

Annual Quality Assurance Assessment Care homes for older people Part 1: Self Assessment

Unlocked

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- You may overtype any text you have typed by highlighting and deleting the text.
- To mark 'checkboxes' point your mouse on the box and click.

To be filled in by you:

Name of your service:	The Haven Rest Home		
Your service number:			
Address of your service:	218 Worcester Rd Droitwich Worcester		
		Postcode:	WR9 8AY
Your name:	Simon Greaves		
Your job title:	R.C.H.M		
Your phone number:	01905 772240		
Your Email address:	simongreaves@me.com		
Your website address:	www.thehavenresidentialhome.co.uk		
Date that you sent the form to us: (dd/mm/yyyy)	24/09/2009		

The completed form should be returned as an e-mail attachment to your regional CQC office. Or, if you prefer, print off a copy and post it to us at:

Care Quality Commission
National Correspondence
Citygate
Gallowgate
Newcastle upon Tyne NE1 4PA

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South East Region	Email: enquiries.southeast@cqc.org.uk
South West Region	Email: enquiries.southwest@cqc.org.uk
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We have written guidance to help you when you fill in this annual quality assurance assessment. It tells you:

- Why we are asking you to fill it in
- What we are looking for you to say in the annual quality assurance assessment
- What to do when you have filled it in
- What we will do when we have received it from you

This guidance can be found on our website at: www.cqc.org.uk

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1. The views of people who use our services

We do the following to ensure that the views of people who use our services are promoted and incorporated into what we do:

we continue to carry out a quality assurance questionnaire yearly and inform the service users and relatives of the results. We also have regular meetings and reviews with relatives throughout the year.

We have made the following changes as a result of listening to people who use our services:

we have increased our activities co-ordinator role from three days per week to 6 days per week, the notice board with a electronic screen which we introduced last year for a visitors and relatives to view, has proved very popular.

We are planning to make these further changes as a result of listening to people who use our services:

The newly appointed activities co-ordinator is developing a monthly news letter for relatives and service users, which will be posted on our website.

2. Equality and Diversity

We do the following to ensure that race, gender identity, disability, sexual orientation, age, religion and belief are promoted and incorporated into what we do:

All our policies and procedures promote and incorporate equality and diversity.

We have made the following changes to ensure that equality and diversity has been promoted within our service:

We review all our policies annually.

We are planning to make these further changes to promote equality and diversity:

No reason to change existing policies and procedures at this time.

3. Barriers to improvement

We have found that during the last 12 months the following issues have made it hard for us to improve as much as we would have liked:

We have not encountered any insurmountable barriers during the last 12 months.

We have tried to reduce the impact of these barriers by:

N/A

4. Value for Money

We know that we give a service that provides value for money because:

We offer a very competitive all inclusive care package which is acknowledged by our high occupancy rates and high levels of referrals from GP's, social workers and primary health care workers.

We also have many referrals by word of mouth recommendation.

Annual Quality Assurance Assessment

Care homes for older people

National Minimum Standards outcome area:	National Minimum Standards:
Choice of Home	1, 2, 3 , 4, 5 and 6 (the key standards are in bold)

What we do well:

Service users are given a service users guide, statement of terms and conditions and all prospective service users are assessed before admission. Care plans are completed for all service users to comply with standard 3. We always invite prospective service users (where possible) and their relatives to visit the home and arrange for the service user to move into the home on a trial basis for 4 weeks.

We do not admit service users for intermediate care.

Our evidence to show that we do it well:

All our service users and relatives are actively involved in the admissions process, and agree the care package with any additions identified included.

What we could do better:

We could encourage the relatives to complete the initial quality assurance feed back questionnaire, in order to provide us with a more accurate assessment of our admissions process.

How we have improved in the last 12 months:

We have developed a web site to enable prospective service users and or relatives to access the homes AQAA form, CQC inspection reports, service users guide, statement of purpose, and terms and conditions of residency.

Our plans for improvement in the next 12 months:

We are developing new person-centred care plans that will focus more specifically at identifying and meeting service users needs.

National Minimum Standards outcome area:	National Minimum Standards:
Health and Personal Care	7, 8, 9, 10 and 11 (the key standards are in bold)

What we do well:

We provide an all - inclusive care package for our service users which place their rights and preferences at the forefront of our philosophy and principles of care.

We work closely with the primary health care team, GP's and other professionals to ensure the care provided is to the highest quality at all times. If required the local ministers of religion visit the home to provide spiritual support to individual service users.

This includes district nursing care, foot care and eye care.

Hairdressing, outings and entertainment are all included within our fees.

Our evidence to show that we do it well:

We carry out a yearly quality assurance questionnaire and the results show the service provided to a high standard and the home has a close relationship with the relatives together provide the care on an individual basis.

We have enjoyed a very high occupancy level for 7 years; we have received no complaints; we have had no discharges to other care homes and the home has never needed to market or advertise its facilities. This speaks volumes. Unfortunately, this is not always reflected in the regulatory authorities' reports.

We have had a successful pharmacy inspection during the last year; we have also strengthened our pharmacy operations manual.

With the additional space provided by our recent extension and refurbishment of existing rooms, we have reduced the number shared rooms from 5 to just 3. This has enabled us to provide even greater privacy to our service users.

What we could do better:

We could further develop our care plans to make them more person-centred.

How we have improved in the last 12 months:

We have introduced a person-centred System of Work for each of our service users. This will enable all staff to provide the continuity of care for each of our service users.

Our plans for improvement in the next 12 months:

We intend to further develop our care plans to make them more person-centred.
We have commenced this process which should be completed by the end of October 2009. This will include appropriate staff training.
We will be undertaking regular reviews of our Systems of Work to ensure service users needs are reflected in the work we undertake on their behalf.

National Minimum Standards outcome area:	National Minimum Standards:
Daily Life and Social Activities	12, 13, 14 and 15 (The key standards are in bold)

What we do well:

The home, where possible, promotes choice for its service users and respects individual preferences. However, this is made more complex due to the nature of the client group.

All our food is cooked fresh from raw ingredients daily, no meals are frozen, all cakes and pastries are prepared and freshly baked on a daily basis.

Our activities co-ordinator plans in advance the person-centred activities and outings so that the service users can enjoy a choice of individual or group activities and can select those they prefer. We do ask relatives, representatives and service users to complete a social activities questionnaire to identify the service user's past interests, wherever possible. If appropriate, we facilitate individual service users to continue practicing their religion, either in the home or their chosen church.

Our evidence to show that we do it well:

All residents appear to show an interest in the activities we provide; the relatives, who are actively encouraged to maintain their relationships with their loved-ones, and who take the opportunity to have lunch with their family member(s) always compliment us on the standard of the meals provided. We continue to regularly we review and update our menu, taking into account any expressed views from our service users.

The quality assurance questionnaire shows that the residents and their families are very satisfied with the quality and presentation of the food and the general standard of the care provided within the home.

All service users have a full needs assessment undertaken on admission, and are reviewed regularly, in which their routine of daily living is identified and agreed based on their preferences and needs.

We have developed our activities notice board which incorporates a LCD picture viewer; this has proved extremely beneficial in providing stimulation and reminiscence for our service users. Our relatives have also derived much pleasure in being able to view pictures of their loved ones enjoying the activities provided by the home.

What we could do better:

We could try to encourage more of our service users' families to participate in our quality assurance programme to enable us to identify any additional areas for improvement.

How we have improved in the last 12 months:

We have increased the range of social activities available to our service users; these are now planned over 6 days a week instead of the previous 3 days per week.

Our plans for improvement in the next 12 months:

To continue to develop our activities programme.

National Minimum Standards outcome area:	National Minimum Standards:
Complaints and Protection	16 , 17 and 18 (the key standards are in bold)

What we do well:
<p>Due to the home being small, we have a close relationship with the families of our service users. We have in place a complaints procedure, a copy of which is located at the front entrance, and every new service user is provided with a copy of this procedure in their initial service user guide.</p> <p>All staff have completed a rigorous POVA training course so that they are aware of their and the home's responsibilities to protect the service users.</p> <p>The service users legal rights are protected by the provision of available advocacy services where appropriate.</p>

Our evidence to show that we do it well:
We have received no complaints from residents or relatives or health professional colleagues during the last 12 months.

What we could do better:
Provide information on all available advocacy services to all service users and relatives.

How we have improved in the last 12 months:
All new and existing staff have undertaken a more detailed POVA training course.

Our plans for improvement in the next 12 months:
The POVA training course will be incorporated in to our induction training.

National Minimum Standards outcome area:	National Minimum Standards:
Environment	19 , 20, 21, 22, 23, 24, 25 and 26 (the key standards are in bold)

What we do well:

The location and layout of our home is suitable for its stated purpose. All aspects of the home are safe, cleaned and maintained to a high standard, with access restricted to 'staff only areas' where appropriate by means of coded access door locks. The home meets the services users' individual and collective needs in a friendly, comfortable and homely way. The recent extension and refurbishment has been designed and undertaken with reference to relevant guidance.

With the completion of the extension we now provide a new 'wet room' on the first floor in addition to the relocation and enlargement of the first floor service users toilet.

The extension enabled the home to create an office within the home which can be used for private meetings with relatives or staff. With the creation all the home's documentation is now available on site.

We have introduced a new 'Nurse Call' system within the home which greatly enhances the contactability and tracking of staff.

Our evidence to show that we do it well:

We have a regular maintenance programme in situ, with records available for inspection. The grounds have been extensively upgraded to include a sensory area for service users which is used frequently by them. The front garden has been completely redeveloped to provide for an additional car parking space and a ramped access to the front door. The new extension provides for an improved environment for our service users in addition to reducing the number of shared room to just 3, and by increasing the number of rooms with an en-suite facility to 11.

What we could do better:

At this moment in time we believe we have addressed all the areas requiring development.

How we have improved in the last 12 months:

Please refer to statement above regarding the improvements we have undertaken during the last 12 months.

Our plans for improvement in the next 12 months:

Ongoing redecoration of all rooms as required, or when a new service user is admitted with a preference for a different colour scheme.



National Minimum Standards outcome area:	National Minimum Standards:
Staffing	27, 28, 29 and 30 (the key standards are in bold)

What we do well:

The home provides a skill mix of staff to satisfactorily meet the assessed care needs of our service users. The staffing numbers exceed the Residential Forum Calculation.

All staff have attained their NVQ Level 2 in Health & Social Care, and the three staff engaged in a management capacity have either attained or are in the process of attaining their RMA and Level 4 in Health & Social Care.

All staff have a training record maintained in their personal staff file.

Our evidence to show that we do it well:

The numbers and skill-mix of our staff and the attainment of the required NVQ's by staff.

What we could do better:

We need to consider developing a master matrix of training to facilitate easier reference to training requirements.

How we have improved in the last 12 months:

All staff have now completed their level 2 NVQ in care.

The R.C.H.M. has achieved his RMA and NVQ Level 4 in Health & Social Care.

Both Care Managers are undertaking their level 4 Health and Social Care; 1 has now completed the course and is awaiting certification, and the 2nd is expected to complete her course by December 2009.

Our plans for improvement in the next 12 months:

We intend to develop a master matrix of training as mention above.

National Minimum Standards outcome area:	National Minimum Standards:
Management and Administration	31 , 32, 33 , 34, 35 , 36, 37 and 38 (the key standards are in bold)

What we do well:

As the Registered Manager I am qualified and competent and have over 17 years experience in the Care Sector.

I and my staff provide a service which meets the home's stated purpose, aims and objectives.

The management approach of the home is open, honest and inclusive.

We have an effective quality assurance programme in situ, coupled with on-going quality monitoring systems; these quality systems include seeking views of service users and their families.

Because of the lack of capacity of our service users, the care package provided is of an all-inclusive nature and all financial matters relating to our service users are dealt with by their respective families.

The home utilises the services of Peninsula (an employment legal advisory service) and fully conforms to all current employment legislation.

All staff receive formal supervision at least 6 times per year, and an annual appraisal.

All staff undertake all formal training as required.

We comply with all the relevant legislation regarding Data Protection, and the health, safety and welfare of our service users and staff.

Our evidence to show that we do it well:

Our Training records reflect our commitment to training. Our staff records include records of supervision and appraisal. The home fully complies with the Data Protection Act and other statutory requirements regarding the security, storage, maintenance and accuracy of records.

The home's Health & Safety requirements, including COSHH, are in situ; our electrical, gas and water systems are regularly maintained and recorded.

The home undertakes a full range of risk assessments for all safe working practices, and that all accidents, injuries and (where appropriate) incidents of illness or communicable diseases, are recorded and reported. Safety procedures are posted and referred to in staff meetings, in addition to staff receiving induction training and on-going mandatory training.

What we could do better:

We need to incorporate the individual staff appraisal and supervision records into the respective staff files.

How we have improved in the last 12 months:

Our previously stated aims and objectives regarding staff training have been accomplished.

Our plans for improvement in the next 12 months:

As stated above, we will be developing our staff records to incorporate individual training, supervision and appraisal records.

We also intend to develop a training master matrix to facilitate ease of reference when identifying any possible skill gaps or training requirements.

Brief summary of our comments made within this Annual Quality Assurance Assessment:

What our service does well:

We provide a warm, caring environment for our service users where their wellbeing and assessed needs are the focus of our home.

All service users are provided with a comprehensive care package to meet their individual person-centred assessed needs.

Over the last 12 months the home has been extensively upgraded and refurbished to provide an even higher standard of accommodation and facilities.

Our on-going quality assurance systems enable us to identify and correct any shortcomings and put in place any required amendments to our policies and procedures.

Our staff have attained all the training requirements needed to satisfy the requirements of the home and all staff have embarked upon a programme of continuing professional development which incorporates Dementia Awareness, dealing with challenging behaviour, effective communication, Protection from Abuse, Infection Control, and the Safe Handling of Medicines, in addition to the mandatory training in situ.

We believe that we not only fully comply with the requirements of Care Standards Act but our level of care provision exceeds the National Minimum Standards to fully justify the awarding of a 3* rating.

How we have improved in the last 12 months:

We have extensively refurbished and extended our home to enhance its 'fitness for purpose'. We have reviewed all our working practices and procedures and invested heavily in the development of our staff to enable them to provide a high standard of care to our service users.

What we could do better, and how we are going to do this:

With the mutual co-operation of the Care Quality Commission (CQC) develop a good working relationship with them in order to avoid the previously strained circumstances with CQC's predecessor, brought about by their inconsistency and conflicting requirements. If such a relationship proves satisfactory then the award of a 3* rating should prove inevitable.

Part 2: Dataset

Note: In the sections where you are required to answer 'yes' or 'No' please use an 'X' to respond. For example, if you have portable electrical equipment place an 'X' in the 'Yes' box.

About the Service:

1. Maintenance of Equipment

Has the following equipment, as applicable, been serviced or tested as recommended by the manufacturer or other regulatory body?								
	Do you have this equipment?		Date of last review or certificate					
	Yes	No	M	M	Y	Y	Y	Y
Premises electrical circuits	x		2	4	0	4	0	9
Portable electrical equipment	x		2	6	0	9	0	9
Lifts/stair lifts	x		0	7	0	7	0	9
Hoists [including portable]	x		2	4	0	8	0	9
Fire detection and alarm	x		2	1	0	4	0	9
Fire fighting equipment	x		2	1	0	9	0	9
Emergency lighting	x		2	1	0	4	0	9
Emergency call equipment	x		0	1	0	5	0	9
Heating system	x		3	1	0	3	0	9
Soiled waste disposal		X						
Gas appliances	x		1	3	1	0	0	8

2. COSHH

Do you have written assessments on hazardous substances [Control of Substances Hazardous to Health]?	Yes	No
	X	

3. Drugs and medication

	Yes	No	N/A
3a If you provide nursing care, is equipment used for disposal of drugs and sharps provided through a contract with a specialist disposal service?			X

		Yes	No	N/A
3b	Have any of the following controlled drugs been administered or stored in the home in the past 12 months: morphine, dexamphetamine, diamorphine, pethidine, fentanyl, methadone, methylphenidate?	X		
3c	Have any other 'Schedule 2' controlled drugs [not named in Question 9b] been administered or stored in the home in the past 12 months?	X		
3d	Does the service obtain a stock of controlled drugs for use in the home [instead of individually prescribed drugs for named residents]?		X	
3e	Have there been any serious incidents involving controlled drugs, within the past 12 months?		X	

4. Infection control

		Yes	No	N/A
4a	Do you have an action plan to deliver best practice in prevention and control of infection?	X		
4b	How many of your staff have received training in prevention and control of infection?	All		

5. Nutritional Screening

		Yes	No	N/A
5a	Do you carry out nutritional screening on everyone admitted to your service?	X		
5b	If so, do you repeat the screening for people at risk of malnutrition?	X		
5c	Do you take actions to meet the needs of people at risk of malnutrition?	X		
5d	How many of your staff have received training in malnutrition care and assistance with eating, (including those who prepare and serve food)?	None		

6. Policies & Documents

Policy/Procedure/Codes of practice Care Homes for Older People and Adults Aged 18 - 65								
	Do you have the policy/ procedure/ code in place?		Last review					
	Yes	No	M	M	Y	Y	Y	Y
Access to files by staff/users	x		0	1	1	1	0	8
Accidents to service users	X		0	1	1	1	0	8
Aggression toward staff	X		0	1	1	1	0	8
Annual development plan for quality assurance	X		0	1	1	1	0	8
Bullying	X		0	1	1	1	0	8
Communicable diseases and infection control	X		0	1	1	1	0	8
Clinical procedures	X		0	1	1	1	0	8
Code of conduct	X		0	1	1	1	0	8
Concerns and complaints	X		0	1	1	1	0	8
Continence promotion	X		0	1	1	1	0	8
Control of substances hazardous to health	X		0	1	1	1	0	8
Confidentiality and disclosure of information	X		0	1	1	1	0	8
Contact with/ visits by family and friends	X		0	1	1	1	0	8
Control, storage, disposal, recording and administration of medicines	X		0	1	1	1	0	8
Dealing with violence and aggression	X		0	1	1	1	0	8
Death of a service user	X		0	1	1	1	0	8
Discharge of service users, including planned discharge, and termination or self-discharge at short notice	X		0	1	1	1	0	8
Disclosure of abuse & bad practice (Whistle blowing)	X		0	1	1	1	0	8
Disposal of clinical waste	X		0	1	1	1	0	8
Emergency admission and detention Mental Health Act 1983	n/a							
Emergencies and crises	X		0	1	1	1	0	8
Equal opportunities, diversity, and anti-oppressive practice	X		0	1	1	1	0	8
Fire safety	X		0	1	1	1	0	8

Policy/Procedure/Codes of practice

Care Homes for Older People and Adults Aged 18 - 65

	Do you have the policy/ procedure/ code in place?		Last review					
	Yes	No	M	M	Y	Y	Y	Y
First aid	X		0	1	1	1	0	8
Food safety and nutrition	X		0	1	1	1	0	8
Gifts to staff	X		0	1	1	1	0	8
Health and safety (Health and Safety at Work Act 1974)	X		0	1	1	1	0	8
EC Regulation 852/2004 and the Food Hygiene (England) Regulations 2006	X		0	1	1	1	0	8
Individual planning and review	X		0	1	1	1	0	8
Induction and foundation training (now Common Induction Standards)	X		0	1	1	1	0	8
Management of service users money, valuables and financial affairs	X		0	1	1	1	0	8
Missing service users	X		0	1	1	1	0	8
Moving and handling	X		0	1	1	1	0	8
Nursing/treatment/care guardianship under Mental Health Act Regulations 1983 and Mental Health Act Code of Practice 1983	n/a							
Physical intervention, restraint	X		0	1	1	1	0	8
Pressure relief	X		0	1	1	1	0	8
Racial harassment occurring between service users; between staff; by staff; or by service users on staff	X		0	1	1	1	0	8
Record keeping	X		0	1	1	1	0	8
Recruitment and employment including redundancy	X		0	1	1	1	0	8
Referral and admission	X		0	1	1	1	0	8
Safeguarding adults and the prevention of abuse	X		0	1	1	1	0	8
Sexuality and relationships	X		0	1	1	1	0	8
Smoking and use of alcohol and substances by users, visitors and staff	X		0	1	1	1	0	8
Staff grievance and disciplinary procedures, staff supervision	X		0	1	1	1	0	8

Policy/Procedure/Codes of practice								
Care Homes for Older People and Adults Aged 18 - 65								
	Do you have the policy/ procedure/ code in place?		Last review					
	Yes	No	M	M	Y	Y	Y	Y
Values of privacy, dignity, choice, fulfilment, rights and independence	X		0	1	1	1	0	8
Working with volunteers	X		0	1	1	1	0	8

About People who use your Service

7. General Occupancy

7a	Number of people admitted in the last 12 months [not including short term/temporary residents]				3
7b	Number of short term/temporary residents in the last 12 months (specialist, wholly respite services, put N/A)				1
7c	Number of permanent discharges in the last 12 months				0
7d	Number of placement breakdowns in the last 12 months				0
7e	Number of residents aged 16-17 in the last 12 months				0
7f	Does this service cater for children under the age of 16?	Yes		No	X
	If yes, how many have received a service in the past 12 months?				

8. Significant areas of needs

<i>Please give the number of people with the following needs on the day this form is filled in:</i>	
	Number with this need
People who are bed fast	1
People who require help with dressing/undressing	17
People who require help with washing/bathing	17
People who require help going to the toilet	14
People who are singly incontinent [urine or faeces]	17

Please give the number of people with the following needs on the day this form is filled in:

	Number with this need	
People who are doubly incontinent	12	
People who have dementia	17	
People who have other mental health needs	0	
People who have a learning disability	0	
People who have a physical disability	2	
	Day	Night
People who normally require two or more staff to help with care	4	4
People who require help/supervision/prompts to eat meals	4	
People who have impaired vision	14	
People who have impaired hearing	0	
People whose first language is not English	0	
People who have specialist communication needs	0	
People who have alcohol dependence	0	
People who have drug dependence	0	

9. Diversity of people using your service

9a Gender

Please give the number of people in each group:

Female	16	Male	1	Transgender*	0
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*Where people have been prepared to share this information voluntarily

9b Ethnicity

Please give the number of people in each ethnic group:

White

British	17	Irish	0	Any other White background	0
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Mixed

White and Black Caribbean	0	White and Black African	0
White and Asian	0	Any other Mixed background	0

Asian or Asian British

Indian	0	Pakistani	0
Bangladeshi	0	Any other Asian background	0

Black or Black British					
Caribbean	0	African	0	Any other Black background	0

Chinese or other ethnic group			
Chinese	0	Any other	0

Not known	
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9c Religion/faith

Please give the number of people in each group:			
Christian [including Church of England, Roman Catholic, Protestant, non-Conformist, and all other Christian Denominations]			
None		Buddhist	
Hindu		Jewish	
Muslim		Sikh	
Any other religion [Please state]			
Not known			17

9d Sexual orientation

Please give the number of people in each group:			
Bisexual		Gay Man	
Lesbian/Gay Woman		Heterosexual/Straight	
Not known			17

10. Complaints, protection and other events

This section relates to the last 12 months before the day this form is filled in:		
10a	Number of complaints received	0
10b	Percentage of complaints resolved within 28 days	n/a
10c	Number of complaints upheld	n/a
10d	Number of complaints waiting for an outcome on the day this form is filled in	n/a
10e	Number of incidents when restraint was used	0
10f	Number of safeguarding adults referrals made	0

10g	Number of safeguarding adults investigations	0
10h	Number of referrals to the Protection of Vulnerable Adults List [POVA]	0
10i	Number of admissions to Accident & Emergency [or Emergency Medical Unit] but not via a GP or consultant	3
10j	Number of deaths (a) at the home	3
	(b) at hospital or hospice	0
10k	Number of people admitted to your home in the last 12 months who have since developed pressure ulcers.	0

11. Contracts

11a	How many people, who are privately funded, have a written contract?	9	
11b	How many people, whose care is funded by a council or health trust, have a copy of the agreement specifying the arrangements made?	8	
11c	Have you, or your organisation, reviewed all the contracts for people whose places are privately funded?	Yes	No
		X	
11d	Do you make a copy of the latest CSCI/CQC inspection report on the home available to all new and existing people who use your service?	Yes	No
		X	

12. Care and Support

Please fill in for current residents including temporary absences:

1	2	3	4	5
Name of council or health body with full or partial funding responsibility [For people who are privately funded use the bottom line for columns 2-5 and 7-10*]	Number of people	Number of people who came straight from hospital	Number of people receiving a council or health body assessment before admission	Number of people with a care plan
Worcestershire C.C.	8	8	8	8

13. Staffing

13a	Number of shifts, in the past 3 months, which have been covered by temporary staff, or staff from an agency:	
	Nursing	n/a
	Care	0
	Senior care	0

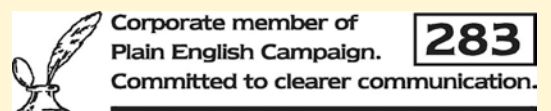
13b	Number of current permanent staff who have received training in safe food handling. Put X in the box if the category isn't applicable for your home.	
	Catering staff	2
	Care staff	12

13c	Do you have a staff development programme that meets the National Minimum Standards for your service?	Yes	No
		X	

13d	Recruitment checks - Did all the people, who have started work in your home in the last 12 months, [Permanent; temporary; agency; volunteer] have satisfactory pre-employment checks?	Yes	No
		X	

Notes

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ANNUAL QUALITY ASSURANCE ASSESSEMENT

Care Homes for Older People

Workforce Questions

If you have completed the relevant parts of the Skills for Care (SfC) National Minimum Dataset for Social Care (NMDS-SC) you do not need to fill in this Appendix.

Instead go to the NMDS-SC-ONLINE website (www.nmds-sc-online.org.uk) and download the NMDS-SC AQAA Workforce Report for your service. That report is automatically produced from your NMDS-SC. You can send that report to us, with this AQAA, and leave this Appendix blank.

If you have not filled in the relevant parts of SfC's NMDS-SC, please fill in this Appendix. The relevant parts of the NMDS-SC are the information about your service and about individual workers.

1. Staffing:

1a	Number of full time care staff/registered nurses	16
1b	Number of part time care staff/ registered nurses	0
1c	Number of other staff not care/registered nurses	5
1d	Number of hours worked by registered nurses in the 7 days prior to the day this form is filled in	0
1e	Number of hours worked by care staff in the 7 days prior to the day this form is filled in	411
1f	Number of hours worked by support, but not personal care, staff in the 7 days prior to this day the form is filled in	111
1g	Number of hours worked by other staff in the 7 days prior to the day this form is filled in	55
1h	Number of care staff/registered nurses who have left employment in the home in the last 12 months	3
1i	Number of female care staff	15
1j	Number of male care staff	1

2. Staff Training and Qualifications:

2a	Number of permanent care workers	16
2b	Number of staff who have completed the induction training expected by the NMS (described and recommended by Skills for Care)	16
2c	Number of permanent care staff with NVO 2 level 2 or above (The NVO is in Care or Health and Social Care)	16

3. Staff Ethnicity:

Number of permanent care workers / registered nurses who are:

White					
British	13	Irish	1	Any other White background	0
Mixed					
White and Black Caribbean	0	White and Black African	0		
White and Asian	0	Any other Mixed background	0		
Asian or Asian British					
Indian	0	Pakistani	2		
Bangladeshi	0	Any other Asian background	0		
Black or Black British					
Caribbean	0	African	0	Any other Black background	0
Chinese or other ethnic group					
Chinese	0	Any other	0		
Not known					