

# Key inspection report

## Care homes for older people

<b>Name:</b>	Sambrook Care Limited
<b>Address:</b>	Sambrook House Sambrook Nr Newport Shropshire TF10 8AL

<b>The quality rating for this care home is:</b>	three star excellent service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

<b>Lead inspector:</b>	<b>Date:</b>
Rosalind Dennis	2   1   0   1   2   0   1   0

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

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

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

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

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

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

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

**Outcome area (for example Choice of home)**

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

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

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

**This is what people staying in this care home experience:**

Judgement:

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

Evidence:

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

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

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

## Reader Information

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## Information about the care home

Name of care home:	Sambrook Care Limited
Address:	Sambrook House Sambrook Nr Newport Shropshire TF10 8AL
Telephone number:	01952550210
Fax number:	01952550690
Email address:	office@sambrookhouse.co.uk
Provider web address:	www.sambrookhouse.co.uk

Name of registered provider(s):	Sambrook Care Limited
Type of registration:	care home
Number of places registered:	28

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	28
Additional conditions:		
The maximum number of service users who can be accommodated is: 28		
The registered person may provide the following category of service only: Care Home Only (Code PC); To service users of the following gender: Either; Whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category (OP) 28		

Date of last inspection									
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Brief description of the care home
Sambrook House is situated in the small village of Sambrook, near Newport in Shropshire. There is a car park at the front of the home and a local bus service stops nearby. The home has been built around the old village schoolhouse and is registered to provide accommodation and personal care for twenty-eight older people. There are double and single rooms, some of which have en-suite toilet facilities. The accommodation is on two floors, the upper being accessed by stairs or via a lift. On the ground floor are two spacious lounges, a dining room and a large conservatory which overlooks a walled garden. The home is well decorated and comfortably furnished.

### Brief description of the care home

People who use the service and their representatives are able to gain information about Sambrook House from the Statement of Purpose and Service User Guide. The Guide includes clear information on the fees charged by the home, which were confirmed as £380.00 to £502.00, dependent on the type of room required. The reader is advised to contact the service for up to date information on the fees charged.

The last key inspection of Sambrook House was undertaken on the 9th January 2008. Inspection reports produced by CQC can be obtained direct from the provider or are available on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

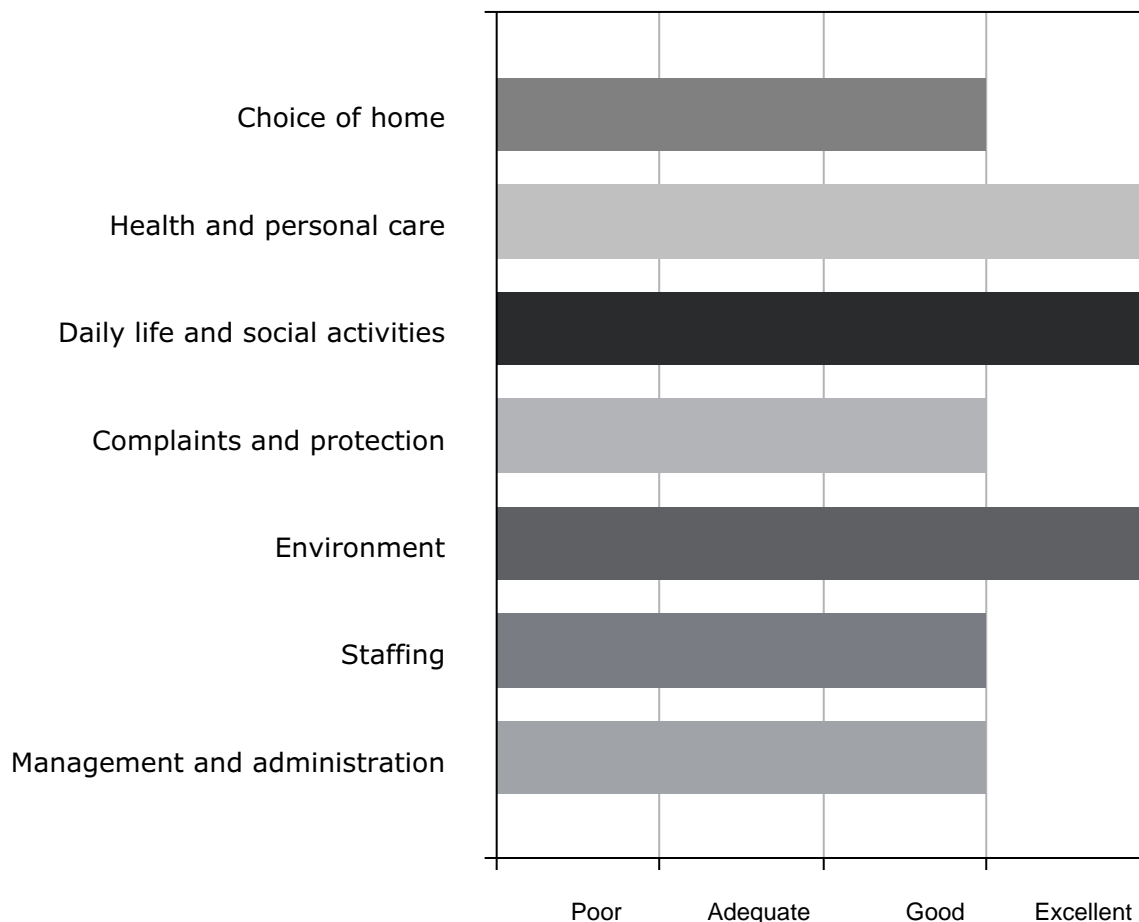
## Summary

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

The quality rating for this care home is:

three star excellent service

### Our judgement for each outcome:



### How we did our inspection:

This inspection was carried out over one day by one inspector. The home did not know we were going to visit. The focus of inspections we, the Commission, undertake is upon outcomes for people who live in the home and their views of the service provided. This process considers the care homes capacity to meet regulatory requirements, standards of practice and focuses on aspects of service provision that need further development. Prior to the visit taking place we looked at all the information that we have received, or asked for, since the last Annual Service Review. This included notifications received from the home. These are reports about things that have happened in the home that they have to let us know about by law, and an Annual Quality Assurance Assessment (AQAA). This is a document that provides information about the home and how they think it meets the needs of people living there. We also looked at the feedback given from people living at the home, their relatives and staff when they completed surveys for us and spoke with people visiting the home during the inspection. We case tracked some of the people we met during the inspection. Case tracking involves establishing

individual experiences of living in the care home by meeting people, observing the care and support they receive, discussing their care with staff, looking at care files, and focusing on outcomes. Tracking people's care helps us understand the experiences of people who use the service. People told us about their day to day life at the home and the support they receive from staff. We also observed staff working so we could see how they interacted with people living and visiting the home. We looked around some areas of the home and observed a sample of care, staff and health and safety records. We spoke with staff during the inspection to establish their views of working at the home and if anything needs to be improved.

The manager, Mrs Gillian Burroughs and the owner were present during the inspection and provided their assistance. They were present when we provided feedback at the end of the inspection.

### **What the care home does well:**

People are involved in development and reviews of their care plans which helps to ensure health and personal care needs are met in the way the individual prefers.

People are supported and cared for by a well-trained and committed staff group who worked together to improve peoples quality of life.

People tell us they feel safe and well cared for and staff treat them with dignity and respect. Observations made during the inspection found staff to be kind in their approaches with people.

People are able to enjoy a range of activities, based on their capabilities and preferences. People are supported to exercise choice as far as possible and according to their differing capabilities.

Sambrook House provides people with an environment which is a homely, furnished to a very good standard and where people are enabled to maximise their independence with the support of staff if required.

Staff are recruited and selected in ways that ensure safe, skilled individuals are employed.

The manager communicates a clear sense of direction, leadership and ensures the home is safe and run in the best interests for the people who live there.

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

At the last inspection we did not make any requirements for improvement. We made two recommendations advising the home to look at reviewing arrangements for staff cover in the kitchen and ensuring that formal supervision of care staff occurs at least six times per year. We find at this inspection the home has achieved these recommendations.

The AQAA provides information on improvements which have taken place over the past 12 months. These include employment of an additional member of staff to assist with kitchen duties and domestic tasks, introduction of new care documentation, improvements to the overall decoration of the home and ongoing development of staff and management.

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

No requirements were made as a result of this inspection. It is considered that the service is able to identify its own weaknesses and manage them well.

We have made one recommendation, advising the home to seek assurance of safe management of insulin from the District Nursing Service.

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 our findings

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## Choice of home

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

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

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

**This is what people staying in this care home experience:**

Judgement:

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

People have their needs assessed before they move in, which ensures that people are only admitted if the service is confident it can meet their needs.

Evidence:

We spoke with three people who have come to live at Sambrook House in the past 12 months. They told us how pleased they have been with the care and support provided at the home, describing how they are able to maintain their independence, but like the security of knowing staff are around if they need them. We looked at their care records which showed that a full assessment of their needs had been undertaken before their admission to the home. This helps to ensure that only people whose needs can be met at the home are admitted. We saw that the home had sought information about their likes, dislikes and preferences and what is important to them, which along with all the other information from the initial assessment had been used to develop care plans with the person and their representative. This helps staff to know how to give care based on peoples needs and preferences. For example, in one

## Evidence:

person's pre-admission assessment it described how the person wanted to administer their own medication when they came to the home. We spoke with the person and looked at their care plan which confirmed this happened.

The AQAA told us how the home has reviewed its care documentation and we saw that the assessment and admission process is comprehensive and now includes reference to such matters such as the Mental Capacity Act and the rights of people to make decisions.

The home does not provide intermediate care, a form of intensive rehabilitation, but does provide care to people who need support whilst recovering, for example after illness or an operation. The home also provides short term and respite care. The manager confirmed that should people need to come to the home in an emergency, then the home would obtain information from all relevant agencies involved in the person's care before making the decision to admit the person.

We looked at the service user guide, which contains a good level of information about the home, so that people know what the service provides. We were informed in the AQAA that the service user guide can be made available in other formats and that the home is intending to update its brochures and website to make it more informative.

## Health and personal care

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

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

**This is what people staying in this care home experience:**

Judgement:

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

People receive support and care in the way they prefer and need. Their health needs are met and their dignity is respected by the staff involved in their care.

Evidence:

The people we spoke with during our inspection gave very positive feedback about how they are supported and cared for at the home. All viewed their needs are met. They provided comments such as "I'm pleased with everything, wouldn't want to move from here, the staff are kind and helpful, they care about me", "the staff are very good, they are gentle when they assist me stand", "they recognise I like my independence". All the people we spoke with throughout the day, confirmed their privacy is maintained and staff treat them with respect and as individuals. We also spoke with two visitors who confirmed staff keep them informed of any changes to their relatives condition and are very pleased with how their relatives are cared for at the home. The positive feedback we received during the inspection reflects the feedback we received in surveys which we had sent to people living at the home and their relatives/friends. Comments were received such as "Residents are not patronised. They are given freedom and treated as individuals", "I am not aware of

## Evidence:

anything that they could do better for my relative".

We looked at the care files for the people we case tracked, which shows people have detailed care plans and risk assessments in place, which fully recognise the decisions and choices people make about their lives. This means staff have information on how people prefer to have their needs met taking into account any risks to their health, safety and welfare. Care plans had been signed by the person or their representative to provide confirmation that the care plan had been written and agreed with them.

We saw that care records contained very clear guidance to staff about each person's abilities, such as with their moving and walking and the level of assistance and equipment needed to support the activity. We observed people whose appearance reflected what was written in their care plan of how they prefer to look and dress. We saw the service looks at ways to support people's religious, spiritual and cultural needs, including their wishes should they die. Our observations during the inspection indicated what is written in people's care records appears to be an accurate reflection of the person's needs.

Since our last inspection, the home has introduced new care documentation and all care staff are now involved in updating information in care records as well as the manager. This helps to ensure information in care records is current and up to date. The care staff we spoke with described how they look at people's care plans so they know the care that is needed and they were able to tell us about people's differing needs. We saw that staff are provided with training on a range of health care matters, so that they are aware of how to meet specific healthcare needs.

We saw from looking at care records that the home contacts healthcare professionals, such as GPs promptly when there are concerns about the health and well being of people living at the home. A GP and District Nurse who completed surveys for us commented very positively about the home.

We looked at the medication records for the people we case tracked and saw these records were up to date and properly completed. The manager or other senior member of staff completes audits of medication to ensure safe and consistent practice. Medication is stored in locked trolleys and a locked cupboard so that people are not at risk of taking medication they are not prescribed. We saw records showing that staff monitor the temperature of the medication fridge to ensure that medication is stored at the correct temperature.

We saw that for a person who has a condition where they need medicine to help

Evidence:

control the level of sugar in their blood, the District Nurse is involved in their care and in drawing up the medicine so that the person can give it by injection. We contacted the home after our inspection after seeking clarification from our pharmacist and advised the home that in addition to the safety management aspects the home already has in place, they also need to take further action, including seeking assurances from the District Nursing Service when medicine is drawn up in this way.

## Daily life and social activities

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

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

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

People are able to take part in activities and events which meet their needs, capabilities and preferences and they are supported to maintain their independence as far as possible.

People are offered a choice of meals to meet their dietary needs and preferences.

Evidence:

The AQAA describes in detail how the home provides activities for people to take part in if they wish to and runs some sort of activity on a daily basis. It also describes how the home is keen to bring in external services, such as religious services and entertainers. The people we spoke with confirmed that regular activities and events take place at the home, which they can take part in if they choose. Two people told us they had enjoyed listening to a guitarist who had recently been to the home, another person told us how they sometimes prefer not to take part in activities and either watch TV or read and that staff respect the choices they make. We saw written records which show how the home seeks information about people's hobbies and lifestyles before they come to live at the home, which is good practice as it helps staff know more about the person and about things which are important to them. We saw the home looks at religious and spiritual needs and church services are arranged and held at the home. Staff keep written records to show how people have spent their day

## Evidence:

and observation of these records and discussions with people at the home demonstrates that the home provides a person-centred approach to ensure social needs are met, according to abilities and choices. The home supports people to maintain their independence and a comment we received in a survey noted "Sambrook house has made the transition between independence at home and moving into residential care possible for a very independent "person". Four relatives who completed surveys for us told us the service "always supports people to live the life they choose".

Discussions with the manager and owner, demonstrates they are continually looking at ways to develop activities to meet the changing needs of people living at the home.

People told us during the inspection that they are always offered a choice of meals and described their satisfaction with the standard and quality of food. Seven surveys from people at the home told us they always like the meals at home and three people said they usually do. We heard staff asking people where they wanted to eat their meals and we saw that choices were respected as some people chose to eat in the dining room, others chose to eat their meal in the conservatory or their bedrooms. We observed staff using very good approaches with people who needed support with eating and drinking. Staff were observed providing people with regular drinks of what they wanted throughout the day, including for people who, because they were feeling unwell remained in their bedrooms.

Since the last key inspection the home has employed an additional member of staff to assist with kitchen and cleaning duties, which means care staff are not being diverted from care duties to assist in the kitchen as was identified at the last key inspection.

## Complaints and protection

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

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

**This is what people staying in this care home experience:**

Judgement:

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

People know how to complain and raise concerns and are assured that any complaints will be listened to and acted upon. Staff know how to safeguard adults from the risk of harm and abuse.

Evidence:

The complaints procedure is displayed on a notice board in the main entrance and is also available within the service user guide. The procedure provides people with clear information on the process to follow and who to contact if people want to complain. All the surveys we received from people living at the home and from four out of five relatives confirmed that they are aware how to make a formal complaint. One relative who completed surveys for us indicated they do not know how to make a complaint and the manager was informed of this. The people and visitors we spoke with at the time of our inspection told us they are satisfied with the home and would tell the staff if they were not happy with something. They said they feel confident that the staff, manager and owner would act to put things right.

The home told us in the AQAA and at the time of our inspection that the home had received one complaint in the past twelve months, elements of which went through the local safeguarding adults process for investigation under their procedures. We spoke with the manager and owner at the time of our inspection, which confirms that the home takes action to learn from complaints so that it can improve its service. The AQAA also notes "We recognise that we need to work hard to maintain good

## Evidence:

communication channels and ensure what is being discussed is understood by all parties" and notes how it is improved including " we have made ourselves more accessible to relatives, particularly by empowering Seniors to do monthly reviews of care plans with relatives". Four relatives who completed surveys for surveys for us confirmed they are always kept up-to-date with important issues affecting the person, one relative responded that they are usually kept up to date.

The training records we looked at and the staff we spoke with demonstrates that all staff working at Sambrook House receive training on safeguarding vulnerable adults from the risk of abuse. The staff we spoke with could describe to us their role in safeguarding adults from the risk of harm and abuse.

The manager and some of the staff team have attended awareness training in the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. The Act governs decision making on behalf of adults, and applies when people lose mental capacity at some point in their lives or where the incapacitating condition has been present since birth. It is important that staff know how to put the Act into every day practice and the procedure to follow when people's freedom may need to be restricted. The manager and senior member of care staff told us how training on the Act is to be cascaded to all other staff.

## Environment

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

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

**This is what people staying in this care home experience:**

Judgement:

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

People are able to maximise their independence in an environment which is homely, clean and well-maintained and which reflects the individuality of the people who live there.

Evidence:

People told us during the inspection that they are pleased with their rooms and the standard and cleanliness of the home environment overall. They told us the home is a comfortable temperature and that they can adjust the temperature of their bedrooms. 9 people told us in their surveys the home is always clean and one person told us it usually is.

The home has 22 single bedrooms and 3 rooms where two people share the room. We looked at the rooms for the people we case tracked, which were clean and well-maintained. We saw that people are able to bring in items which are important to them, such as photographs, pictures and small items of furniture. People who share a room have a large floor to ceiling curtain between their beds to provide privacy. 13 of the single rooms have en-suite facility, all other rooms have a wash hand basin and there are toilets and bathrooms nearby. The home has a procedure and suitable equipment for ensuring commodes are kept clean.

There is equipment to help people get in and out of the bath and a shower on the first

## Evidence:

floor which does not have a step, so it is easier to access by people who may have mobility difficulties. Therefore people are provided with a choice of washing and bathing facilities. Staff told us that there is enough equipment to help to move people safely, if they need that level of assistance. There is a choice of stairs or passenger lift to the first floor. We found the furniture, fixtures and fittings in all parts of the home to be of a very good quality and the different communal areas provide a variety of different seating arrangements, to enable people to choose where to relax.

The AQAA informed us of some of the improvements which have taken place with the environment in the past twelve months including new equipment for infection control and refurbishment of the laundry. The home was recently awarded a five star rating from the local environmental health officer, which indicates a high standard of compliance with food hygiene.

At the time of the last key inspection it was identified that the manager had significantly improved working practices to help reduce the risk of cross-infection. This has been further evidenced by an audit recently undertaken of the home by an infection control specialist from the local PCT. The home scored 91% which indicates an excellent standard. The manager confirmed that action will be taken to enhance on this score and continually strive to achieve any improvements deemed necessary.

## Staffing

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

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

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

People are supported by sufficient staff who have the skills and knowledge to meet their needs and who are suitable to work with vulnerable adults.

Evidence:

The people we spoke with confirmed their needs are met during the day and night and if they need assistance staff are around to help them. People commented that the staff are very good and know how to help them with their care in a way they prefer. Seven people who completed surveys for us said there are always enough staff available, three people said there usually is. One visitor to the home during the inspection told us they think there always seems to be enough staff on duty, another visitor told us on occasions they think there could be more staff.

The eight staff who completed surveys for us gave varying feedback to a question about whether they view there are enough staff to meet the needs of all people at the home, two staff told us there is always enough staff, five said there usually is and one respondent said sometimes. One commented "with more staff we could have more time to spend individually with residents on a one to one, just to be able to sit and talk". We spoke with the staff on duty at the time of our inspection and they told us there are usually enough staff to meet people's needs, describing how occasional staffing difficulties do occur with short notice absences. As noted earlier in the report the home has employed an additional member of staff to assist with kitchen and

## Evidence:

cleaning duties, which means care staff are not being diverted from care duties to assist in the kitchen as was identified at the last key inspection.

We observed the staff working in different parts of the home, looked at how people had their needs and requests met which indicated that sufficient skilled care staff were on duty to meet the needs of people currently living at home. The manager described how staffing levels would be reviewed if people have greater needs. The manager told us how the home is actively recruiting for a carer on nights as currently there is a vacancy.

The AQAA describes how the home is keen to develop its skill base and encourages staff to go on a variety of courses. We saw this when we looked at staff files which shows that staff are provided with training in safe working practices such as fire safety, infection control and food hygiene as well as more specific training including dementia care, life support, communication with people who are dying, continence and diabetes care. We saw documents, which demonstrate the home provides new staff with a comprehensive induction, so they know about all aspects of the home and the care people need. All staff told us either at the time of the inspection or via surveys they completed, that they are provided with good training opportunities relevant to their role and which helps them understand and meet the individual needs of people.

We were informed in the AQAA that 60% of care staff have achieved a recognised qualification in care (National Vocation Qualification) at level 2 or above, which should contribute to ensuring the staff team have an effective knowledge of social care.

We looked at the process used by the home to recruit new members of staff and saw that all parts of the recruitment process were accurately recorded and demonstrated that required pre-employment information, such as references had been sought prior to the staff working at the home. This helps to ensure only staff who are suitable to work with vulnerable adults are employed.

## Management and administration

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

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

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

**This is what people staying in this care home experience:**

Judgement:

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

The manager, Mrs Gillian Burroughs communicates a clear sense of direction, leadership and ensures the home is safe and run in the way that the people living there want.

Evidence:

The manager has considerable experience in managing care services and management experience is supplemented by supporting qualifications and an enthusiasm to continually update skills and knowledge. Discussions with the manager at the time of inspection evidenced a good knowledge base of current and changing legislation. We received good feedback from people who live at the home and their visitors describing the manager as approachable and someone who they feel they can speak with. Staff also gave positive feedback and said they feel supported to give good care. Throughout the inspection there was a relaxed, friendly atmosphere and staff were clearly working as a team. We saw that staff have regular supervision meetings with the manager, which enables them to reflect on practice and identify their training and development needs and the manager is working hard to ensure these "formal"

Evidence:

supervision sessions with staff happen on a regular basis.

We looked at how the home has provided people and their representatives with opportunities to comment on different aspects of the home through surveys. Results had been collated and produced into a report which was available in the main entrance so that people could read it and see the action taken in response to their feedback. People living at the home are also able to comment via meetings or to discuss matters on a daily basis with staff, the manager or owner.

For the purpose of this inspection the home had responded to a request by the Commission to complete an annual quality assessment document (AQAA). This is an opportunity for services to share with us areas that believe are doing well and where they could improve. Sambrook House provided clear, relevant information of what the home does well, improvements which have occurred and plans for future improvement. Information was provided within the AQAA to confirm servicing and maintenance of equipment is undertaken and that all policies and procedures are in the process of being reviewed. We looked at a selection of maintenance and servicing records, all were up to date and demonstrate that systems are in place to ensure the home and equipment is safe. We saw that staff have regular training in health and safety, which ensures they are provided with the knowledge and skills to help people keep safe. We also looked around parts of the home and people's bedrooms and looked at individual risk assessments, which shows that arrangements are in place to help protect people from harm.

The home keeps us informed of the occurrence of accidents and incidents and knows when to refer to other agencies.

Are there any outstanding requirements from the last inspection?

Yes

No

## Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

## Requirements and recommendations from this inspection:

### Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

### Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

### Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	9	The home is advised to seek assurances from the District Nursing Service about the safe management of insulin

## Helpline:

**Telephone:** 03000 616161

**Email:** [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

**Web:** [www.cqc.org.uk](http://www.cqc.org.uk)

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