

# **Key inspection report**

## **CARE HOMES FOR OLDER PEOPLE**

### **Silver Howe**

**Dalton Drive  
Sedbergh Road  
Kendal  
Cumbria  
LA9 6AQ**

*Lead Inspector*  
**Jenny Donnelly**

*Key Unannounced Inspection*  
**16th September 2009      08:50**

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>	Silver Howe
<b>Address</b>	Dalton Drive Sedbergh Road Kendal Cumbria LA9 6AQ
<b>Telephone number</b>	01539 723955
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<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Hometrusted Care Limited
<b>Name of registered manager (if applicable)</b>	Miss Kathleen Monica Mann
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	30
<b>Category(ies) of registration, with number of places</b>	Dementia (30), Old age, not falling within any other category (30)

# SERVICE INFORMATION

## Conditions of registration:

1. The registered person may provide the following category/ies of service only:  
Care home only - Code PC

to service users of the following gender:

Either

whose primary care needs on admission to the home are within the following categories:

Old age, not falling within any other category - Code OP  
Dementia - Code DE

The maximum number of service users who can be accommodated is: 30.

**Date of last inspection**      24th September 2008

## Brief Description of the Service:

Silver Howe is a large detached Victorian building, set in its own grounds in a quiet residential area, on the outskirts of Kendal, Cumbria. Public transport is within walking distance and the town centre is approximately a mile away.

Silver Howe is registered to provide residential care to thirty older people, including people with dementia.

The home is on three floors, which are accessed by a passenger lift or one of the two staircases. The top floor is only used by staff. There are lounge and dining areas on both the ground and first floor, and in the separate dementia care unit. There are assisted bathing facilities, and the majority of bedrooms have an en suite toilet.

There is parking to the front of the building with wheelchair access to the side door. The grounds and gardens are attractively landscaped and well kept. To the rear of the home there is ramped access to the garden and patio areas.

The home provides an informative brochure, inspection reports and service user guide, which are regularly updated. The current weekly fees range from £386 to £500 according to the room occupied, care needs and length of stay. There are additional charges for personal expenses such as hairdressing.

# SUMMARY

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

The quality rating for this service is **2 star**. This means the people who use this service experience **good** quality outcomes.

This was the main or 'key' inspection for the year. The lead inspector Jenny Donnelly asked the manager to fill out a form called the Annual Quality Assurance Audit (the AQAA). This asks for details of what has improved in the home since the last inspection and for the plans for the coming year. This was fully completed and returned to us by the date we asked. We also sent surveys to some of the people living in the home and their relatives. The information we gathered in the surveys is included in this report.

Jenny Donnelly, inspector, made an unannounced visit to the care home on 16<sup>th</sup> September between the hours of 09.50 and 14.15. During this visit we (the Care Quality Commission) toured the building, spent time in the lounges, and dining room where we watched lunch being served. We spoke with people living in the care home, their visitors and with the community nurse. We also spoke with the manager and the staff on duty. We looked at files and documents that backed up what we were told and what we saw.

The pharmacist inspector, Angela Branch, visited the home on 15<sup>th</sup> September to assess the management of medication by looking at relevant documents and storage and by meeting with the manager and other staff.

## What the service does well:

Silver Howe provided good information about the home through the brochure and other written information. The notice board displays gave a good sense of what was happening in the home and how people could be involved and have their say.

People, who use the service, and their relatives, were pleased with the level of care and support they received. There were individual care plans in place for each person, which guided staff in what level of support they needed, and included information about personal choices and preferences.

- "I am extremely pleased with the level of care my relative receives and the professional manner in which the home carries out its duties".
- "The home is run entirely for residents comfort and peace of mind".
- "Staff appear to be aware of each residents needs and take time to discuss with residents and family".

The records of administration of medication were good overall and showed the treatment people received. Protocols for the use of 'when required' medicines were in place so that people received treatment in a safe, appropriate and consistent way. There were good records of visits by doctors and other health care professionals along with outcomes of the visits.

People enjoyed the quality and choice of meals served, and menus showed plenty of variety. Staff were there to support with eating and drinking and meal times were sociable occasions. There was a range of group and individual activities.

- "The meals are always on time and fulsome".
- "I enjoy the games the carers organise, the new choir is good fun"

The home provides a comfortable environment, with many improvements having taken place recently. People said the home was always clean and fresh.

Staffing arrangements were good, with careful recruitment procedures. There was an ongoing training programme and staff were encouraged and supported to undertake National Vocational Qualifications in care. All staff attended regular supervision meetings with their manager. People said;

- "Helpful staff and very friendly".
- "Staff appear to be aware of each residents needs and take time to discuss with residents and family, any problems".

The manager carried out quality audits, which included annual surveys of people living in the home and their relatives. There was evidence that suggestions made in these surveys were listened to and acted on, and people were kept informed of changes.

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

Since the last inspection a number of improvements have taken place in the home.

The manager has improved the pre-admission assessments for new people, and brought in a new 'person centred' care plan system, that was working very well. Some improvements had been made in the way medicines were managed, particularly the use of 'when required' medicines and administration of variable dose medicines.

Additional activities, including weekly musical movement classes and choir practice had been introduced. People had also asked for individual outings, and these had started to take place.

A lot of work had been undertaken to improve the building. Nine bedrooms have been fitted with new en suite facilities, comprising of toilet and wash

hand basin. There was also a new wet room shower and a new hair and beauty salon. The whole home had been decorated, and there were some new armchairs, carpets, dining tables, dining chairs, and a new television.

The manager had completed the application process and been successful in registering with the Care Quality Commission to manage this service.

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

The service must ensure that records for receipt and disposal of medication are accurate and complete so that medication can be accounted for at all times.

The service must obtain appropriate storage for medicines liable to misuse, called controlled drugs, that complies with the law.

All staff must receive fire safety training so they understand fire prevention and the procedures to be followed should a fire occur.

The manager should expand the audits of medication so that any issues relating to medication can be highlighted and dealt with quickly to keep residents safe.

Complaints should be responded to in more detail, to show they have been thoroughly investigated, and the outcome of that investigation has been shared with the complainant.

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, 2, 3 and 4

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.

The home provided good information about the services and facilities offered. The admission arrangements and assessments helped people know if staff could meet their care needs.

### **EVIDENCE:**

Silver Howe has produced an informative service user guide to tell people about the services and facilities provided. The notice boards displayed menus, minutes of residents meetings and their latest newsletter, and gave people a good feel for what goes on in the home.

We looked at the arrangements for admitting new people to the home, and saw they had been improved since the last inspection. The manager had visited people and completed a written assessment of their personal, health

and social care needs. This was used with information from other professionals such as social workers or hospital staff, to decide whether Silver Howe would be a suitable for the person. A letter confirming the offer of a place was sent to the person, or their relatives, along with various other documents, including a copy of the terms and conditions and the complaints procedure. The needs assessment was used to draw up a full plan of care for the person and this was reviewed and updated as they settled into the home and staff got to know them.

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

People were receiving a good standard of health and personal care, delivered in a way that was acceptable to them. The management of medicines was adequate.

### EVIDENCE:

Over the last year the manager has been setting up new style 'person centred' care plans. We looked at a number of these, for people living in different parts of the home, with different care needs. The plans were well laid out and followed a set format that included a life history, known likes and dislikes, people's preferred daily routine and their current health status. There were risk assessments for people moving and handling and nutritional needs. The plans we saw were individual to each person and described their needs and wishes well. We saw health care records that showed people had good access to their doctor, the district nurse and other professionals such as the mental health team, chiroprapist and optician. We discussed with the manager small

ways of further improving the care records. We suggested including more detail in the health section for people with mental health and skin care needs, and asked that care staff be more careful to record that people are offered baths and showers. In general the new care planning system was working well and was a good improvement on last year.

We spent time in each of the three areas of the home; the ground floor, first floor and dementia unit. We saw that people appeared well cared for and comfortable. The district nurse visited some people during the day, and we heard the staff calling the doctor to visit a person they were concerned about. People we spoke with were very happy with the care they received at Silver Howe, and this was also the response from the surveys we sent out. We were told;

- "They always take care in dressing residents. I am extremely pleased with the level of care my relative receives and the professional manner in which the home carries out its duties."
- "The home is run entirely for residents comfort and peace of mind. The manager and staff are very caring and understand my relative well."

One person told us they "would welcome a formal review every six months of my relative's state, medication, future needs". The manager told us she had received a similar comment in her own satisfaction surveys and was implementing six monthly reviews to which family members would be invited.

The pharmacist inspector assessed the management of medication by looking at relevant documents and storage and by meeting with the manager and other staff. Overall we found that medicines were managed adequately.

Most records for receipt of medication into the home were good but there were some gaps in the records for those items received between the regular monthly orders. Records for administration of medicines were good with only a few gaps where signatures should have been, so the treatment received by people was mostly clear. Records for disposal of medication were poor. We could not find records for medicines that had been discontinued or those that had been refused by people; this means some medicines were unaccounted for. We counted a sample of medicines and compared them with records to check that they were given in the prescribed dosages. Where these records were complete we found that the amount of medication in stock tallied with the records.

The home kept protocols for the administration of 'when required' medicines so that staff had guidance to follow to make sure that people received their care in a safe, appropriate and consistent way. When sedatives were given 'when required' records clearly showed the reasons why they were needed and this showed that the treatment was appropriate and followed the protocol.

Staff kept and administered the majority of medication although some people were able to look after and apply their own creams and this helps them to take control of their treatment. Protocols were in place to support this.

Storage of medication was good overall. The home did not have any medicines liable to misuse, called 'controlled drugs', at the time of the inspection. However, should they have any in the future they would not be able to store them according to the law as current arrangements are inadequate. The home must obtain a controlled drugs cabinet that complies with the law and this will be checked at the next inspection. A requirement will be issued at the next visit if suitable storage has not been obtained.

Staff who administer medication had been trained in the task and had assessments of competencies to check that they continue to follow good practice to keep people safe. Although regular stock checks of medication are done, it is recommended that the manager expand on the audits so that any issues relating to medication can be highlighted and dealt with quickly to keep people safe.

## 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 and 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.

There was a variety of group and individual activities and entertainment arranged in accordance with people's wishes and choices. People praised the quality and choice of the meals provided.

### EVIDENCE:

We arrived just before 9 am and found a number of people were up and had had their breakfast. Others were still in bed and several people were enjoying a later breakfast at 10 am. People told us they were able to get up when they wanted to, and we saw that any preferences to daily routine were recorded in peoples care plans.

Residents meetings took place regularly and we saw the minutes of these, which showed that ideas for activities were discussed. There was also a Silver Howe newsletter that kept people informed of forthcoming activities, the homes refurbishment plans and any staff news. The manager told us, in response to requests she was starting to take people on individual outings, and hoped to do two each month. The first trip was planned for the following week

and we saw this marked on the staff rota and spoke with the person concerned who was looking forward to going shopping.

Some new regular activities had been introduced including a weekly musical movement class and a choir. The choir had performed at the homes' recent summer barbeque and was now planning the Christmas show. We spent time in each area of the home and saw what was happening throughout the day. On the ground floor we saw a number of people taking part in a game of bingo, while several others enjoyed just watching. Later people were playing word games such as hangman, on a white board. These activities took place in the ground floor lounge and we noted that a couple of people from upstairs had been invited and came down to join in. Some of the people living on the first floor told us they did not like to join in activities, but some were making a jigsaw. In the dementia unit we saw staff playing dominoes with one person and spending time in the garden with others.

The home had created a new hair and beauty salon. The hairdresser came once a week and people also used this area to have their nails done and to see the chiropodist.

People we spoke with told us they were happy with the activities provided and others said they were not interested and were happy to be left alone. People said;

- "I am allowed to make my own decisions".
- "I enjoy the games the carers organise, the new choir is good fun"

Surveys we received from relatives told us;

- "I have never witnessed staff just talking with people ... people are hungry for interaction".
- "Residents have their say in their care and activities if people don't want to join in after gentle persuasion they are left alone".

We looked at the menus and saw the main meal of the day was lunch and there were two choices of main course offered. The evening meal was a lighter meal with choices of a hot dish, sandwiches, soup and dessert. We saw that people were asked what they wanted, and observed lunch being served in the three areas of the home. The majority of people took their meals at the dining table, although a few preferred to eat privately in their bedroom. We saw that lunch time was calm and unhurried and staff were around to offer drinks and assistance as needed. People enjoyed their meal and told us;

- "The chef is very good".
- "The meal was splendid, my compliments to the chef".
- "The meals are always on time and fulsome".

We saw that drinks and snacks were offered throughout the day and people's weight was monitored regularly.

# 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.

People knew how to raise verbal concerns or complaints with the manager and felt she would listen to them.

**EVIDENCE:**

The home has a complaints procedure which was displayed in the entrance hall. This directed people to speak with the manager or her deputy, and gave contact details for the operations manager and the company head office address. A copy of the procedure was provided to people when they moved into the home. People we spoke with told us if they had any concerns they would speak with the manager or one of the staff, and felt confident matters would be addressed. The surveys we received confirmed that the majority of people knew how to complain, one person said they did not know. One person told us;

- "I think they do a very good job, I have no worries about how my relative is cared for".

We looked at the homes complaint log and saw that there were no new entries since the last inspection. The manager told us she was aware of one written complaint that had been sent to the company head office, and had been dealt with by them, so there was no record of it in the complaint log. We were aware of this complaint and had seen some of the correspondence relating to

it. The complainant had not been satisfied with the company's response, which we also found disappointing, and the matter was being followed up by Social Services. We recommend that the company respond in more detail to complaints, to demonstrate the issues have been thoroughly investigated, and that the outcome of the investigation has been shared with the complainant.

Staff had received training in safeguarding vulnerable adults from harm and were aware of the procedures for reporting any concerns or allegations. Since the last inspection the manager has made one referral to the safeguarding team, which enabled a person in the home to receive additional behaviour support. There had also been a safeguarding referral made by a visiting professional that resulted in the company reviewing its accident recording and reporting procedures. In both cases, the home worked well with the safeguarding team to make sure people were being protected.

## 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, 21, 22 and 26

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.

People lived in a clean, comfortable and well equipped home, and continued to benefit from ongoing refurbishment.

### EVIDENCE:

Silver Howe is a large detached Victorian building, set in its own grounds in a quiet residential area, on the outskirts of Kendal. It is accessed by a private road and there are public transport links nearby. The home has three floors and two of them are used to provide care and accommodation, the third being for office space and staff use. There are two stair cases and a passenger lift. The home is divided into three main areas, the ground floor, the first floor and a separate dementia care unit accessed by a keypad lock. The dementia unit has access to a secure garden area, with further gardens and a courtyard for other people.

Since the last inspection a lot of work has been undertaken to improve the environment. Nine bedrooms have been provided with new en suite facilities, comprising of toilet and wash hand basin, and a plans are in place for a further two, giving en suite facilities in 21 of the 30 bedrooms. There was also a new wet room shower and a new hair and beauty salon. The whole home had been decorated, and there were some new armchairs, carpets, dining tables, dining chairs, and a new television. The manager said the home was in negotiation with their neighbours to improve the shared driveway.

People told us they had moved out of their bedroom into a vacant one while their room was refurbished, and that this had not caused them too much disruption. We were told the remaining bedrooms, that were not being upgraded with en suite, were to be decorated in due course.

In addition to the new shower room, there are two assisted baths, plus an ordinary household bath, staff say is no longer used. Two bedrooms also have an ordinary bath fitted. There are plenty of spacious toilets around the home. New pumps had been fitted to the boiler to improve the provision of hot water around the building, and the manager continues to monitor water temperatures.

We found the whole home was clean, fresh and comfortable, and people confirmed it was always kept this way. The laundry was well organised and we saw that peoples clothing was clean and nicely pressed. There were soap dispensers and paper towels in all toilets and bathrooms to encourage good hand hygiene. People told us;

- "The home is extremely clean, no odours".
- "They should fix the pot holes in the drive".
- "The home is kept clean and has recently undergone a total refurbishment to a very high standard".

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## 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.

People were supported by a caring staff team who received good training to help them meet peoples care needs.

### **EVIDENCE:**

We looked at staff rotas and saw that there were four care staff on duty during the day and two at night. During the day one carer was allocated to work in each area of the home, with the fourth assisting where needed. The manager had introduced a rotation system, whereby staff swapped units every two hours, giving a verbal handover to the next carer. The manager and staff said this was working well, as it kept them 'fresh' and meant staff did not work too many hours in the more demanding dementia care unit. People we spoke with said they were happy with this arrangement, as they got to see all the care staff this way.

We observed the home throughout the day, spending time on each unit. We saw that staff had time to attend to peoples needs and to provide activities and sit and chat with people and visitors. We judged that staffing levels were sufficient but the home did have eight vacant rooms at this time. As occupancy increases the manager will need to monitor staffing levels to ensure peoples needs continue to be met. The home employed sufficient ancillary

staff including domestic and catering personnel to provide a good standard of service. The handyman was currently only available one day a week.

We saw the current staff training plan which showed who the training providers were for the various subjects listed. The home used a number of external trainers, and the manager was also a qualified trainer. Individual training records showed staff had completed moving and handling, first aid, safeguarding, infection control, nutrition and dementia training. The home had no fire trainer, and the manager was looking into this, as staff were overdue an update. All care staff, except new starters, had achieved a National Vocational Qualification in care, at level 2 or above.

We looked at the records of a new staff member and saw the recruitment procedure had been through and included written references and criminal records bureau checks. New staff worked 'shadowing' shifts with experienced staff and completed an in-house induction check list with the manager. This was followed by a full induction training course with an external provider. All new staff had a probationary period and during this they received regular supervision sessions with the manager.

People spoke fondly of the staff team and the surveys we received told us;

- "Always cheerful staff, always some one to talk to".
- "Helpful staff and very friendly".
- "Staff appear to be aware of each residents needs and take time to discuss with residents and family, any problems".
- "Staff turn over is rapid, and staff sometimes difficult to find".

# 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, 32, 33, 35, 36 and 38

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.

The home was competently managed and people's views and ideas were listened to and taken into account.

### **EVIDENCE:**

Since the last inspection, the manager, Kathleen Mann, has applied and been registered with the commission in respect of Silver Howe. She demonstrated she was suitably qualified, experienced and competent to manage this service. The manager and her deputy communicated well with people living in the home and with the staff team. We saw evidence of regular staff and residents meetings, in which information and ideas were shared. People told us they felt able to have their say, a survey told us;

- “The manageress and her assistant have put a breath of fresh air into Silver Howe and the residents and staff alike get along very well”.

The manager is supported by an operations manager who periodically visits the home, and we saw the written reports of these monitoring visits. The home owner also visits regularly.

The manager sends out annual surveys to people who live in the home, and their relatives. She was in the process of collating the results for the latest surveys, and told us she was already taking action on some suggestions. These included plans to improve the driveway, individual outings for people and six monthly care reviews.

We saw the strategic plan for 2009/10 which covered the refurbishment of the home and plans for staff training and development. It was clear that the owners continue to invest in Silver Howe and to plan for the future. The manager and staff do not handle anyone’s personal money, with any additional costs being invoiced.

Staff supervision takes place monthly. We saw some supervision records and the managers system for planning and monitoring that these take place. Supervision discussions included care practices, the homes policies and procedures and individual training needs.

There were health and safety policies and procedures in place to safeguard the people living in the home and the staff. We saw records that showed all equipment and services had been checked and maintained regularly. This included the lift, hoists, gas, electrical and water safety. The fire log was up to date and showed that fire alarm tests and equipment checks were routinely carried out. The environmental health officer had visited the home in June, and awarded a “3 stars – good” certificate for food safety. We saw from records that staff fire safety training was out of date, and the manager told us she was looking for a training provider to deliver this. This needs to be seen to as a matter of urgency.

# 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

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

<b>HEALTH AND PERSONAL CARE</b>	
<b>Standard No</b>	<b>Score</b>
<b>7</b>	3
<b>8</b>	3
<b>9</b>	2
<b>10</b>	3
<b>11</b>	X

<b>DAILY LIFE AND SOCIAL ACTIVITIES</b>	
<b>Standard No</b>	<b>Score</b>
<b>12</b>	3
<b>13</b>	3
<b>14</b>	3
<b>15</b>	3

<b>COMPLAINTS AND PROTECTION</b>	
<b>Standard No</b>	<b>Score</b>
<b>16</b>	3
<b>17</b>	X
<b>18</b>	3

<b>ENVIRONMENT</b>	
<b>Standard No</b>	<b>Score</b>
<b>19</b>	3
<b>20</b>	3
<b>21</b>	3
<b>22</b>	3
<b>23</b>	X
<b>24</b>	X
<b>25</b>	X
<b>26</b>	3

<b>STAFFING</b>	
<b>Standard No</b>	<b>Score</b>
<b>27</b>	3
<b>28</b>	3
<b>29</b>	3
<b>30</b>	3

<b>MANAGEMENT AND ADMINISTRATION</b>	
<b>Standard No</b>	<b>Score</b>
<b>31</b>	3
<b>32</b>	3
<b>33</b>	3
<b>34</b>	X
<b>35</b>	3
<b>36</b>	3
<b>37</b>	X
<b>38</b>	2

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
1.	OP9	13	Records for receipt and disposal of medicines must be complete and accurate so that they can be accounted for at all times.	30/10/09
2.	OP38	23(4)	Staff must receive fire safety training so they understand fire prevention and the procedures to be followed should a fire occur.	30/11/09

**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.	OP9	The manager should expand the audits of medication so that any issues relating to medication can be highlighted and dealt with quickly to keep people safe.
2.	OP16	Complaints should be responded to in more detail, to show they have been thoroughly investigated, and the outcome of that investigation has been shared with the complainant.





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