



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Auden House
Address:	473 Audenshaw Road Audenshaw Tameside M34 5PS

The quality rating for this care home is:

three star excellent service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	Date:
Susan Jennings	0 2 0 4 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. 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.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Auden House
Address:	473 Audenshaw Road Audenshaw Tameside M34 5PS
Telephone number:	01613012424
Fax number:	
Email address:	audenhouse@hotmail.com
Provider web address:	

Name of registered provider(s):	Dr Judith Bronwen Stockton, David John Evans
Type of registration:	care home
Number of places registered:	16

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	0	16
old age, not falling within any other category	0	16
physical disability	0	11
sensory impairment	1	0

Additional conditions:

The home is registered for a maximum of 16 service users to include:- *Up to 16 service users in the category of OP (Old age not falling within any other category). *Up to 16 service users in the category of DE(E) (Dementia over 65 years of age). *Up to 11 service users in the category of PD(E) (Physical disability over 65 years of age). *Up to 1 service user in the category of SI(E) (Sensory Impairment over 65 years of age).

Date of last inspection								
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Brief description of the care home

Auden House is a large detached Victorian property that has been adapted and extended over the years to provide accommodation for up to sixteen older people. The home is situated in a residential area of Audenshaw and is in private ownership.

The accommodation is provided in single rooms over two floors. Two bedrooms also have en-suite facilities. The residents are encouraged to personalise their own rooms

Brief description of the care home

and can be provided with a key for the bedroom door. There is a full passenger lift and other aids to meet the resident's daily living needs, throughout the home. On the ground floor there are two lounges and a dining room. There is a further small seating area in the front hallway.

To the side of the property is a small accessible garden. Off road car parking is available at the back of the home.

Fees for accommodation and care at the home range from £323. 66p to £365. Additional charges are also made for hairdressing and chiropody services, newspapers and personal toiletries.

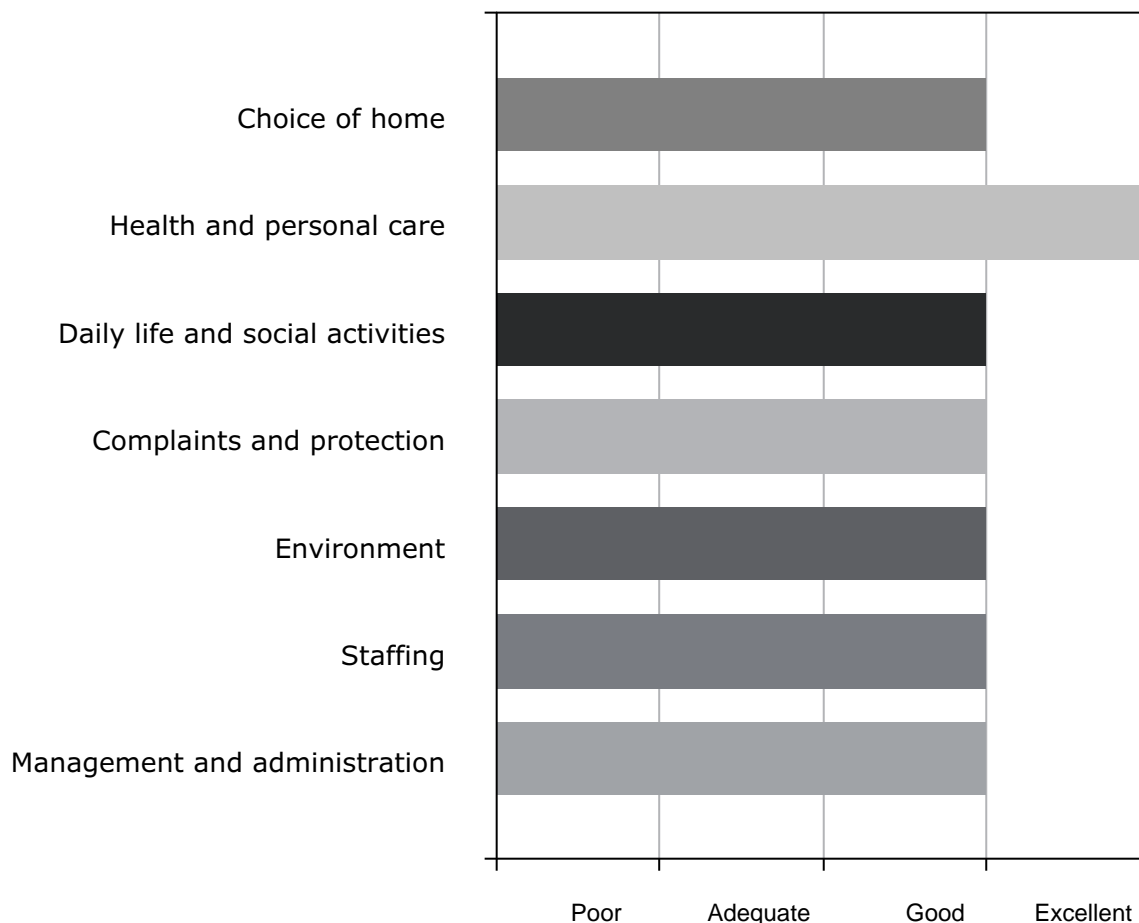
Summary

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:

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

The visit was undertaken as part of the key inspection, which includes an analysis of any information received by the Care Quality Commission in relation to this home.

The visit was unannounced and took place on over the course of 6.5 hours on Thursday 8th April 2009. During the course of the visit time was spent talking to residents, the manager and deputy manager, the cook and two care staff to find out their views of the home.

Time was also spent examining records, documents, resident's files and staff recruitment records.

before the inspection, we also asked the manager of the home to complete a form called and Annual Quality Assurance Assessment (AQAA) to tell us what they felt they did well, and what they needed to do better. this helps us to determine if the management of the home see the service they provide in the same way we see the service.

Fees for accommodation at the home are £232.66 to £365.00. additional charges are made for hairdressing, newspapers and toiletries.

References to "we" and "us" relates to the Care Quality Commission.

What the care home does well:

People were invited to visit the home before making a decision about moving in. They provide detailed information about what they offer.

We saw staff treated residents with respect and that they worked hard to maintain people's dignity. We saw that residents and staff had a good relationship and residents confirmed this. Residents told us "they are really hard working" and "they do all they can to help us".

Staff told us that the manager and owners were supportive and approachable.

Residents told us "the food is lovely always fresh and they will make something else if you don't want the main meal".

Care plans are detailed and outline residents preferences and wishes.

What has improved since the last inspection?

A number of bedrooms have been redecorated and some new carpets have been fitted since the last inspection.

The small office in the hallway near the front door had been removed and this made a more pleasant seating area for residents.

The owners have a programme of replacing furniture in bedrooms.

The gardens were being well maintained and gave a pleasant seating area for residents.

What they could do better:

A recommendation was made that where copies of documents have been taken to confirm a person's identity, they sign and date them to show that they have seen the original documents.

A recommendation was made that daily records in care plans be more detailed and reflect the actual care being delivered.

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 set out on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line -0870 240 7535.

Details of our findings

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Requirements and recommendations from this inspection

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.

Enough information about the home is provided in various formats and people's needs were assessed before they moved in.

Evidence:

They produced a statement of purpose and a service user guide. These were available to people and gave enough information about the home.

We saw the care plans of four residents. These had a copy of the care manager's assessment of needs. The manager or deputy manager also visited people in their own home or in hospital to carry out a pre-admission assessment. This is to make sure they were able to meet people's needs. The information is used to write a care plan.

We spoke to two residents who told us that they or a relative were invited to visit the home before making a decision about moving into the home.

Evidence:

Information was available in large print and they would arrange for it to be translated if needed.

The home did not provide intermediate care.

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.

Care plans were detailed and addressed people's health and social care needs.

Evidence:

We saw the of care plans of five people. Care plans were detailed and easy to read and it was clear that they had worked hard to maintain and improve the care planning systems.

We saw that care plans were individual and included a life history. This gave information about how people prefer to spend their days. We saw that people got up when they wanted and were able to spend time in the lounges or in the privacy of their rooms if they preferred. Some of the daily records of care were repetitive and did not reflect the care provided by staff. A recommendation was made that daily records be more detailed and reflect the actual care delivered.

Religious needs were recorded and ministers from various faiths visited the home on a regular basis.

Evidence:

There was a mixture of staff so that people could choose to have a male or female carer.

We saw staff responding to call bells quickly and sensitively. We saw that staff respected residents privacy by knocking on bedroom doors before entering. This means that residents dignity was maintained. We saw staff assisting people at the person's own pace. This means that people were not rushed.

They had various aids and equipment to make sure residents could be as independent as possible. We saw that care plans clearly identified what aids and equipment people needed. Where necessary they asked advice from specialists to make sure they have the most appropriate aids for the individual. This included special mattresses and beds.

We saw that staff treated residents with respect. We spoke to residents that told us they were happy with the care they received.

One person told us "it is very nice here they are good to you" another said "they work very hard and look after us very well" and "it is lovely here they do the best for you".

We saw that medication policies and systems protected people. We saw that regular external audits were carried out by the dispensing pharmacist. Where issues had been identified they had addressed them immediately. Medication Administration Record sheets (MAR) were completed with no gaps in recording. They had a list of signatures for those staff responsible for administering medication.

We saw that regular health monitoring takes place and that care plans were reviewed on a regular basis.

We saw that they used a palliative care pathway. This is a way of continuing to care for people who are at the end of their lives. This means that people can continue to be cared for at the home by people they know rather than in a hospital. They work closely and are well supported by district nurses and GP's. Arrangements would be made for relatives to stay with a person during the final stages of life.

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

The home offers a well planned and varied menu and a wide range of recreational activities.

Evidence:

They told us there was an open visiting policy and people were able to see visitors in one of the lounges or the privacy of their own rooms if they preferred.

They told us that if people did not like what was on the menu they were able to choose something else.

People living at the home told us "the food is very good" "good home cooking" and "the meals are generally very tasty and there is plenty to eat".

We saw that there were no strict routines at the home. we saw people getting up and coming for breakfast at various times.

We saw staff helping people at mealtimes. Mealtimes were flexible and relaxed and

Evidence:

staff offered help in a sensitive way. Staff were helpful and gave people enough time to finish their meal.

We saw the owner bringing supplies of fresh salmon to the home for the Good Friday meal. The cook told us "they always buy good quality food, they don't buy rubbish." The dining room was bright and airy and provided a comfortable area for people to relax and enjoy their meal.

They told us that there was an activity organiser who arranged activities each afternoon. Entertainers visited the home on a regular basis. They told us that he brought musical instruments for residents to join in.

We saw that people's preferences about how they spend their day were recorded. They speak to residents to find out what activities they preferred. This means that activities are person centred and reflect the likes and dislikes of each resident. Activities are regularly reviewed and changed to meet residents' needs and wishes.

We spent time sitting with residents who were playing musical bingo. One person told us "we don't have to join in" another said "I don't want to play bingo". A CD was played and if the song was listed on the residents' 'bingo' board they covered it with a counter. A small prize was given to the winner. The atmosphere was relaxed and there was a great deal of laughter. The music provoked a sing-a-long. We saw that staff and residents had a good relationship.

We saw that residents had made Easter bonnets. They told us that they would be judged and a prize given for the best bonnet.

We saw various pieces of artwork that residents had done and photographs of the most recent party.

They told us that each resident had a birthday party with a cake. They told us that relatives were invited to join in.

They told us that a hairdresser visited the home on a regular basis. They have a variety of books and the owner has subscribed to National Geographic for a number of residents.

People's spiritual needs are recorded so they can be given the opportunity and help they need to follow their beliefs.

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 make a complaint and that their concerns will be acted upon.

Evidence:

We saw that they had a written complaint procedure displayed and a copy of the complaint procedure was included in the service user guide. The procedure gave details about how to make a complaint. We saw that all complaints were recorded. The record included the detail of the complaint, the investigation and the outcome. We saw that complaints were dealt with appropriately and that they were used to improve the service.

Residents told us "if I had a complaint I would tell the manager or the owner" "I have never made a complaint but if I was not happy I would do" and "there is nothing to complain about but if there was I would just speak to the manager".

They had a copy of the Tameside Multi-Agency safeguarding policy for staff to read. They told us that staff had received training that teaches them how to recognise abuse and report poor practice. Staff were aware of the procedure in the event of an allegation of abuse being made.

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

People live in clean comfortable and suitably adapted surroundings.

Evidence:

We saw a sample of bedrooms. Residents told us I spend quite a bit of time in my room I have a television another said I go up for a lie down after lunch. One resident told us I like my room I spend a lot of time in here, it is clean and tidy they work very hard and I am really happy here.

We saw bedrooms had a view of the well maintained gardens and the main road to the front. They were clean, bright and airy and many had been re-decorated since the last inspection. We saw that some people had brought belongings with them from home like photographs ornaments pictures and furniture.

All the bedrooms are single occupancy with two having en-suite facilities there are plans to extend the building to provide additional en-suites.

The owner told us that there is an ongoing programme of maintenance, redecoration and refurbishment. We saw that new carpets had been fitted to some areas.

There was a pleasant seating area in the hallway. This was used by residents who

Evidence:

wanted to sit quietly and read or listen to the radio.

There are well-maintained gardens with seating areas where residents can sit out and enjoy the warm weather.

There were two lounges both were homely well decorated and comfortable. They were bright and airy and furniture was of a good standard.

We spent time walking around e saw residents relaxing after lunch in the lounges either reading, watching TV, listening to the radio or taking part in the activities.

Liquid soap and paper towels were used in toilets to minimise the risks of cross infection. They employed enough housekeeping staff to keep the home fresh and clean and there were no unpleasant odours. One resident told us "my room is lovely it is always kept clean".

Aids and adaptations were available to assist in moving people safely. These included manual hoists, assisted bathing facilities and walking aids.

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.

The numbers and skill mix of staff were sufficient to meet the needs of the residents and staff had access to a range of training.

Evidence:

We looked at a sample of staff recruitment files. They were well maintained and contained all the necessary checks to make sure that staff are safe to work with the residents. We saw that two written references were taken.

We saw that a criminal Records Bureau (CRB) disclosure and a check against the Protection of Vulnerable Adults List (POVA) had been obtained before staff start working at the home.

We saw that recruitment files contained photocopied documents to check the person's identity. A recommendation was made that they sign and date the copies to show that they have seen the original documents.

We saw that there were enough staff on duty to meet the needs of the residents. We spoke to several members of staff who told us that they received induction training.

They told us that supervision is provided at regular intervals and that they were able

Evidence:

to speak to the manager, deputy manager or the owner at any time.

We saw during the visit that senior staff were available to respond to queries from residents visitors and staff.

They told us that training needs were identified at supervision and refresher training was provided in the area of health and safety.

We saw that staff were caring and had a good rapport with residents. We saw that residents were approached with respect and that dignity was maintained. Staff were seen knocking on bedroom doors before entering and this showed they respected residents privacy.

We spoke to residents who told us "they are very kind" and "the staff are lovely they are quite friendly and very caring".

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.

Residents live in a home that is safe, well managed and run in their best interests.

Evidence:

The manager has considerable knowledge and experience of running a care service for older people. They had a good understanding of the conditions associated with old age and were able to address issues quickly. This means that changes in residents health are identified and they have access to health care professionals when they need it.

We saw they have an open door policy. This means that residents, visitors and staff have access to the manager or deputy manager at all times. Residents and staff told us that the management were always ready to listen to any concerns or answer questions.

We received positive feedback from staff about the support they get from the manager. comments included "we can speak to her at any time and if the manager is

Evidence:

not available the deputy is". Another person said "she never turns you away and is always there to support us".

Policies and procedures were in place to with regard to residents finances. Where staff make purchases on behalf of residents, receipts were kept and these were regularly audited. This means that residents financial interests were safeguarded.

They work well with us and they continue to let us know of things that have happened since the last inspection and show us that they manage situations well.

The certificate of registration and public liability insurance certificate was displayed. We saw that records were stored securley. This means that personal information about residents remained confidential.

All staff signed a confidentiality disclaimer. This means that staff understand the improtance of residents right to privacy, dignity and confidentiality.

Health and safety checks were carried out at regular intervals. This includes gas and electricity safety checks and the teating of fire systems and equipment.

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
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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
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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
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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	7	It was recommended that daily records be more detailed and reflect the actual care delivered.

Helpline:

Telephone: 03000 616161 or

Textphone: or

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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