

Key inspection report

Care homes for older people

Name:	Walton Heath Manor
Address:	Walton Heath Manor Hurst Drive Walton-on-the-hill Surrey KT20 7QT

The quality rating for this care home is:

three star excellent service

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:
Deborah Sullivan	2 5 0 8 2 0 0 9

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

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

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

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

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

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

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

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk 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

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- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

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Information about the care home

Name of care home:	Walton Heath Manor
Address:	Walton Heath Manor Hurst Drive Walton-on-the-hill Surrey KT20 7QT
Telephone number:	01737814010
Fax number:	01737819903
Email address:	admin@whmanor.co.uk
Provider web address:	www.hamiltoncare.com

Name of registered provider(s):	Hamilton House Medical Ltd
Name of registered manager (if applicable)	
Mrs Teresa Ann Chandler	
Type of registration:	care home
Number of places registered:	43

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	43

Additional conditions:		
The maximum number of service users who can be accommodated is: 43		
The registered person may provide the following category/ies 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 categories: Old age, not falling within any other category - OP		

Date of last inspection									
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Brief description of the care home
The premises have bedrooms on the ground, first and second floors. The majority (23) of these are on the ground floor. Residents have the benefit of 2 passenger lifts. All bedrooms have en-suite facilities. Residents who have en-suites without baths have the use of communal bathrooms that have Parker-type baths and hoists. There are many communal areas throughout the premises. Residents, staff and visitors have

Brief description of the care home

access to excellent external facilities. Car parking at the front is available. Residents and others have easy access to local bus transport. Weekly fees range from 685 to 925 pounds. The variation in fees relates to the size and position of the bedroom.

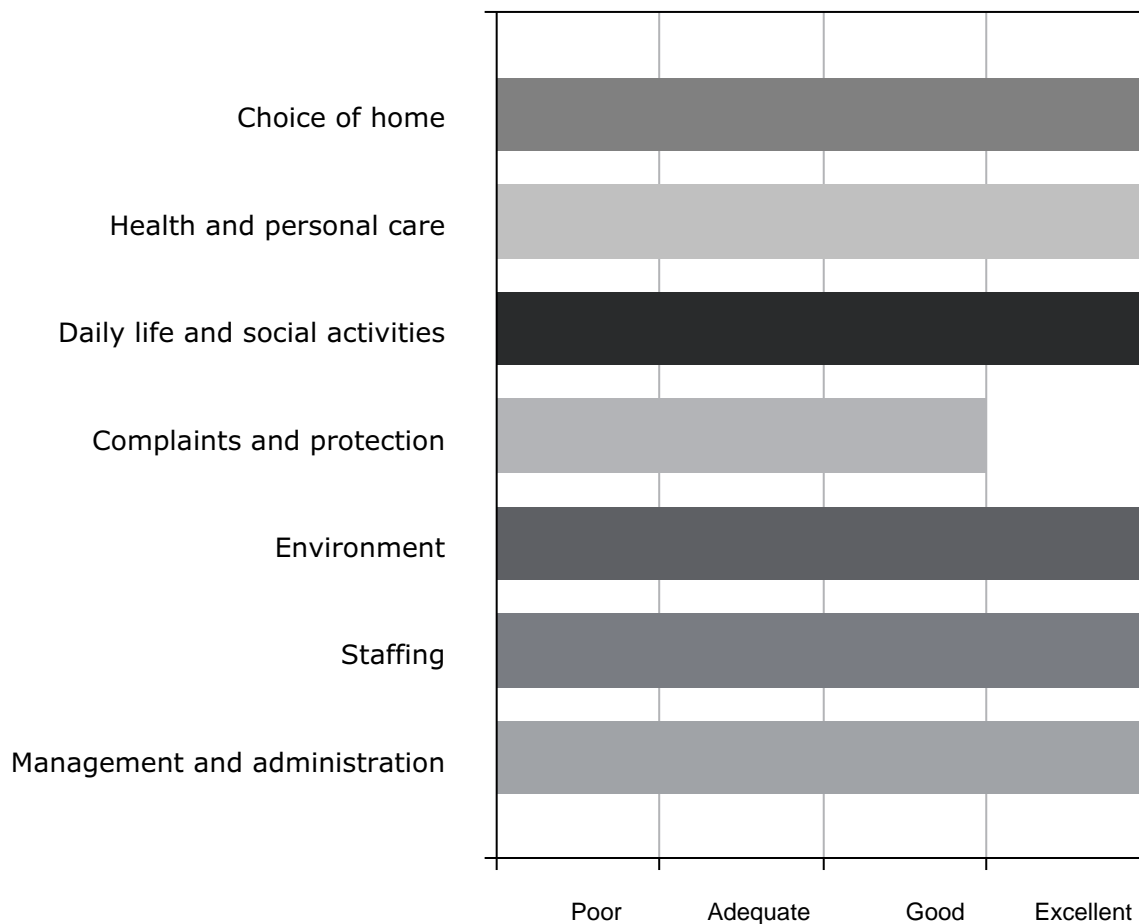
Summary

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 unannounced key inspection of Walton Heath Manor took place over six and a half hours. During the visit time was spent with the registered manager, residents, staff and visiting relatives. A range of documentation and other information was inspected including care plans, medication records, staff files and training information, and samples of policies and procedures.

A number of residents were involved in the inspection either individually or as a group at lunchtime. Two members of the care staff were involved in individual discussion. Information provided in the AQAA (Annual Quality Assurance Assessment) document complete by the registered manager has also been used as evidence for this inspection. Survey forms returned by residents, relatives, staff and health and social care professionals also provided evidence to inform this inspection. Some comments included on the survey forms have been included in the summary and main part of this report.

What the care home does well:

The home provides an environment in which residents feel well supported, safe and valued as individuals, the right to make choices about their daily lives is respected and staff provide the level of support appropriate for each person. The needs of prospective residents are fully assessed and the admission process enables them to try out the home if they wish to before moving in. Residents spoken with said it had lived up to expectations. Care plans are person centred and reflect the needs, preferences and interests of residents. Care plans are signed by residents, regularly reviewed and the information in them is up to date. Health needs are well met and the home maintains good links with a variety of health professionals. There is a wide variety of activities at home and in the community and care is taken to offer activities and outings to those less able and less mobile than others. The environment is of a very high standard and redecoration and refurbishment takes place as it becomes necessary.

There is low staff turnover, good staff training and support and staff like working at the home, their positive attitude was reflected on surveys and in individual discussion with staff and residents.

All the survey forms received were positive about the service and some very complimentary comments were included. Some are incorporated in the main part of this report examples of others are-

"All the staff make my mother feel that Walton Heath Manor is her home. She feels loved and cared for---it is a first class home I'm glad I did my research before moving her from her own home"

"Walton Heath Manor cares for my mother with patience and understanding. They look after her needs well and endeavour to keep her stimulated and happy---we are all very satisfied"

A health professional wrote " Provides a home from home----I would go there as a resident".

Residents wrote, "The carers all seem good friends with each other and very happy to help each other out if it is necessary, this makes for a very relaxed and friendly atmosphere", and "If things stay as their are I feel that the home would find it hard to improve on its service".

What has improved since the last inspection?

The pre admission assessment form has been revised and now covers each applicants needs in much more detail including social and leisure needs. The care planning process has been overhauled and new person centred care plans have been developed.

Medication systems have been reviewed and a new medication provider arranged.

An activities coordinator and a domestic supervisor have been appointed. Each persons interests and social needs are now fully recorded as part of the care planning process.

A new staff training plan has been prepared and there are more structured arrangements for tracking and planning core and other training. The manager has become registered with the Commission and this inspection found that a stable period of management is benefiting residents and the quality of the service is improved overall. The deputy manager has completed their NVQ 4 training and a new care coordinator has been appointed. A range of documentation including policies and procedures, care plans, staff records and contracts have been reviewed and updated.

What they could do better:

The home values and welcomes the views of relatives and other stakeholders and to improve upon this a system needs to be put in place where they are sought more formally on an annual basis.

All staff who administer medication must complete records in accordance with medication policies and procedures.

The homes' internal safeguarding procedures need to be reviewed to make them clearer for staff and more compatible with multi agency procedures.

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

Prospective residents and their representatives have access to up to date information about the service and visits and trial stays are welcomed.

Needs are assessed before admission and a place at the home is only offered if they can be met.

Evidence:

Information about the home is available to prospective residents and their representatives. Each person interested in moving into the home is given a brochure and a copy of the statement of purpose and service users guide. The service users guide has been updated and contains clear information about the services provided, the statement of purpose is being brought up to date and the new one is due to be printed shortly. The terms and conditions of the home have also been revised and samples of new contracts were seen. The majority of the residents are privately funded, a small number of people receive local authority contributions to their care.

Evidence:

A full needs assessment takes place before prospective residents are offered a place at the home and relatives and health and social care professionals contribute to the assessment process. There is a new and more thorough assessment form that includes information on social and recreational as well as health and personal care needs. If a resident has been in hospital for some time their needs are reassessed so that the home can be sure they can still meet them.

Prospective residents are welcome to visit the home and spend time there and some move in permanently following respite care or a trial stay. One resident said that they had been very happy to move in after a trial stay and that they had visited first. Their relative had explored a number of homes, settled on Walton Heath Manor and the resident said it was the right decision. One resident said on a survey form that they knew the home before they moved in. A visiting family said they had researched a large number of homes before making a decision, again they were satisfied they had chosen the right one.

A resident who had recently moved in from a home that had not been fully meeting their needs was being very well supported to settle in and to get used to a different environment.

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

The health and personal care needs of residents are well documented and met, individual care plans reflect current needs.

Residents are treated with respect and dignity.

Evidence:

Since the last visit the care planning process has been substantially improved, each person now has a person centred care plan. A new format has been introduced for the documentation that is held in individual folders. Four care plans were sampled, each included pre admission information, a life history completed by the resident personally or with assistance from relatives or staff, signatures of staff, a photo of the resident, information on medication on admission and medical details, people important in the resident's life, interests, hobbies and spiritual needs and a record of the health and social care professionals involved. The main care plan that informs staff of daily care and support needed is in twelve sections covering all aspects of daily life, these are personal care, communication, mobility, medication, mental health, interests and hobbies, care needs and routines, health promotion, pain needs, nutrition and

Evidence:

continence. The information was up to date and completed to a good standard. The care plans were signed by the resident or relative and reviewed monthly or if there was a change in needs beforehand. Risk assessments are completed for each person, for example for risk of falling or poor nutrition. A system of morning and afternoon work books is used whereby information on tasks to be undertaken and completed are documented and the senior carers (keyholders) have responsibility for ensuring the work is completed. The books are returned to the manager after each shift so that they can monitor that needs recorded in care plans are met and any issues such as someone feeling unwell are recorded. This helps the manager to track any trends, log them and take appropriate action. Personal care preferences are recorded and discussion with staff evidenced that they are aware of individual needs. During the visit staff were observed to treat residents with respect and dignity and to respect their privacy.

The care planning process assists in highlighting any health concerns, the home maintains good links with local GPs and District Nurses and a range of other health care professionals and specialists. A GP visits weekly and the manager keeps a record of residents who need to see them or where health changes may need discussion. Other health professionals who provide input include a Parkinsons Disease nurse, continence nurses and speech therapists. Residents with visual or hearing impairment receive support from specialist services such as the Royal National Institute for the Blind and a local Surrey group for the visually impaired. Staff have attended training on sight and hearing impairment.

Survey forms were received from five health and social care professionals examples of the comments in them are, "The overall service is of a high quality with particular emphasis giving the residents a high standard of comfort and care ---residents appear happy and contented and are valued in their community" and the service does well at "Communication with other healthcare professionals and staff are cheerful and respectful".

Survey forms received from residents and their relatives reflected a high level of satisfaction with the care given, one resident wrote "I have been very pleasantly surprised since moving in here at the patience and kindness that the carers have-----I am still mostly independent and anxious to stay so, it is comforting to know that when the day comes to need more help that it will be there and generously given with a smile".

Comments from relatives included, " I feel the standard of care is excellent" , "Extremely good at caring for each individual's needs" and "There is genuine concern

Evidence:

about the well being of residents, everyone is treated as an individual and given as much independence as possible, carers are dedicated to providing excellent care"

Medication is securely stored and staff who are keyholders and who have had medication training administer medication. Residents are offered the opportunity to self medicate and some do so fully or partially, this is risk assessed. Secure storage for medication in bedrooms is made available and there is ongoing monitoring of residents capability to self medicate. Since the last visit the home has changed its medication provider and there is a new drugs fridge. Samples of medication recording sheets were inspected, an issue regarding the recording was brought to the attention of the manager who undertook to address it as soon as possible.

Residents who are near the end of their lives stay at the home as long as it can meet their needs, the registered manager is experienced in palliative care and the care coordinator liaises with appropriate clinical nurse specialists. The manager said that the home sometimes receives relatives and other mourners after a funeral and provides refreshments, this helps to include residents who knew the deceased. A relative of a resident who had recently passed away wrote on a survey that the home had provided the resident and themselves with wonderful support whilst their relative was ill.

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 social, recreational and leisure needs and interest of residents are well met and a varied range of activities is on offer.

Contact with friends and relatives is promoted and community presence is encouraged.

Meals are freshly cooked and well presented, healthy and nutritious.

Evidence:

Residents have plenty of opportunity to exercise choice and control over their daily lives. The routines of the home are flexible and independence is encouraged. Residents can choose to spend time by themselves in their rooms, in quiet areas of the building or to socialise or take part in activities with others. During the inspection some people were in their rooms reading the paper or watching TV and others were spending time in shared areas. A well attended newspaper discussion group took place in the morning and there was to be a gentle exercise group in the afternoon followed by a quiz. Most activities take place in the large first floor lounge where there is a small shop and a bar. There is a full time activities coordinator who has compiled a full programme of activities that take place at home and in the community. Activities include crossword

Evidence:

groups, film shows, gardening in the large green house, shopping trips, visits from a PAT dog, tea dances at another home, outings to places of interest and going out for tea and further afield trips such as one planned to the London eye. Produce that is grown by residents is used by the home. Each resident is given a list of the week's activities and staff go over the list with those who need support to read it. Entertainment is brought into the home such as a pantomime at Christmas and a musical entertainer. There are a number of social groups in the community that residents can attend, such as the W.I. and seniors club. Care is taken to involve less mobile people in outings and to give one to one time to people who are unable to participate in group sessions. This was evidenced in the activities records, and relatives confirmed that staff make sure that a resident who is a wheelchair user is offered outings and does go on some. The home is hoping to extend the activities provision and build a dedicated activities centre.

The home has a minibus and if more people than it can accommodate want to go on a trip two visits are arranged, discussion takes place with residents about where they wish to go and each person has their interests recorded on their personal activities plan, a record is kept of activities they take part in. This helps the coordinator and staff to track if someone may be withdrawing or there is another reason for concern. A hairdresser was at the home and was busy throughout the day, the hairdresser visits weekly and there is a hairdressing room. One person wrote on a survey, "I have the hairdresser and my nails done, also I enjoy going on the trips when I am able". Another resident wrote that, "We have a very good organiser who arranges activities such as crossword and newspaper groups, growing plants in the greenhouse and garden for eating such as tomatoes, peas and radishes".

Roman Catholic and Church of England services take place regularly and the manager said that should someone of another religion move in and wish to practise their faith they would facilitate this. Some residents attend services with relatives in local churches.

Contact with relatives and friends is promoted, during the visit several relatives came to visit or to take residents out for lunch. Some of the residents involved in the visit spoke of regularly going out with relatives. Relatives are invited to special events such as the Christmas party. The "library" room can be used for private meetings away from residents bedrooms and visitors can take lunch in private there with residents, one person spoken with said they had received relatives for lunch in the room and it was a useful facility. A relative wrote on a survey that "The food is delicious". There is post collection box for residents and a resident goes with a staff member daily to take the post to the local post box.

Evidence:

Residents manage their personal finances independently or with the support of relatives or other advocates and the home keeps clear records of expenditure on services not included in the fee, such as hairdressing and chiropody. These services are paid for by direct debit.

The home employs two chefs, residents are consulted about menus at residents meetings solely for this purpose. Meals are healthy and nutritious and varied and the residents spoken with liked the meals, they said there was always a choice available and meals were of a high standard. Residents take breakfast in their rooms and can get up when they choose, lunch is the main meal with a light supper. Residents can choose to take lunch and supper in their rooms, one person said they had supper in their room so they could watch a favourite TV programme. Meals are freshly prepared and soups and cakes are made daily. The lunch on the day of the visit was appetising, well presented and cooked and tasty, portions were a suitable size and those needing help with their food were discreetly supported. Residents were joined for lunch and said they liked the meal and the food was always good, one person said since being at the home they had never had a meal they disliked. The dining room is a pleasant area and the meal was taken in a relaxed atmosphere. Special diets can be catered for and preferences and meals taken are recorded.

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.

Residents can feel confident that any concerns or complaints will be taken seriously and addressed.

Residents are protected from harm from the policies and procedures in place and staff are aware of safeguarding procedures.

Evidence:

The home has a complaints procedure that is included in information about the home and is on display, there is also a comments and suggestions box in the entrance area. No complaints had been recorded since the last inspection and the manager said that any issues or concerns reported are very quickly dealt with, this was confirmed by residents and relatives who were involved in the inspection. The manager has an open door policy and residents, relatives and staff said they felt confident in speaking to the management team if they have any concerns and they know they will be addressed quickly. The AQAA tells us that residents are supported to exercise their right to vote and are visited by local counsellors so they can make an informed choice.

The home has a safeguarding vulnerable adults procedure and an up to date copy of the Surrey multi agency safeguarding procedures as well as a flow chart for staff to follow. The in house procedure needs some revision so that it is more compatible with the flow chart and clearer for staff to follow as regards who to report suspected abuse to and who investigates.

Evidence:

There have been no safeguarding alerts since the last inspection and care staff involved in the inspection were aware of the home's procedure, staff confirmed they had POVA training and would not hesitate to report any concerns regarding abuse. All new staff are subject to CRB and POVA checks

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.

Residents benefit from living in a homely environment that is clean, attractive and well maintained and has plenty of space for shared or individual pursuits.

Bedrooms reflect the personalities of residents and meet their needs.

Evidence:

The home is a large attractive period style house with an added extension and large grounds. The building has a homely and welcoming feeling, staff and residents commented on this. Accommodation is on three floors which can be reached via stairs or two lifts, one at each end of the building. Some bedrooms on each floor were seen, all are en suite and some have baths. One of the larger rooms has recently been fitted with a shower and a small kitchen area. Bedrooms are of varying sizes and all are personalised reflecting the interests and personalities of the occupants. One resident had pictures they had painted on the walls, other items in bedrooms include personal furniture, photos, TV's, radios and ornaments. Some rooms have small fridges and one visited had a microwave so the occupant could safely make hot drinks. Most rooms have small balconies or patio areas that lead onto the garden and very attractive garden views. Some residents have their own patio pots and bird feeders. There is plenty of patio and garden seating and a path running around the garden makes it fully accessible. Residents who were involved in the inspection were happy with their rooms and the accommodation overall and said that the standard of cleanliness was

Evidence:

always very good.

The home is clean, very well decorated and furnished throughout, there were no odours and a team of housekeeping staff undertake domestic activities. There are a variety of pleasant seating areas throughout the building including a newly redecorated conservatory. The main large lounge is on the first floor, and was being well used for activities. There are shared bathrooms for those without baths en suite, there are two Parker baths and bathrooms for those more independent, these are fitted with bath seats as are those in individual rooms. The dining room is large enough to accommodate all the residents although some choose to eat some meals in their rooms, it is light and airy and looks out over the garden. Residents who require it have equipment to assist with their mobility or personal care and all areas of the building are accessible. Bedrooms on the ground floor have small steps onto the patio, the manager said that residents had raised this as a problem for those with reduced mobility and the provider was looking into ways to increase safe access from these rooms.

The grounds are extensive and very attractive, they are well maintained and used by residents in good weather. The large greenhouse used by residents is in the front garden and more seating has been provided for it to enable more people to garden, there are also raised beds.

The laundry is in the basement it is well equipped and hygienic and the kitchen is large and well equipped.

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.

Residents are supported by a team of staff who are well trained, enjoy their work, are confident and well supported.

Recruitment procedures protect residents.

Evidence:

The home is well staffed with a clear management structure. Five carers including the keyholder (senior carer) are on duty in the mornings and there are four carers in the afternoons, three waking carers are on duty at night. As well as the registered manager there is a deputy manager and care coordinator and the home employs an activities coordinator, administrator, domestic and catering teams and two full time maintenance technicians. There is low staff turnover and the home was fully staffed at the time of the inspection. Since the last visit the activities coordinator, care coordinator and the domestic supervisor have been appointed.

A sample of staff recruitment files was read, the files all contained the required documentation including two references, ID information and evidence of CRB checks. The staff files have been updated and a full audit of training information and training needs has been undertaken. A new training matrix is being put into place so that training overall and the need for updates can be tracked easily and core refresher training is being provided on an ongoing basis. As well as core training specialist

Evidence:

courses are provided such as dementia, deaf and sight awareness, continence and palliative care. Staff who were spoken with individually confirmed there is a lot of training provided. Over fifty percent of the care staff hold a National Vocational Qualification in care at level two or above, seven carers commence the course in September and domestic staff take NVQ courses appropriate to their roles. Staff were friendly and helpful during the visit and those involved in the inspection said that they liked working at the home, felt well supported and enjoyed the company of the residents. Comments from staff on surveys and in person were very positive some examples are "This is one of the best homes I have worked in", " This is a very happy, well run and pleasant place in which to live and work" and "There is great interaction between the staff and the residents making the home feel very homely and caring". Regular supervision and staff meetings take place as well as management meetings, staff have annual appraisals and their employment contracts have been produced in a new format. A new staff handbook was due to be printed.

Residents felt well supported by staff and a thread running through their comments and those of relatives was that carers value residents as individuals. One relative wrote that the staff provide "Genuine, involved caring, personal individual care and a high level of professionalism". The manager said that all staff not just those providing "hands on" care have good relationships with residents and spend time with them. One resident wrote on a survey that "The carers and the cleaners are without exception excellent and most likeable"

Management and administration

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

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

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

This is what people staying in this care home experience:

Judgement:

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

The home is well run in the best interests of residents and staff and their health and safety is promoted.

The home has a welcoming and friendly feeling and residents feel valued.

Evidence:

The home had undergone some instability in its management when the last inspection took place, the manager has now been in post for over a year and became registered with the Commission in June 2009. The manager is experienced and well qualified for the role and is undertaking further management training, the deputy manager has completed the NVQ 4. The comments received on surveys and in person from residents, staff and relatives show that they are very satisfied with the way in which the home is being run and with the care and support provided. The AQAA (Annual Quality Assurance Assessment) completed by the registered manager was comprehensive and informative and was submitted in the timescale given for its return.

Evidence:

Relatives comments include, "Excellent care home,run very well ,staff are always helpful,caring, cleanliness very good any matter that I bring up is always dealt with quickly" and "A very well run residential home".

The home has a relaxed,welcoming and friendly atmosphere where residents can feel safe and secure and it demonstrates that it has a commitment to providing a high standard of care and to enhancing and improving the service.Improvements have been made made to some records and documentation such as the introduction of person centred care plans,a more organised system of recording and tracking training,revision to information about the home and a large number of policies and procedures.Investment is made in the upkeep and enhancement of the property and the provider and manager respond to ideas and issues for change that are raised.Such as the need for improved garden access from some rooms.

The views of residents are sought via quarterly residents meetings,on an individual basis and they are surveyed annually, the last survey was in June this year,the results have been collated and no major concerns were identified.The service takes the views of residents seriously and makes changes as a result, for example menu changes,redcoration and the provision of a computer for residents to use in the lounge.The views of relatives and other stakeholders are welcomed whilst the home needs to seek these more formally via annual surveys.

The provider visits monthly and produces Regulation 26 reports and there are audits such as of staff files.All the records examined during the visit were well completed and stored securely and confidentially.

Staff were observed to be using safe working practices during the visit and policies and procedures are in place for them to follow.A large number of the policies and procedures have been reviewed over the past year.A recent environmental health inspection has awarded the home the highest marks it could.

The manager keeps up to date with new legislation and developments and the home is a member of the Surrey Care Homes Association.

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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