

Key inspection report

Care homes for older people

Name:	Upper Halliford Nursing Home
Address:	Upper Halliford Nursing Home Charlton Lane Upper Halliford Middlesex TW17 8QN

The quality rating for this care home is:	two star good 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.

Lead inspector:	Date:							
Lesley Garrett	0	2	0	2	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 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 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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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Upper Halliford Nursing Home
Address:	Upper Halliford Nursing Home Charlton Lane Upper Halliford Middlesex TW17 8QN
Telephone number:	01932732600
Fax number:	
Email address:	admin@upperhallifordnursinghome.co.uk
Provider web address:	

Name of registered provider(s):	Golden Manor Healthcare (Ealing) Limited
Name of registered manager (if applicable)	
Mrs Savitribai Shiela Gooljar	
Type of registration:	care home
Number of places registered:	62

Conditions of registration:								
Category(ies) :		Number of places (if applicable):						
		Under 65			Over 65			
dementia		62			0			
old age, not falling within any other category		0			62			
Additional conditions:								
The maximum numbers of service users to be accomodated is 62.								
The registered person may provide the following category/ies of service only: Care home only- Nursing (N) Whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category -(OP) Dementia (DE)								
Date of last inspection								
Brief description of the care home								

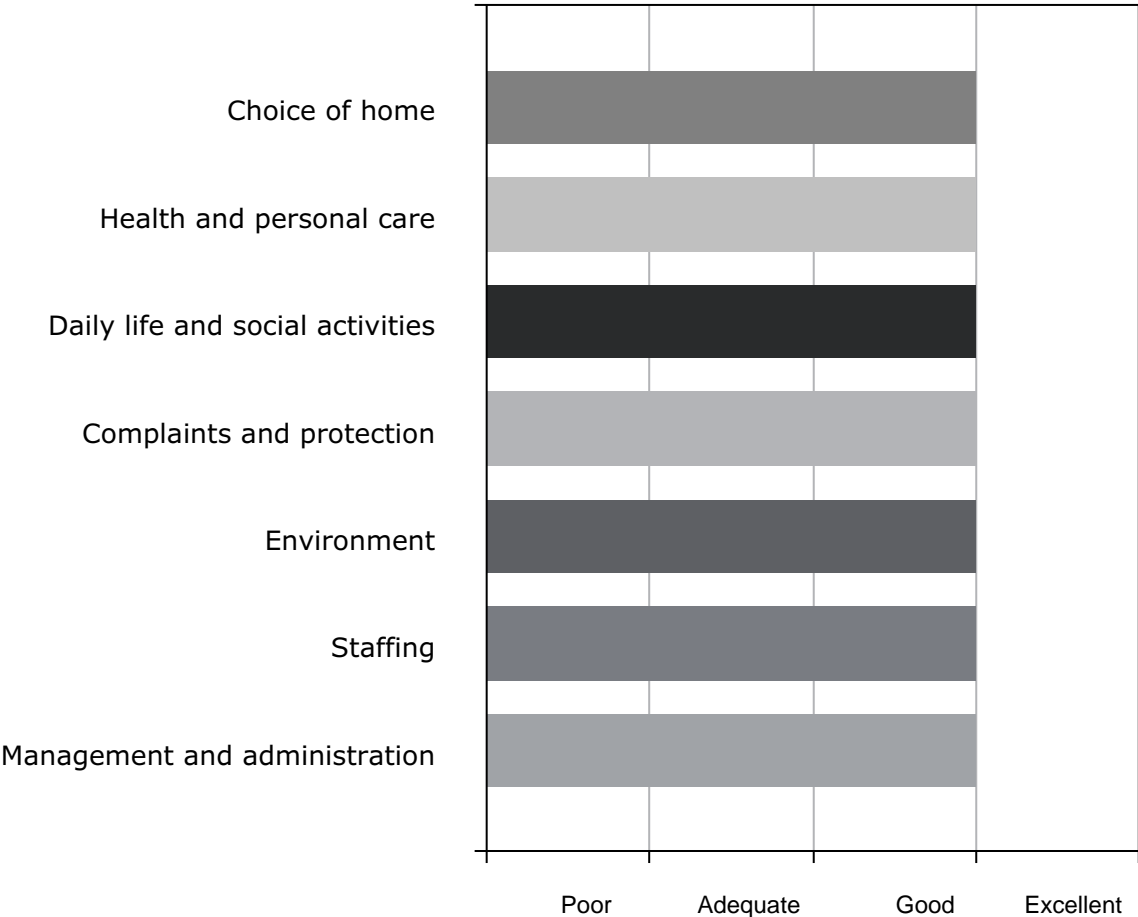
Summary

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

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

This inspection of the care home was an unannounced Key Inspection. Mrs Lesley Garrett, Regulation Inspector, carried out the inspection and the responsible individual and owner of the home represented the service. We arrived at the service at 09:30 and were in the home for six and a half hours. It was a thorough look at how well the home is performing. It took into account information provided by the home and any information that CQC has received about the service.

The former registered manager for the service supplied CQC with an AQAA (Annual Quality Assurance Assessment) and this document was used to assist with the inspection. We had also sent surveys to the home and we received some completed ones so some of these comments will also be used. We spent time talking and observing the people using the service and speaking with some staff members.

As this was the first inspection of a new service we looked at how well the service was

meeting all of the key national minimum standards and complying with the regulations and have in this report made judgements about the standard of the service.

Documents sampled during the inspection included the homes statement of purpose and service user guide, care plans, daily records and risk assessments, staff files, training records and the homes safeguarding and complaints policies and procedures.

From the evidence seen by us and comments received, we consider that the home would be able to provide a service to meet the needs of individuals who have diverse religious, racial or cultural needs.

What the care home does well:

The home showed us that before anyone moves into the home a thorough pre-admission assessment takes place. It takes into account the activities of daily living and showed us that the person who wishes to use the service and their next of kin had been consulted.

The home only has four people using the service. It was therefore evident that they receive very individualised care and are given choices about everything they do and eat.

Activities take place at a time and place to suit each individual and this is provided by the staff at present.

Menu choices were evident for each meal. On the day of inspection three different main courses had been prepared. One person told us they had bacon and eggs for breakfast each day.

The environment is clean and free from offensive odours and the equipment provided is still new and therefore not worn. All of the bedrooms are en suite and there are also good quality communal bathrooms.

Staffing numbers were high and sufficient to meet the needs of the the people using the service. Staff have received training and are able to provide the care for those people using the service that are currently admitted.

What has improved since the last inspection?

This is the first key inspection since the home opened in August 2009.

What they could do better:

One requirement was made following this inspection.

The use of CCTV within the home should be reviewed to ensure it meets current legislation and that it meets the local authority's safeguarding of adult procedures with regard to the Mental Capacity Act and deprivation of liberty.

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. 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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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 who wish to use the service benefit from a pre-admission assessment from a suitably trained person and can now make a decision about living at the home as the statement of purpose and service user guide has been amended and updated.

Evidence:

We sampled the home's statement of purpose and service user guide. Some of the information contained within these two documents was out of date or did not apply to the service. This was discussed with the responsible individual who told us that the home's consultant had been responsible for ensuring these documents were current. During the site visit to the home by the inspector who was carrying out a registration visit we asked that these documents be adjusted and emailed to us for clarification. Since this inspection both documents have now been emailed to us and they have been adjusted.

Evidence:

We sampled two administration folders of people using the service and found that they both had contracts in place. Terms and conditions were also in the folder and the documents detailed the care and services that were covered in the fees.

The responsible individual told us that all people that are admitted to the home have a pre-admission assessment which her deputy carries out. The assessments that we observed were detailed and contained enough information to make a decision about the care needs of the individual. The assessment is kept in the individual folders of the people using the service and the care plans are then generated from this document.

The care needs of the people using the service can be met by the staff at the home. The responsible individual told us that as the numbers increase the floor for people with dementia will be opened. The deputy manager has been successful in completing a recognised dementia course.

As part of the admission process the responsible individual told us that relatives often visit the home to look around before agreeing to a pre admission assessment. Whenever possible the people who wish to use the service can also visit. This allows the people wishing to use the service to select a bedroom and have the opportunity to meet other people living at the home and the staff.

The home does not offer 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 **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The health and personal care needs of people using the service is based on their individual needs which is all clearly documented and stored in individual folders.

Evidence:

Two care plans were sampled and these contained details about each person using the service. There was sufficient information to allow the staff to deliver the care to each person using the service. Preferences were clearly stated throughout the care plans which demonstrated that good assessments had taken place and there had been consultation with each person using the service. Risk assessments were also in place and these were clear with evidence that all had been reviewed and evaluated every month. People who use the service and their relative or representative are involved in the writing and reviewing of all care plans. All care plans are hand written and care should be taken when writing the care plans that the hand writing is clear so that all staff can read the document.

Aids and equipment are provided to encourage maximum independence for people

Evidence:

using the service. Currently the home has only six profiling beds but the responsible individual told us that more can be purchased if the needs of future people admitted to the home dictated this. The rest of the beds are domestic in nature and do not have pressure relieving mattresses in place. The deputy manager told us that these mattresses are available in the home and can be used if necessary following assessment. These beds can have their height adjusted but only by moving the pins up or down that are on the legs. Staff cannot adjust the height of these beds easily for bed making purposes.

The deputy told us that all people using the service are registered with two local GP surgeries. They will visit the home if called by the staff or if a person using the service requests to see the doctor. All individual care plans have notes for visiting health care professionals to complete during a visit to a person using the service. We looked at these notes and found that they had been completed clearly by visiting health care professionals. Other people that visit the home are chiropodist, opticians, the palliative care team, dietitian and speech and language therapist.

There are medication policies and procedures in place. The deputy told us that all medications are delivered every month and are in blister packs. They are supplied by a large chain pharmacy. The deputy audits the medicines and controlled drugs every week to ensure that medication administration charts (MAR) are completed correctly and no medicine has been omitted or lost. All medication omissions are documented on the back of the MAR chart and the reason for non administration. It was also observed that any hand written entries onto the MAR chart are written by one person and then checked and also signed by another.

During a tour of the building it was observed that staff were speaking appropriately to the people using the service by their preferred name which had been documented in their care plan. All people were dressed in clothes appropriate for the weather with hair well groomed and nails clean. Staff were knocking on peoples bedroom doors prior to entering and all bedrooms had access to a telephone.

The care plans had details of preferences at death for all people using the service. These instructions and wishes had been discussed with the people using the service and their relatives. The deputy told us that the home has adopted the Liverpool Care Pathway for all end of life issues. People with palliative care needs can be accommodated at the home as they have the support of a palliative care team.

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.

People who use the service are able to take part in social activities and are able to exercise choice in their daily lives. The quality of the meals are good which means nutritional needs should therefore be met.

Evidence:

The home has only four people using the service at the time of inspection. The staff told us that there is no structured activity programme of plan in place. This is because each person can choose everyday what they would like to do. Each person has a social care plan in place which details their preferences for activities. The team leader told us that a member of staff has been identified as someone who would ensure that activities take place but that member of staff, who is a senior carer, told us that they would not want to do only activities as it would take them away from the care of the people using the service. The senior carer told us that she was busy organising biographies for the four people using the service and enlisting the help of the their relatives. Time has been spent talking to the people using the service to help with the biography.

On the day of the inspection no activities were taking place. The radio was playing in the lounge and one person using the service was sitting on the settee listening. The

Evidence:

person using the service told us that they like to do quizzes and crosswords and enjoys knitting. There has been no outside providers of activities yet and there are no visits from schools or other local youth groups. A member of staff told us that this is something they hope to develop in the future. Staff have taken people to the local shops and garden centre in a wheelchair.

The manager told us that visitors are welcome in the home at any time and the home promotes open visiting. On the day of inspection it was observed that people using the service had visitors during the day in individual bedrooms and in the communal areas.

The responsible individual told us that on a recent environmental health officer visit the home was awarded four stars. Consultation regarding menus takes place with the people using the service. We were informed that different dietary needs can be catered for and if people using the service require pureed or soft diets the dietitian or speech and language therapists would be consulted. The staff told us that relatives are welcome to stay for meals and they did have relatives in for lunch on Christmas day and for the special New Years day lunch. All people using the service are asked each day what they would like for each meal. On the day of inspection three different meals were served to the four people using the service. One person told us 'we are always asked what we would like to eat. I also have bacon and eggs every morning for breakfast'. The responsible individual told us that the home has a head chef who will start work at the home once there are more people living there. The second chef was cooking on the day of the inspection.

There is a good sized dining room available on the ground floor but people using the service have chosen to take their meals in the lounge while there are so few of them. The tables were laid with tablecloths and napkins and drinks were available.

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.

Safeguarding procedures and practises at the home have now been strengthened this ensures that people who use the service are adequately protected from abuse.

Evidence:

The responsible individual told us that since the home has opened they have not received any complaints. The complaints policy was viewed and it was observed to contain the wrong address to contact CQC and also contained information regarding Ealing Council. This is incorrect as the service is situated in Surrey.

One concern was raised with us prior to the inspection regarding staffing levels that were too low and the responsible individual relying on agency and bank staff. This was followed up during the inspection and staffing rotas did not demonstrate that staff numbers were low. The responsible individual told us that no agency staff had been used but she did use the bank staff that were available to her. The bank staff are employed by the home and attend for regular shifts so are known to the people using the service.

Some areas of concern regarding the safeguarding of vulnerable adults were highlighted during this inspection. A tour of the building took place and CCTV was seen on the exterior of the building but also in the communal areas. Signs were in place alerting visitors to the home that CCTV was in operation. The responsible individual told us that the CCTV was in place when we visited to register the home in August

Evidence:

2009. Following the inspection we spoke with the inspector concerned who told us that there was no CCTV inside the building but it was intended to be installed outside for added security on exit doors.

The responsible individual told us that the CCTV was not in place to monitor the people using the service but to monitor the staff. The responsible individual also told us it was for internal security also as there were so few people in the home who use the service. Following the inspection we asked the responsible individual to contact Surrey safeguarding team to seek their advice on the use of CCTV with regards to the Mental Capacity Act and the deprivation of liberty for the people using the service.

The responsible individual told us there have been no safeguarding alerts since the home opened. We viewed the home's policy and procedure for safeguarding adults and found it was not in line with the local authority's. The local authority's multi agency procedures were not available at the home. The responsible individual told us that the copy that was held in the office had gone missing.

Staff told us that they had received training in safeguarding adults procedures. We spoke with the staff and some of their responses did not adhere to the local authority's procedures. No member of staff have received training from the local authority. The responsible individual told us that the registered manager was booked on to a course prior to her leaving but no other member of staff has attended.

Following this key inspection a further visit to the home took place. We looked at the revised complaints procedure and confirm it now contains the correct information with regard to contacting agencies. We also looked at your revised safeguarding adults procedures and confirm they better reflect the local authority's policy. With regard to safeguarding adult training there was evidence that some training had now taken place and more was planned. We spoke with a member of staff that we had not met during our key inspection visit and they were able to demonstrate a sound understanding of correct safeguarding adults procedures.

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.

The home enables people who use the service to live in a safe and comfortable environment which is clean and hygienic.

Evidence:

A tour of the home took place and it was observed that people who use the service were able to access all parts of the home and grounds. The home on the day of inspection was seen to be clean and tidy and free from offensive odours. The home has been newly built and currently there are only four people using the service. All of the bedrooms are single and they have the benefit of en suite wet rooms. The bedrooms that were occupied were observed to be personalised. There are good quality communal bathrooms on each floor. Good lighting was noted throughout the home with each bedroom having at least three lights in the ceiling and a bedside light. Seating is available for two people and a lockable cupboard and a wardrobe. All bedroom doors are able to be locked. There are flat screen televisions in some of the bedrooms and more will be added as the rooms fill. The televisions all have freeview available so radio channels can also be selected.

There are seventeen profiling beds available and these numbers will be increased if the assessed needs of people using the service require this. The majority of beds are domestic in type with sprung mattresses which are not pressure relieving.

Evidence:

Communal lounges are available on each floor together with dining rooms. There is a large reception area with a range of seating available where people using the service can also sit. In a returned survey one person told us 'The bedrooms are a good size and well thought out as there are large buttons on the telephone and each bedroom has a television and DVD'.

The home does not have a maintenance person employed at the moment as contractors are still visiting the home as they have experienced some 'teething problems'. On the day of the inspection the plumbers were visiting as the home had had a water leak on Christmas Eve.

Gloves and aprons were available throughout the home for staff to use. The laundry is sited away from the home and the responsible individual told us that this had not been a problem for staff going outside during the bad weather. The laundry person is only working three days a week as that is all that is necessary. When the number of people using the service increases her hours will also increase.

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.

Staff numbers at the home on the day of inspection were sufficient to meet the assessed needs of the people using the service. NVQ training for the care staff continues to ensure a good skill mix of staff on duty.

Evidence:

On the day of inspection there were sufficient staff on duty to meet the needs of the people using the service. A whistle blower had contacted CQC telling us there were not enough staff on duty at the home. Rotas were sampled which showed that there had been consistent staff numbers during a four week period. We spoke to some people using the service during our visit who confirmed that there were enough staff. A number of positive comments were received in relation to staffing including; 'carers are excellent can't do enough for my mother' 'care is excellent and the carers are lovely friendly people'.

The responsible individual said that well over 50% of the care staff have the National Vocational Qualification (NVQ) at level two and that the training at the home is on going. We were told that the training is provided by a college who visit the home to see the staff. Some staff spoken to on the day confirmed that they had the NVQ certificate.

Three staff employment folders were sampled and were found to have the necessary

Evidence:

paper work to enable the home to safely employ those people. This ensures that the people who use the service are protected by the home's recruitment procedures. One recruitment folder did not contain a reference. A discussion took place with the responsible individual who will follow this up after the inspection.

Staff told us that training is available at the home on a regular basis. There has been time for staff to ensure they are regularly updated as there are only a few people using the service. The team leader said that she had concentrated on the 'basics' with new staff which included how to assist with personal hygiene. Records sampled on the day showed us that staff have the benefit of an induction programme. This is also linked to a national induction programme which prepares staff for the NVQ programme. All training has taken part at the home and DVDs are used for this. Training included fire awareness, moving and handling, safeguarding adults and food hygiene. The responsible individual told us that specialist training will be available to meet the changing needs of the people using the service. The deputy manager has already completed the full dementia course in preparation for the opening of the dementia unit.

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.

Management arrangements at the home ensures the staff team is adequately supported and there are clear lines of managerial accountability. Some quality assurance systems are in place which should improve the quality of care offered to the people who use the service.

Evidence:

The registered manager resigned in December 2009 and the deputy manager is in day to day charge until a new person is appointed. The responsible individual told us that the post had been advertised and interviews have already taken place. The responsible individual is in daily contact with the home to offer support and guidance for the deputy manager. The deputy manager told us that she was clear that she could contact the responsible individual at anytime as she was always available. The home also benefits from having in post a team leader and senior carer.

The responsible individual told us that meetings have been held for the people using

Evidence:

the service and their relatives or representatives. These have been held on alternate months. Minutes have not been kept of these meetings as we were told any issues are usually addressed as they are raised. The views of the people using the service have not been sought as the home has only been open six months. We recommended to the responsible individual that consideration should be given to allow people using the service the opportunity to feed back their thoughts about the quality of the service provided to them. Surveys should also be sent to visiting health care professionals. The results should then be analysed and an action plan written to address any concerns raised. In reception it was observed that a comments box was available for suggestions to be placed in to and a suggestions form available for completion.

Regulation 26 visits take place every month. The responsible individual told us that they employ a consultant to do these visits and a copy of the report was available at the home when we visited.

In the reception there was a current insurance certificate displayed. We did not ask to see the home's business and financial plan for the home during this visit.

The responsible individual told us that no person using the service manages their own money. Any treatments for example hairdresser or chiropody will be invoiced each month and the bill is settled by the relative or representative. Each bedroom has a lockable draw to enable people who use the service to store items securely and each bedroom door is fitted with a lock.

The staff files that were sampled did not demonstrate that staff had undergone regular supervision. This has to be put into place once a regular staff team has been established.

All necessary health and safety certificates are in place as seen in the AQAA. The home does not have a maintenance person as the responsible individual told us she has a maintenance building company who visit the home regularly to look at any problems identified by the staff. The responsible individual told us that staff are undertaking the routine checks that take place monthly or weekly. This includes fire alarm and water temperature checks.

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
1	18	12	<p>The use of CCTV within the home to be reviewed to ensure the privacy and dignity of people who use the service is maintained and that it is in line with the local authority's policy on safeguarding adults and the Mental Capacity Act and deprivation of liberty.</p> <p>To ensure that all people who use the service are safeguarded and their privacy is maintained.</p>	10/03/2010

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

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

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