

# **Key inspection report**

## **CARE HOMES FOR OLDER PEOPLE**

**St Omer**

**Greenway Road  
Chelston  
Torquay  
Devon  
TQ2 6JE**

*Lead Inspector*  
Stella Lindsay

*Key Unannounced Inspection*  
21st July 2009 9:45

This report is a review of the 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.

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](http://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](http://www.tso.co.uk/bookshop).

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

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

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# SERVICE INFORMATION

<b>Name of service</b>	St Omer
<b>Address</b>	Greenway Road Chelston Torquay Devon TQ2 6JE
<b>Telephone number</b>	01803 605336
<b>Fax number</b>	01803 690733
<b>Email address</b>	
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Ian Day Mrs Joanna Petrina Day
<b>Name of registered manager (if applicable)</b>	Mrs Joanna Petrina Day
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	28
<b>Category(ies) of registration, with number of places</b>	Dementia - over 65 years of age (28), Old age, not falling within any other category (28), Physical disability over 65 years of age (28)

# SERVICE INFORMATION

## Conditions of registration:

1. The registered person may provide the following category of service only:  
  
Care home only - Code PC  
  
to service users of either gender whose primary care needs on admission to the home are within the following categories:  
  
Old age, not falling within any other category (Code OP)  
  
Dementia aged 65 years and over (Code DE(E))  
  
Physical disability aged 65 years and over (Code PD(E))
2. The maximum number of service users who can be accommodated is 28.

**Date of last inspection**          27th July 2006

## Brief Description of the Service:

St.Omer is a large detached Victorian house in a quiet residential area, registered to provide care to people aged 65 or over. They may have physical disabilities or mental frailty, but the service is not designed for people with challenging behaviours.

The communal rooms are spacious and comfortable. There is a large lounge and a second smaller quiet lounge.

The home's dining room is set in a conservatory.

Of the 28 places offered, twenty are in single rooms and eight are in 4 double rooms.

Only one single room does not have an en suite toilet, and it has a toilet for the sole use of the occupant just across the corridor. All four double rooms are en suite. These rooms are only let as doubles when a couple (married or not) wish to share.

All rooms have been decorated and furnished to a high standard.

There are good views of the bay from many of the home's windows.

The front door is accessed up a few steps, but there are other entrances providing level access into the home.

The home has a shaft passenger lift. Three bedrooms are on a mezzanine floor, with a stair lift down from the first floor. There are two assisted bathrooms.

There is a sun terrace, a spacious decked area and varied, attractive gardens. There are several car parking spaces. A well equipped laundry room has also been provided within the grounds of the home.

Current fees were £317 - £460 per week. Extras included hairdressing, chiropody, taxi fares and newspapers.

# SUMMARY

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

The quality rating for this service is **3 stars**. This means the people who use this service experience **excellent** quality outcomes.

Prior to the unannounced inspection we sent questionnaires to people who use the service and received ten back. We also sent questionnaires to staff and received two back.

The visit to St.Omer was unannounced and took place on 21st July 2009, between 9:45am and 4:30pm. We were accompanied by an 'expert by experience'. An 'expert by experience' is a person who either has an experience of using services or understands how people in this service communicate. They visited the service with us to help us get a picture of what it is like to live in or use the service.

We met with the home owners, one of whom is the Registered Manager, and three other staff on duty. The Expert by Experience met with eleven residents.

We case tracked two people who use the service. We spoke to staff about their care, looked at records that related to them and made observations if they were unable to speak to us.

We looked at staff recruitment records, training records, and policies and procedures. We did this because we wanted to understand how well the safeguarding systems work and what this means for people who use the service.

All this information helps us to develop a picture of what it is like to live at St.Omer.

## **What the service does well:**

St Omer is a clean, peaceful and caring establishment where the best interests of the residents are at all times foremost in the minds of the management and staff alike.

Typical quotes from residents' surveys were, 'Excellent care, helpfulness and cleanliness with a real personal touch', 'Always with (my relative's) best interests at heart'. 'The staff are very good they listen to what you say'. Staff told us they 'think the home does well in all aspects of management and care'.

A good variety of meals are provided in attractive surroundings. A good variety of social activities is enjoyed within the home.

In the event of any incident, the management have been highly proactive in seeking professional attention, and safeguarding the well being of residents.

The homeowners keep the house and gardens to a high standard and are constantly upgrading and thinking of how to provide good facilities and further interest in the surroundings for their residents.

A good team of staff are employed, with attention to consistency, a good attitude, and good teamwork. They are provided with good support and training.

The home owners are quick to respond to any suggestion, and any matter that is brought to their attention.

### **What has improved since the last inspection?**

A major building project has been completed, so that St.Omer can accommodate four more people in a very good standard of accommodation. The gardens had been developed for the interest of the residents, with beehives and ex-battery hens, to provide a source of interest for residents, and a decked area to give people more room to sit outside, and the development of a sensory garden.

New activities had been introduced following discussion with residents, including painting classes and a quilting group.

A medication trolley had been purchased, and staff trained in its use, to improve safe storage and administration of medication to residents.

The home owners had engaged with an independent Skills Broker to further inform and support their staff training programme.

### **What they could do better:**

We found that the home owners were fully involved in the life of the home, and quick to address any suggestion or problem that arose. We suggested that a specific risk assessment should be made when a resident wished to manage their own medications, to assess and record their ability to do this safely. This was swiftly put into practice.

We advised that the home's policy on dealing with allegations of abuse, which needed to be written in line with the Local Authority's Alerters' Guidance. The home had a copy of this guidance.

There was good provision of social activities within the home, but some people said they would appreciate more trips out, perhaps small scale informal outings.

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](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line – 0870 240 7535.

# DETAILS OF INSPECTOR FINDINGS

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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.

This is what people staying in this care home experience:

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

1 and 3

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

Prospective service users are given clear information about the home, and their needs are carefully and thoroughly assessed before accommodation is offered.

### EVIDENCE:

The Statement of Purpose and Service Users' Guide had been reviewed and up-dated, and are available on request. Enquiries are also given details of the home's website, where they may see many photos of different parts of the house, and request newsletters as well as access contracts for long stay and respite care.

The Manager had completed assessments of prospective residents. After a decision had been made to admit a new resident, these assessments were passed to the Administrative assistant who compiled a care plan from the

information. The cook had been given a report on the person's dietary needs and preferences. Care staff told us they had time and opportunity to read this information.

St.Omers does not advertise day care, but arrangements for day care had been made to suit individuals.

We saw a statement of terms provided by the home, which showed the resident what the fees were, and what was included in the service. The room to be occupied was specified. We saw examples which had been signed by the resident and a family member.

# 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.

This is what people staying in this care home experience:

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

7, 8, 9 and 10

People using the 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 looked after well and consistently in respect of their health and personal care needs.

Residents' privacy and dignity is upheld and their life style choices are respected.

### **EVIDENCE:**

Staff were seen to knock on bedrooms doors and wait before entering. No evidence was seen of personal care being given with doors open. All residents seen were clean and dressed in clean clothes. The staff were seen to treat all people with due respect and kindness. When one diner said she wished she had worn a cardigan to the table, a carer immediately volunteered to fetch it from upstairs and did so without delay. Residents gave examples of medical appointments and a visiting optician being organised on their behalf.

We saw files in residents' bedrooms, where essential information was kept, such as would be needed by a visiting GP or District Nurse. Their main files

with contracts, appointments, and correspondence were kept securely. Care plan and daily records were kept on a computer, with care staff holding 'palms', which are devices by which they access this information, small enough to fit in their pockets. They could refer to tasks that needed completing, and enter when they were done. They ensured this was done before handing the device on to the next staff member coming on duty. Staff told us they found this 'better than written records'. It was quicker for them to complete, and also, it meant that they had vital information with them, including information about their residents' medication, GP contacts and medical history.

Records showed that residents' ability to move was assessed daily, when necessary, to judge the help that was needed, eg whether they could stand or needed help with a hoist. A standaid was also available. Staff and management demonstrated excellent knowledge of their residents' care needs. They were aware of mental health needs and well being.

Risk assessments were complete and had been reviewed, with respect to pressure areas and skin care, and moving and handling. Records of falls were kept. A visit from a Parkinson's Nurse had been arranged to assess needs and advise staff on the care of someone who had been recently admitted.

Dietary needs were recorded, and when there was concern, for example, because of weight loss, a consistent record was kept of whether a person ate well, little or not at all.

There were records showing that professional advice had been sought when special equipment was needed. This included the provision of bedsides, which are a form of restraint, and were ordered to protect a resident from falling.

The home had a policy and procedure to ensure the safe administration of medication. A medication trolley had been purchased, and staff trained in its use, to improve safe storage and administration of medication to residents. The Medication Administration Records were produced in the home, which were well designed to ensure that staff signed for medication at the correct times. Residents' photos were incorporated into the records, to assist staff in always giving to the right person.

There was clear information for staff about the medication, including what foods should be avoided.

One person was self-medicating at the time of this inspection. It was recommended that a specific risk assessment be designed, to show that the person understands their medication, has the dexterity to manage it, and agrees to keep it securely to protect other residents from potential harm. The Manager promptly introduced this assessment.

## 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.

This is what people staying in this care home experience:

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

12, 13, 14, 15

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

Routines within the home are arranged to suit residents.

A good variety of social activities are provided.

Good food is served, including a variety of dishes that encourage people to try new and interesting meals, while also providing familiarity.

### EVIDENCE:

People said that they chose their time of rising and retiring. Everyone spoken with was satisfied with the weekly bathing programme and appreciated the mechanical bath hoist. One person preferred to stay in bed, and was supported in this while also encouraged not to be isolated. We saw that some residents liked to visit each other in their rooms.

Three people mentioned that whilst the laundry service is usually good there had been occasions when labelled garments have not been returned although they usually turn up eventually. This had been raised by the home owners at a staff meeting.

No televisions were on in the lounges in the morning. After lunch some residents sat watching the news in one of the lounges. Several clients were seen to be reading the current newspapers in the lounges or in their bedrooms. People spoke well of the variety of activities available with some adding that they selected those sessions of most interest to them. The home owners told us that they had introduced new activities in the form of painting classes and a quilting group, following discussion with residents. One person said they have taken up watercolour painting for the first time in their life and found it to be very enjoyable. One of their paintings had been reproduced as a card and was on sale to raise money for the Resident's Fund. Other activities included bingo, arts and crafts, quizzes, games, visiting musicians and exercises. There was a small library serviced by Devon County Library Service. A resident enjoyed using their own laptop computer.

No one could recall trips out in the recent past aside from the visit to the local Pantomime last Christmas, which they had enjoyed. One person had an electric scooter and others said they go out by themselves or with friends and relatives. The home owners said that when outings had been arranged, people had said they would like to go, then dropped out. This suggests that smaller informal outings might be tried.

People said that their visitors were always made to feel very welcome and were offered refreshments on arrival. A family history group had been formed, to help gather information about peoples' past lives, for their interest, and to help staff understanding. Some families had been helpful with photos. Some people had family photos in their bedrooms. There was little personal history on peoples' written records.

A very popular event was the monthly visit by a group from a nearby Baptist Church for a time of prayer, hymn singing and Bible reading. The local Vicar was also visiting monthly and between three and five people were taking communion.

When asked about food, residents' responses varied from 'Very good, 'Food is very nice', 'the variety is good', to 'Food's alright' and 'So-so'. All said that they were given sufficient to eat. The tables were laid 'restaurant' style with table clothes and linen napkins. A trolley laden with fresh fruit stood in the corner. We saw that during lunch, conversation flowed between diners and between diners and staff. The atmosphere was relaxed. No one was seen to need assistance. A few people preferred to eat in their bedrooms.

Residents were advised of the set lunch but if this was not to their liking they could choose an alternative, which residents told us was usually ham, egg and chips or corned beef and mash. No one could recall being asked what his or her favourite meal was although we saw this information was gathered on admission and food was always on the agenda at periodical Resident's Meetings. We saw that peoples' choices were taken for supper, and this also served as a record of what had been eaten.

Some Polish dishes had been introduced, for interest and variety, with special ingredients bought as required. The Deputy cook said that residents liked to come and see her in the kitchen to say what they thought about their meal, and that she liked to talk with the residents.

## 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.**

This is what people staying in this care home experience:

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

16 and 18

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

Management have been highly proactive in safeguarding the well being of residents.

### **EVIDENCE:**

There is a satisfactory complaints procedure, which is included in the residents' guide, a copy of which is given to each resident. However, three of the ten people who returned surveys to us said they did not know how to make a complaint. We found that the home owners and/or the staff would do their best to resolve any concern. Residents completing surveys all said that they knew who to speak to if they were unhappy.

In January 2009, an accident to a resident was reported by Mr and Mrs Day to the Care Manager, CSCI and to the Environmental Health Officer, who visited and agreed that the circumstances could not have been reasonably anticipated, and any further risk to residents was negligible. We were satisfied that the measures taken to provide a safe environment for residents were satisfactory.

A Community Psychiatric Nurse had been consulted to assess a resident's capacity to make a decision, and another had their capacity assessed when arrangements were being made for their finances to be managed by a solicitor.

The Alerters' Guidance was available in the home. The home's own policy needed to be updated in line with it to assure that correct procedure would be taken in the event of an allegation being made. Staff training in Adult Protection had been provided in November 2008 and July 2009.

## 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.

This is what people staying in this care home experience:

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

19, 20 and 26

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

St.Omer offers safe and attractive accommodation for the residents, with a variety of social spaces indoors and out.

### EVIDENCE:

The building had been extended and upgraded and provided a safe, comfortable and attractive home for the residents, with plenty of variety. The home owners had further plans for improving furnishings and providing interesting features for their residents.

The communal areas and bedrooms visited were very clean, and personalised to varying degrees. There are excellent views of the bay from many of the home's windows and many rooms on the ground floor have French windows. Both lounges, although tidy and clutter free, were homely and welcoming with comfortable furniture. The dining room was light, airy and attractive with tasteful murals of local views and artwork by residents on the walls. There was

a salon off the dining room, where we saw three residents having their hair done during this inspection.

An Aquanova bath had been installed in the ground floor shower, as it was found that the current residents preferred baths to showers. This room did not have a lock, as residents did not use it unaccompanied, and their privacy was protected by staff.

There were no door alarms or pressure mats to alert night staff if a resident were to wake. In the past night care staff had been detailed to carry out extra checks if there was concern over a resident leaving their room, and a mattress had been put on the floor when there was a risk of falling from the bed. It was recommended that an alarm be fitted to an upstairs fire exit door, in case a person took a wrong turning and found themselves on the fire escape. Residents had free access via the front door of the home.

The house was sweet smelling throughout. The laundry was in a separate building; we saw that it was clear and clean. All laundry was completed by day staff, and ironing done by night. Disposable gloves and aprons were available for staff engaged in personal care, and staff had been advised to keep them in individual rooms where they were needed to avoid risk of infection. A dishwasher was provided to ensure hygienic cleaning of crockery and cutlery, as well as saving staff time.

## 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.**

This is what people staying in this care home experience:

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

27, 28, 29 and 30

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

Recruitment practice is robust, ensuring a team of reliable staff. They were well motivated, and well supported to maintain the standard of care to the residents.

### **EVIDENCE:**

Without exception residents we spoke with were complimentary about the staff. Typical comments were, 'I get on well with the girls', 'Yes they listen to us', 'Staff are quite a happy lot', 'The staff are very good and gentle with me', and 'Staff so good – no complaints about them'.

The call bell response time was said by residents to be within 5 minutes and usually within a couple of minutes.

Two relatives who assisted residents to return surveys to us felt that the home would benefit from having more staff on duty, particularly as some of the staff were not well experienced. We did not see evidence that residents would be disadvantaged, as the Seniors were well able to support their team. During a Seniors' Meeting in April 2009, the home owner had reminded them of their duty to be aware of what was going on within the home, and to provide a good role model to the new staff. The Deputy Manager and Senior care staff

provided on-call support for staff out of hours, and the home owners had agreed that they should be called if attendance at the home was necessary to deal with any occurrence. Of the ten people who returned surveys, six said that staff are 'always' available when they need them, while the other four said 'usually', which is an indicator of good staff availability.

The home owners told us that they had met regularly with a Skills Broker from Train to Gain to enable them to 'access a far wider range of information on various aspects of training'. New staff had completed the home's own induction programme, and the Skills for care Induction programme. We saw completed Induction lists and books on file.

All staff except the domestic are expected to achieve NVQ2 in Care, and were working towards this if they had not already achieved it. The Senior carers had achieved NVQ level 3 in Care.

We examined the files of two recently recruited staff. We found that the procedures had been carried out robustly, and that all checks needed to avoid any risk of potential harm to residents had been obtained. No agency staff had been employed.

We were given the home's training matrix, which showed that as well as the mandatory training, which had been well kept up to date, training had been provided in Falls Awareness, the Mental Capacity Act, and there were plans to attend a conference on Dementia Care in September 2009. All Senior staff had been trained in Nutritional screening.

Staff told us they were 'proud of their staff team', and that they loved working at St.Omers.

## 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.**

This is what people staying in this care home experience:

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

31, 33, 35, 36 and 38

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

This service is well run in the interests of service users. There are excellent systems for auditing performance, and a consistently speedy response to deal with any occurrence. Health and safety is given the highest priority.

**EVIDENCE:**

Mr and Mrs Day are service providers, and Mrs Joanna Day is also registered with the Care Quality Commission as the Manager. She has completed her NVQ4 in Management. They support the work in the home from 8am till 7pm most week days, and at irregular times at weekends. They employ a Deputy Manager who is working towards the NVQ 4 in Care. The team are working

towards accreditation with Investors in People. Quarterly Residents' Meetings are held, and quarterly full staff meetings, with weekly management meetings between the home owners, Deputy Manager, and administrator.

In February 2009, Mr Day informed us that St.Omer had achieved ISO9001 certification, which means that the audit system they have in place to check the quality of their service has been professionally approved.

In addition to daily involvement with people who live and work in the home, the home owners had interviewed residents, relatives and staff in confidence every month to ensure that people have the opportunity to give their views.

Small amounts of cash are held securely on behalf of most residents. Two choose to keep their money in their rooms, and have secure storage. The management are good at keeping us in touch with any notifiable events in the home.

The Manager had obtained specific mentoring and support in order to make her appraisals more effective. We saw that records were kept of staff supervisions, to record the feedback and advice that was given. This included ensuring that staff were aware of policies and procedures that had been updated.

We found good reporting of accidents within the home, with reports to the Falls forum, and referrals to GPs for medication reviews following when appropriate.

We checked the fire log, and found that the fire precaution system had been checked professionally on 29/01/09. Fire training had been provided at six monthly intervals, the latest session delivered on 17/03/09, when 100% of staff had attended.

Moving and Handling training had been provided annually, which is good practice. The home owners had also reminded staff in a recent staff meeting that it was essential to follow the procedures as they had been trained. First Aid, Food hygiene, and Infection Control training had also been provided, to ensure safe working practices.

# 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	4
2	X
3	3
4	X
5	X
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	4
8	4
9	3
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	4
13	3
14	3
15	3

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

ENVIRONMENT	
Standard No	Score
19	4
20	4
21	X
22	X
23	X
24	X
25	X
26	3

STAFFING	
Standard No	Score
27	3
28	4
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	4
34	X
35	3
36	3
37	X
38	3

Are there any outstanding requirements from the last inspection? No

**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

**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



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