked some had not been completed and one in particular stated there was no changes of note but the resident clearly had health care needs following surgery. As the care plans had all been updated by the deputy manager, these changes had eventually been captured in the care plans but it was important that evaluations were completed thoroughly taking into account information in other sections of the care file.

There was evidence of reviews taking place with significant others present and staff tried to ensure care plans were signed by the resident or their representative. Care staff recorded the care provided throughout the day and night and monitoring charts were completed when people had specific needs in relation to pressure relief care, food and fluid intake and behaviours that could be challenging. The staff had also completed, hospital passports for each resident, which detailed specific information about the persons' needs should they have to be admitted to hospital at short notice.

It was clear that residents health care needs were met and they access to a range of health care professionals. Staff completed a professional visitors log and a health monitoring form detailed instructions or advice left for staff following the visit. There was evidence that weight was monitored and dietetic advice sought when required. One health professional stated, 'generally keen both to seek and implement our advice on managing challenging behaviours and willing to try new things and implement alternative strategies' and another stated, 'excellent caring team'.

Residents spoken with and surveys received from them or their relatives indicated that they received the care they required, and in ways that promoted privacy and dignity, 'oh certainly the staff are very good'. In discussions staff had a clear idea of how they promoted privacy, dignity, independence and choice, and during the visit residents looked well cared for.

Risk assessments were completed for a range of areas deemed to pose a risk for individual residents and were kept under review. The risk assessments highlighted the issues and identified ways to minimise the risk. When a risk was identified there was a corresponding care plan to remind staff and give direction.

Evidence:

Medication was stored appropriately and there was information held with the medication administration record (MAR) about each resident with a photograph to aid safe administration. However, there were some recording and administration issues for senior staff to address. Some MAR, when handwritten by staff, were not completed fully. The start date of medication and other details were missing from the top of the page and the remaining amounts of medication signed into the home previously, had not been carried forward. One person was prescribed medication to be taken thirty minutes to one hour before food and a second medication to be taken with or after food but the MAR shows that these were administered at the same time. On some occasions medication had not been signed into the home when received from the pharmacy, and codes used, when medication was omitted, were not consistently defined with the reason why.

There was also an issue regarding the administration and recording of a controlled drugs patch for one resident. A confusion over dates, handwritten by staff on the MAR, and the reordering system, meant that the residents patch was not administered on the correct day on two occasions.

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.

The home enabled people to have a good quality of life by providing opportunities for stimulation, contact with families, ensuring people made as many choices as possible and by the provision of nutritious meals.

Evidence:

The home employed an activities coordinator for forty hours a week and each bungalow had a designated staff member to assist them. They were very enthusiastic about their role and had initiated a number of activities and occupations for people to participate in. Activities were arranged in groups or one to one depending on the needs and wishes of the residents. There was even a men-only group on occasions that utilised the smoke lounge, where they had a glass of shandy, a chat and some residents completed airfix models. One person preferred to complete activities with female staff and the coordinator was arranging this.

Eleven people had completed life story work with family contributing to the work books. The activities room was bright and cheerful and well used. One person was assisted to use the internet to look up information about VE day and another kept in touch with family and received photographs of them by e-mail. The activities

Evidence:

coordinator and other staff are escorting one person with a sensory impairment, as well as six other residents, to a sensory garden. There was evidence of other outings to local shops and cafes, East Park, Hornsea, Bridlington, Hull city centre and local cemeteries to visit the graves of loved ones.

The library service visited the home and entertainers were arranged at intervals. There were also activities that families were invited to such as BBQ's, buffets, and the summer fayre. The activity coordinator produced a calendar of events and maintained a log of who participates. There was also a newsletter produced quarterly to let people know of forthcoming events.

People were supported to make choices about aspects of their lives and staff spoken with were clear about how they promoted this. A visiting health professional did comment in a survey that access to safe walking areas outside, 'on demand', rather than having to wait for staff availability and more, 'getting out for exercise and social contact' would enhance the service. However they also recognised that the home, 'does much better than a lot of similar homes'. Another visiting professional wrote, 'always willing to look at ways to enhance residents quality of life'. Visitors were welcomed at any time.

The meals provided met nutritional needs and one observed on the day was well presented. People spoken with told us they liked the meals and they had enough to eat and drink. Special diets were catered for and there was evidence of dietician involvement for some residents. Six surveys were received from residents. One person stated they liked the meals, 'always', three said this was, 'usually' and two said, 'sometimes'. Staff may need to check this out further to see if there are any preference issues to resolve.

The home had achieved an, 'A' in the local authority's, 'scores on the doors' assessment of food safety management and had also been awarded a healthy heartbeat award for the last twelve years.

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 ensures that people are able to make complaints freely and are protected from abuse by staff training and adherence to policies and procedures.

Evidence:

The company had a corporate complaints policy and procedure, which was displayed in the home. Records of any complaints were held and information checked as part of the homes quality assurance system. There had been four complaints in the last year and all had been resolved quickly. Staff were aware of what to do if concerns were raised with them and surveys from people indicated they were aware of how to make complaints. One resident in a survey made a negative comment and stated they were unaware of the complaints process and who to speak to if they were unhappy. This was mentioned to the area manager and manager to address again in meetings with residents, relatives and staff.

In discussions staff were aware of what to do if allegations of abuse or poor practice were brought to their attention. All staff receive training in how to safeguard vulnerable adults from abuse and the manager has received training provided by the local authority specifically aimed at their referral role. There was evidence that the manager and senior staff had alerted the local authority when incidents had occurred between service users so their situation could be monitored. Risk assessments and care plans have been updated with details of the monitoring.

Evidence:

Two recent safeguarding of adults referrals have been made to the local authority for investigation. One relates to the attitude and practice of a staff member. There was a short delay in making the local authority aware of the alert but as soon as the area manager became aware this was completed. The other alert is unrelated to any staff member and the home acted quickly when contacting the local authority. Both these investigations are still underway.

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 **excellent** 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, bright and cheerful environment for people. The variety of communal areas meant that people had space to relax in places of their choosing.

Evidence:

Elm Tree Court is a purpose-built home divided into three separate bungalows, all at ground floor level. Each bungalow is well presented and consists of a lounge/dining room with a small kitchen area, and two additional sitting rooms. There are two bathrooms and a shower room in each bungalow and the bedrooms are all personalised to varying degrees. Bedrooms had privacy locks and a lockable facility for valuables. Each bungalow has a courtyard with garden furniture and flower beds. In the centre of the home adjoining each of the bungalows is a, 'street' with a hairdressing salon, a shop and seating areas. This circles a central courtyard, which also has places to sit quietly.

The home also had a well-used activities room with two tables and chairs. It was bright and cheerful and decorated with photographs and art work completed by residents. It was used for small group work or one to one activities.

Corridors are wide with hand rails and entrances and exits are easily accessible to people with mobility difficulties.

Evidence:

The home was clean and homely, and all staff worked hard to maintain standards. There was a programme in place for decoration and refurbishment. Hawthorne bungalow had recently had new tables and chairs, new flooring and new curtains for the dining area, a new carpet for the corridor and both quiet lounges completely refurbished. Satellite television had been installed in one of the lounges.

People were happy with their home and told us in surveys that it was fresh and clean either, 'always' or 'usually'.

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

People are supported by appropriately recruited and well trained and competent staff.

Evidence:

There are three care staff and a senior or personal care manager on each of the bungalows during the morning and afternoon shifts. There are also staff members that cover a 5pm to 9pm shift and others that provide one to one support for set hours for specific residents. There are five care staff and a senior providing support for the whole building at night. In addition one domestic staff member works at night and can support in care tasks as required. The manager is supernumerary and the home has sufficient ancillary staff.

People spoken with told us the staff team were, 'good', 'kind' and 'patient'. One person said they responded quickly to call bells and another said, 'yes they most certainly do listen'. We received seven surveys from residents and all said that staff listened to them and acted on what they said. Six stated that staff were available when they needed them either, 'always' or 'usually'. One said this was, 'sometimes'. We observed staff speaking to people in a courteous and pleasant way and there were signs of wellbeing in the home as residents responded to communication with them and joined in banter.

Evidence:

The company has an excellent induction and training programme that is supportive of staff development needs and includes mandatory and service specific training. Good records are maintained of training completed and when updates are due. The company has expanded the dementia care training provided to all staff. Training is provided by a range of internal and external facilitators, distance learning and access to the local authority training programme.

According to information in the homes annual quality assurance assessment (AQAA), 53 percent of care staff have a national vocational qualification (NVQ) in care at level 2 or 3. This is a very good achievement and exceeds standard 28, which requires that homes aim for 50 percent of care staff trained to this level. A further 13 percent are working towards the qualification.

In discussions and surveys staff told us the training they received was, 'a high standard' and others commented, ' the company supports staff with very good training'.

The company has a robust recruitment system and relevant checks are carried out prior to the start of employment. In the exceptional circumstance when care staff are employed after the return of a clear povafirst check but before the return of the full criminal record bureau check (CRB), care staff are paired with others when providing support to people. A new staff member told us, 'we shadow other staff until our CRB is back'.

Management and administration

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

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

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

This is what people staying in this care home experience:

Judgement:

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

The home was well managed and was a safe place for people to live in and staff to work in.

Evidence:

The manager has completed her Registered Managers Award and NVQ level 4 in care. She has over 25 years experience in care settings and keeps herself up to date with relevant training. This year she has completed updates in moving and handling and fire safety, and attended a one day training course on deprivation of liberty facilitated by the local authority. Staff spoken with said the manager was, 'firm but fair' and was, 'approachable'. In surveys staff told us they met with their line manager to discuss issues. One person in a survey expressed some dissatisfaction with how they were managed and a discussion with them confirmed this. However they did feel able to approach the deputy manager and would ensure any issues went directly to them. This was mentioned to the manager and area manager so they are aware and can try to resolve the situation in a general way.

Evidence:

Other comments from staff were, 'I am very happy working at Elm Tree Court and enjoy coming to work' and 'we see the area manager regularly and she is approachable'. Staff meetings are held to enable an exchange of information and for staff to be able to express their views about the home.

Staff received formal one to one supervision and a system had been arranged to ensure all care staff received a minimum of six sessions a year. Generally the system worked well and most senior staff completed their supervision as to the schedule. A gap in supervisions in one of the bungalows had been seen by the manager and she had allocated another senior to address the shortfall.

The company has a quality assurance system that consists of audits of systems and questionnaires to relevant people. There has been a recent change in quality management, whereby an area manager has been given responsibility for overseeing the process for a number of homes. The home has local measures in place to promote consultation with people living in the home, family and friends that visit, professional visitors and staff. A visiting professional wrote, 'always willing to listen to negative comments and act upon the issues'.

Although finances were not assessed thoroughly at this inspection the company has a good system of ensuring people have access to their monies deposited for safekeeping. Records are maintained on a computerised system, which is managed by an administration officer and audits of finances are completed. Receipts are held for any purchases made by staff on behalf of residents or when out on trips with them.

The home was a safe place for people to live in and staff to work in. In discussions during the day staff said they had sufficient general equipment, with which to carry out their tasks, and had appropriate hand washing gel, wipes, gloves and aprons for infection control. Fire alarm checks were carried out and staff completed mandatory training in fire safety, infection control, moving and handling and health and safety. The company had a health and safety officer for advice and guidance.

At the last inspection there was an issue with the provision of bed rails and the home was required to review them in line with health and safety guidance. This was completed but in the interim the home purchased some lightweight mattresses for the divan beds that were intended to provide pressure relief for people with fragile areas. This was good practice but one of the beds with bed rails had such a mattress and the rail was not as secure as it should be. We asked the local authority health and safety officer to visit the home to check this out and they told us the mattress was fine but the bed rail needed to be more securely fastened to the divan base. This has been

Evidence:

done and staff are to make sure it is secure each time they use it. Maintenance personnel already carry out checks on bed rails to ensure they are in working order.

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	9	13	<p>Recording on medication administration records and the reordering system for specific medication must be improved.</p> <p>This will ensure people receive medication as prescribed, will avoid confusion for staff and will enable a clear audit trail.</p>	12/06/2009

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
1	7	Staff should ensure that when care plans are evaluated this is reflected in the recording. This will enable staff to have the information they require to update care plans.
2	38	Staff should make sure bedrails used with divan beds are secure on the divan base each time they use them. This will ensure they are safe to use.

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