



*Making Social Care
Better for People*

inspection report

CARE HOMES FOR OLDER PEOPLE

The Briars Retirement Home

**6-10 Thorold Road
Bitterne Park
Southampton
Hampshire
SO18 1JB**

Lead Inspector
Mark Sims

Key Unannounced Inspection
24th November 2007 10:45

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- 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

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	The Briars Retirement Home
Address	6-10 Thorold Road Bitterne Park Southampton Hampshire SO18 1JB
Telephone number	023 8055 2215
Fax number	023 8032 5765
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	The Briars Retirement Home Ltd
Name of registered manager (if applicable)	Mrs Margaret Mut
Type of registration	Care Home
No. of places registered (if applicable)	34
Category(ies) of registration, with number of places	Dementia - over 65 years of age (34), Old age, not falling within any other category (34)

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 9th May 2007

Brief Description of the Service:

The Briars is a registered care home that provides personal care and accommodation for up to thirty-four people over the age of 65 years who may or may not have dementia. The home is comprised of three interlinked large houses and parking space is provided at the front of the home and on the road outside. There is a large, accessible well-maintained garden at the rear of the home, which the service users use in finer weather. All the floors in the home are accessible via ramps and stair lifts. The home accommodates 14 single rooms with en-suite facilities, 8 single rooms without en-suite and 6 double rooms without en-suite facilities.

The home is located on the outskirts of the city of Southampton and has good public transport links to the city centre and the amenities the city has to offer. There are local shops in close proximity to the home. The home has two budgies situated in one of the lounges.

The home is owned by the Briars Retirement Home Limited (organisation) and is managed by registered manager Mrs Margaret Mut.

The cost of living at the home ranges from £420.00- £460.00 a week. Additional charges are made for newspapers, toiletries, hairdressing, chiropody, the dentist and optician.

SUMMARY

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

This inspection was, a 'Key Inspection', which is part of the regulatory programme that measures the service against core National Minimum Standards.

The information used to write this report was gained from the homes Annual Quality Assurance Assessment; a visit to the service and a review of comment cards received from service users, relatives, and health and social care professionals.

Other information was gathered from the services history of events, previous inspection reports, direct conversations with staff, analysis of information supplied to and recorded by the link inspector.

The fieldwork visit, was conducted over four hours, where in addition to the paperwork that required reviewing we met with service users and spent time discussing their experiences of residing at the home and exploring whether their needs were being meeting.

What the service does well:

The environment is well maintained, bright and comfortable and offers a range of communal settings for the use of the service users.

Meals were roundly praised by the service users during the visit and the staff's commitment, attitude and professionalism of the staff were acknowledged by people during the fieldwork visit and via surveys sent to residents, their relatives and professional sources.

Several members of the staff team also completed surveys and these indicated that staff training and development opportunities were good, a statement supported by the manager's training records, which include a staff training plan, which covers the next twelve months, staff training matrix, which documents the courses attended by staff.

What has improved since the last inspection?

The manager has a pre-admission assessment form; a copy was seen during the visit, which she states is completed during an assessment visit and which is used in the development of the service users care plan.

The manager has also tightened up the home's procedure for admitting or accepting people in emergencies stating that she now requests a full

professional assessment before considering the persons suitability for admission to the home.

The manager stated that she has declined two requests, from care managers, since that last inspection for people to be admitted in an emergency, as she felt the home could not meet the persons needs.

A new care planning process is also being introduced into the home, although this is a gradual process, with only two service users files having been entirely transferred to the new system.

In discussion with the manager it was stated that the development of the new care plans had involved the care staff and that the new plan's had only recently been finalised and were in the process of being rolled out to keyworkers for implementation.

The plans were also intended to involve the service user or their representatives in the developmental and assessment stages and that all parties would sign to agree the plans once completed.

The home has stopped the practice of secondary dispensing medications, as required at the last inspection and has undertaken a full review of how it handles people's medicines.

The manager and proprietary company have made arrangements for new medication storage facilities to be installed, the manager saying that this was due to occur on the 02nd January 2008 and for the home's medication system to transfer from a Nomad System to a Monitored Dosage System on the 01st January 2008.

Staff have also been provided with updated medication management training, as established via the training matrix and will receive regular updates as part of the contract with the new medication provider.

What they could do better:

The entertainment programme or levels of stimulation still require attention, several people using the comment cards or the fieldwork visit, as an opportunity to discuss the poor in house activities programme.

The new care planning system should be implemented in its entirety and the management should ensure that the pre-admission assessment and care planning processes are compatible.

The manager should also review the homes' risk assessments, as it is important that they undertaken on an individualised basis and that they clearly identify the risk or hazard, the degree of risk and how this is to be managed for it person.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

CONTENTS

Choice of Home (Standards 1-6)

Health and Personal Care (Standards 7-11)

Daily Life and Social Activities (Standards 12-15)

Complaints and Protection (Standards 16-18)

Environment (Standards 19-26)

Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

- 1.** Prospective service users have the information they need to make an informed choice about where to live.
- 2.** Each service user has a written contract/ statement of terms and conditions with the home.
- 3.** No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
- 4.** Service users and their representatives know that the home they enter will meet their needs.
- 5.** Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
- 6.** Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

Prospective residents and their representatives have the information needed when choosing the home and have their needs assessed.

EVIDENCE:

The manager confirmed during the fieldwork visit that no new residents, with challenging behaviours, had been admitted to the home since the last inspection, 09th May 2007.

The manager was able to produce a pre-admission proforma, during the fieldwork visit and several existing clients were noted to have assessment records on their care plans.

The manager also stated that she had declined the admission of two potential clients, as emergency placements, as the local authority had provided

insufficient information for her to establish if the person was suited to the home.

The general indication from the service users and their relatives is that the home provided them with sufficient pre-admission information and that where possible people or their representatives visited the service prior to them accepting the offer of accommodation.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

- 7.** The service user's health, personal and social care needs are set out in an individual plan of care.
- 8.** Service users' health care needs are fully met.
- 9.** Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
- 10.** Service users feel they are treated with respect and their right to privacy is upheld.
- 11.** Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

Quality in this outcome area is adequate.

This judgement has been made using available evidence including a visit to this service.

The health and personal care that people receive is based on their individual needs and wishes, which are being reflected through the new care planning process.

Changes in the home's approach to managing people's medications have improved the process.

EVIDENCE:

Following the last inspection the manager has undertaken a review of the home's approach to care planning and in tandem with the care staff have developed a new system, which is gradually being introduced into the home.

Two updated care plans were seen during the visit, both contained reasonably detailed information about the client and how they liked to receive care and support, although neither were particularly person centred and could be improved by involving the person or reflecting their wishes more directly.

The care plans, as is the manager's intention, are being completed by the keyworkers and draw on previous information held on the client, views of the client and the experience or knowledge of the keyworker. The new plans are not considered operational until they are signed and agreed by either the client or their representative, monthly assessments or reviews are planned, although the manager does not yet have a structured system for documenting the review or reflecting any changes in the person's needs.

The care plans, also contained photographs of the service user, which helps with identification and familiarisation and running records, which document the person day-to-day activities.

On reading through the running records it was evident that staff use this document to record their general observations of a client's wellbeing or health status. It was also evident, however, that they do not always remember to document any follow-up observations, which can lead to gaps in the information.

An example, noted during the fieldwork visit, included a report, which identified a client as having a swollen and painful right hand, which hurt them on movement.

However, this was the only record or observation of this potential injury and so it does not tell us if the problem resolved itself, required monitoring or referring on for medical advice.

Generally the home is considered to provide good levels of support to people when accessing health or social care services, with both the service users and the relative surveys confirming this.

Records of visit undertaken by health care professionals are maintained by the staff, with details of who visited, when they visit and the resident they saw, all kept in a specific folder, whilst details of the person's ailment and any treatment requested is logged within the running records.

Feedback obtained from professional sources indicates that people feel the staff are knowledgeable, that staff are available to assist with visits and that overall the service provides a satisfactory level of care.

Visits undertaken by health and social care professionals are conducted within the residents' room, as the home does not have a separate facility where such visits could take place in private.

Where accommodation is shared screening is provided, the tour of the premises enabling wicker screens to be seen in all shared bedrooms.

Care Staff and visiting health care professionals are provided with access to liquid soaps, antibacterial hand gels, paper-towels and bins within all communal bathrooms and toilets, which help limit the spread of infections.

The manager was able to discuss during the fieldwork visit the changes being made to the home's medication management system, with a date of 02nd of January 2008 given for the installation of the home's new medication storage cabinets and the installation of a new code lock to the door of the medication/storage room, which will limit access to authorised personnel only.

The manager and one of the company directors, also discussed the change over date from the existing pharmacist and the Nomad medication boxes, to a new pharmacist and a Monitored Dosage System of medication, the change over scheduled for the 07th January 2008.

A review of the home's current process established that medications are being held within a locked room but not within a locked cabinet, which is unsafe and the reason behind the changes being implemented.

The manager has amended the home's medication procedure, thus eliminating secondary dispensing, with staff now administering any additional medicines not included within the Nomad boxes from the original container/package.

A review of the Medication Administration Records (MAR) established that medicines are being appropriately accounted for and that gaps were no longer appearing within the sheets, when medicines were withheld or refused.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

Quality in this outcome area is adequate.

This judgement has been made using available evidence including a visit to this service.

People who use the service are able to make choices but find their lifestyle, social stimulation and recreational activities limited.

Menus offer choice and variety and the food served is wholesome and nutritious.

EVIDENCE:

Service user and relative surveys continue to raise concerns over the lack of entertainment and stimulation provided within the home, with people commenting 'not enough activities, the notice board states that residents will be taken on day trips, this has not happened' and 'this is a very nice care home, the only fault being there is literally no stimulation for the residents apart from a pianist once a month'.

People met during the visit also criticised the lack of social stimulation saying that they prefer to remain in their bedroom as the opportunities to interact or socialise are limited.

Observations made during the tour of the premise and on arriving at the home, also suggested that social stimulation was limited within the home, one client noticed curled up on settee, rapid in a blank, whilst other people were sleeping in their chairs.

One service users family did come to see the manager, whilst she was assisting with the fieldwork visit to ask if staff would help her father get ready to go to the football but this stimulation was generated by visitors and not instigated by the staff or management.

In discussion with the manager it was stated that she intended to introduce a specific social assessment process that would combine with the new care planning programme and the home identify specific activities, hobbies or leisure pursuits that people enjoyed prior to admission.

She also confirmed that a pianist visits the home on a regular basis, but currently that is the only external entertainment available to the service users as 'interact' a recreational activities firm had ceased visiting.

Several groups of relatives were seen visiting the home during the fieldwork visit, some people, as indicated above stopping to discuss informal issues with the manager, as they passed.

The relative surveys indicate that generally people feel the service provides appropriate support to people wishing to make or maintain contact with their next-of-kin or friends.

A visitor's book is accessible to everyone entering or leaving the home and indicates that the home receives numerous visitors daily.

In discussion with service users it was established that visiting arrangements suit both their and their visitors needs, details of the home's visiting arrangements are mentioned with the 'statement of purpose' document but not the 'service users guide'.

During the fieldwork visit it was noticed that people were eating their lunch in the lounge as apposed to the dining room, which initially seemed the result of personal preference.

However, during the tour of the premise it was noted that the home has limited dining spacing, with small dining rooms located adjacent to the main lounges, both rooms only capable of sitting approximately ten to twelve people.

This however, does not appear to be a concern for the service users with all of the returned surveys acknowledging that the meals provided at the home are

good, people adding comments such as: 'nice choice of meals' and 'they try to please everyone'.

The food served appeared very appetising and during conversations the service users praised the cook for the meals produced and for making the effort to visit people to ensure they enjoyed what they had eaten.

Whilst no baskets or bowls of fresh fruit were seen on display around the home, the menus indicate that fruit and vegetables are provided on a daily basis.

The food store was also seen during the visit and noted to contain a mixture of tinned and preserved food items.

Nutritional screening is not routinely undertaken on admission to the home, however, people's normal eating habits and any specialised dietary needs are documented.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

JUDGEMENT – we looked at outcomes for the following standard(s):

Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

People who use the service are able to voice their concerns and have access to an effective complaints procedure and are protected from abuse.

EVIDENCE:

The dataset provided prior to the May 2007 inspection establishes the existence of the home's complaints and concerns procedure but does not indicate when this was last updated.

The dataset also contains information about the home's complaints activity over the last twelve months:

No of complaints: 18.

No of complaints substantiated: 0.

No of complaints partially substantiated: 0.

Percentage of complaints responded to within 28 days: 100%.

No of complaints pending an outcome: 0.

On checking with the manager the home has not received any new complaints since the May 2007 visit.

The general indication, from the service users and relative surveys is that people are aware of the home's complaints process and will implement it where necessary.

The home makes people aware of its complaints process via its 'service users guide and statement of purpose literature', a copy of which has supplied to us and which was reviewed prior to visiting the service.

Training has been provided to staff on the management of safeguarding issues, which the manager refers to as 'protection of vulnerable adults' (POVA) training on the matrix.

The staff surveys indicate that sufficient training is being provided to undertake their roles safely and the notice board establishes that POVA training is planned for next year, with confirmed dates.

The Dataset again establishes that policies for the protection of the service users are in place: 'Safeguarding adults and the prevention of abuse' and 'Disclosure of abuse and bad practice', however as with the complaints policy no review date is indicated.

However, the home's risk assessment documentation, as mentioned earlier, needs to be reviewed and expanded upon, as each individual service user must have any potential risks to them assessed and a management plan drafted, plus any risk they present to other people, must also be considered and addressed via a risk management plan or strategy.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

The physical design and layout of the home enables people who use the service to live in a comfortable environment, which promotes independent mobility and movement around the home.

EVIDENCE:

The premise is well maintained, decorated and furnished to a good standard throughout and has been adapted to accommodate people with varying degree's of mobility, stair lifts and a platform lift noted during the tour of the premise.

In conversation with a service user it was established that the home's maintenance person is available most days and that he is quick to repair minor faults, the repair of the lock to her bedroom door the example given by the resident, which was completed on the day it was reported.

The manager confirmed that the maintenance person, also undertakes all of the decorative work around the home, although major repairs and the maintenance of equipment is contracted out, a statement supported by the Annual Quality Assurance Assessment, which indicates that equipment and domestic services (gas, electrical installations) are serviced by external contractors.

Individual's bedrooms were noted to be clean and tidy and where the person wished furnished with their own belongings and set out in an arrangement that suited their needs.

One client discussed having brought her own furniture, bed and ornaments into the home but had been unable to fit everything into the room, which was disappointing at the time. However, she also said that since her admission she had been offered two larger bedrooms but had declined these as she felt at home in her current bedroom.

Feedback provided by service users and their relatives, via the surveys, indicate that people generally feel the home is clean and tidy throughout, although one person raised a concern about carpet in a communal toilet, which on occasions can be odorous.

The property, however, was noted to be clean and tidy during the tour of the premise and none of the people spoken with raised any concerns about the cleanliness of the home or any unpleasant odours.

Whilst touring the premise with the manager, it was established that a dedicated domestic staff are employed and that specific laundry staff are also in place, a statement supported by information contained within the Annual Quality Assurance Assessment.

Training records makes clear that staff attend health and safety training, which includes infection control and the storage/use of 'control of substances hazardous to health' (COSHH).

Whilst the dataset returned prior to the May 2007 visit indicates that staff have access to infection control and COSHH policies and procedures, although as with other policies and procedures it does not indicate when these were last reviewed and updated.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

The staff are trained, skilled and provided in sufficient numbers to support the people who use the service and the management with the smooth running of the home.

EVIDENCE:

The duty roster indicates that six care staff are on duty each morning until 13:30 hrs when this drops to three staff for an hour and a half.

The staffing complement then increases to four care staff until 16:00 hrs and five between 16:00 hrs and 20:00 hrs when the night staff come on duty, three night staff are employed and they are all employed on a waking basis.

The roster, according to the manager, is a monthly rolling plan, which enables staff to know when and where they are working, although this can be subject to change due to sickness or holidays.

Members of the management team, either the manager or her two deputies are on duty each day and at weekends, between 08:00 hrs and 16:00 hrs, they alternate on call duties, ensuring a manager is available to staff if required.

A member of the management team is also on call each night should they be required.

Information provided by the service users both during the fieldwork visit and via the surveys indicate that people feel the staff are competent and dedicated carers who have the skills and knowledge required for their roles.

This sentiment was also reflected within the relative surveys, whilst the professional response indicate that a member of the senior staff team is always available during visits and that the staff demonstrate a clear understanding of the needs of the service users.

Training and development records are available with the manager maintaining a training matrix, which enables her to plot and monitor the training completed by her staff throughout the year and where updates or revision sessions are required.

The manager also keeps copies of the certificates award to staff at the end of each course and has a training plan mapped out for the forthcoming year, which is displayed on the notice board within the office or administration area of the home.

Response to staff surveys indicate that the staff feel their training and development opportunities are good and induction training was provided when they joined the home.

The managers' also undertake skills and awareness training, which the cascade down to care staff, the manager saying she and the other managers had recently attended training on the 'Mental Capacity Act' and Alzheimer's Disease.

Information relating to the staffing and management structures of the home are included within the 'service users guide and statement of purpose', this information including details of the National Vocational Qualifications (NVQ's) staff hold.

Information taken from the dataset provided for the May 2007 inspection indicates that currently the home employs twenty-four care staff.

Nine of the twenty-four care staff had completed a National Vocational Qualification (NVQ) at level 2 or above and this gave the home a percentage of 37.5% of its care staff possessing an NVQ at level 2 or above.

However, the training records indicate that this has now increased to ten care staff possessing an NVQ at level 2 or above and so the percentage rate has increased to 42%.

The manager also stated that a further five care staff are completing their NVQ level 2 and if they all pass and remain with the provider the home's percentage rate should reach 62.5%.

The dataset also indicated that all of the people who have worked in the home over the last twelve months have undergone satisfactory pre-employment checks.

This statement was supported by the staff surveys, which indicate that each new employee was required to provide two referees, submit for Criminal Records Bureau and Protection of Vulnerable Adults checks prior to commencing work.

The surveys, as mentioned, also indicated that each employee undertook an induction programme on commencing employment at the home.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

The management and administration of the home is based on openness and respect, and has effective quality assurance systems developed by a qualified, competent manager.

EVIDENCE:

The 'service users guide and the statement of purpose' documents establish that the current manager has worked at the home for over twelve years, the last three as the registered manager.

In conversation with the manager it was established that she has yet to complete all of the required managerial training, NVQ level 4 in care and the Registered Managers Award, due to problems with the training body delivering her course.

She stated, however, that she had moved providers and that she was confident of completing the required courses during 2008.

In addition to the Registered Manager, the duty roster indicates that the home also employs two deputy managers, whom the manager says she delegates' specific roles and duties to and who share responsibility for providing on-call management cover.

Information taken from the service users and relative surveys indicate that the home is considered to be well run and managed and that staff are considered to be helpful and kind.

The staffing surveys indicate that they find the management team to be generally approachable and supportive.

Following the last inspection the manager has commenced meeting with each service user for approximately five to ten minute a day, discussing their wellbeing, any concerns or issues which they feel are affecting them.

The manager documents each meeting and where necessary actions are taken to address any concerns or comments made. During the tour of the premise one service user mentioned her daily meeting with the manager and expressed a concern that this level of commitment could not be sustained due to the manager's other responsibilities.

However, the manager was quick to reassure the service user that ten minutes each day was more than manageable for her and that she enjoyed the one-to-one interactions with people.

In house surveys are undertaken, the last survey conducted shortly before the May 2007 inspection process commenced.

Information gathered via this process is used by the manager to determine people's satisfaction with the service and where necessary make changes that improve people's experiences of living at The Briars.

The results of the last survey indicating that people were unhappy with some aspects of the meals provided, which the manager addressed with catering staff.

The home continues to hold some small amounts of cash for residents, as identified during the May 2007 visit.

As no new service users have been admitted since the arrangements for holding people's monies were last reviewed and as no individual surveyed or

spoken with during the visit raised any concerns over how their monies are handled it was decided not to review this process at this time.

The Annual Quality Assurance Assessment and Dataset information establishes that health and safety policies and procedures are made available to the staff and that domestic appliances and personal equipment is regularly maintained and serviced.

Health and safety training is being made available to staff, with the training matrix and plan providing evidence of the courses attended and to be attended by staff, including: health and safety, infection control and moving and handling.

The tour of the premise identified no immediate health and safety issues, although individual and environmental risk assessments should consider both potential areas of harm and how these can be managed to reduce the risk to people, as discussed earlier.

Generally the service users and their relatives are satisfied with the service being provided at the home.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	X
3	3
4	X
5	X
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	2
8	2
9	3
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	2
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	3
20	X
21	X
22	X
23	X
24	X
25	X
26	3

STAFFING	
Standard No	Score
27	3
28	3
29	3
30	2

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	3
34	X
35	3
36	X
37	X
38	3

Are there any outstanding requirements from the last inspection?

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1.	OP7	Regulation 15	The manager must ensure that all residents are provided with new care plans and that these are regularly reviewed and updated accordingly.	24/01/08
2.	OP7	Regulation 13	The manager must review the home's risk assessment documentation, ensuring that individualised plans that identify the action, level of risk and plan to manage or reduce the risks are made available.	24/01/08
3.	OP8	Regulation 13	When staff notice and document a potential change in a person's wellbeing, they must also monitor the person's progress and update records accordingly.	24/12/07
4.	OP12	Regulation 12	The manager must take steps to improve the levels of stimulation and entertainment for the service users.	24/01/08

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	OP30	The manager should take steps to ensure sufficient staff possess and National Vocational Qualification at level 2 or above.

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