Commission for Social Care Inspection

Making Social Care Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Western Rise

27 Western Road
Torquay
Devon
TQ1 4RJ

Lead Inspector
Stella Lindsay

Key Inspection (unannounced)
23rd January 2009 09:45

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

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People.* They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Western Rise
Address	27 Western Road Torquay Devon TQ1 4RJ
Telephone number	01803 312430
Fax number	01803 312730
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Dr Pepper's Care Corporation Limited
Name of registered manager (if applicable)	Samuel George Rose
Type of registration	Care Home
No. of places registered (if applicable)	37
Category(ies) of registration, with number of places	Dementia (37), Mental Disorder, excluding learning disability or dementia - over 65 years of age (37)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category of service only:

   Care home only - Code PC

   to service users of either gender whose primary care needs on admission to the home are within the following categories:

   Dementia (Code DE)
   Mental disorder, excluding learning disability or dementia, aged 65 years and over on admission (Code MD(E))
2. The maximum number of service users who can be accommodated is 37.

Date of last inspection 31st July 2008

Brief Description of the Service:

Western Rise is registered to provide accommodation with personal care to older people (65+) people with dementia (50+) and people with mental disorder (50+). It is able to provide service for up to 37 residents both male and female.
The home offers 35 single bedrooms of which 24 have on suite facilities and 2 double bedrooms both of which are on suite. There are also communal toilets and bathrooms throughout the building. Accommodation is provided over 3 levels; lower ground, ground and first floor. The home has stair lifts connecting each floor. The home also has 3 lounges, 2 dining rooms two smoking rooms and a library. Western Rise is a large detached property set in its attractive and accessible grounds. It is located in the St. Marychurch area of Torquay and is within walking distance of local shops and amenities. Torquay town centre is a short bus ride away.

The weekly cost of care at the home ranges from £350.00 to £1,451.00, depending on care needs.
The statement of purpose and previous inspection report were available in the office of the home.

SUMMARY

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

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

This inspection took place over two days in January 2009. One inspector visited, but this report is written as 'we' as it was carried out on behalf of the Commission for Social Care Inspection.

During our visit we spoke to 15 people who were living at Western Rise, three regular visitors, the home owner, registered manager, and eight other staff members.

We case tracked three people who use the service. Case tracking means we looked in detail at the care these people receive. We spoke to staff about their care, looked at records that related to them, met with them and made observations if they were unable to speak to us.

We looked at staff recruitment records, training records and policies and procedures. We did this because we wanted to understand how well the safeguarding systems work and what this means for people who use the service.
All this information helps us to develop a picture of what it is like to live at Western Rise.

What the service does well:

Western Rise is on a quiet street, and has a pleasant secluded garden. There are lounges, dining rooms, bathing facilities and smoking areas, giving people choices in their daily lives.

There is a good core team of staff at Western Rise who know the residents well and were able to respond to their changing needs. Staff appeared to have a good rapport with the people they were caring for. People spoken to who live at the home said the staff were friendly and help them with the things they need. We saw that residents called in at the office for informal discussions with staff and management.

What has improved since the last inspection?

Management and staff had worked together to meet the requirements made at the last inspection. A new policy on 'Improving Residents' Health and Welfare' had been introduced. All residents care plans had been re-written, to ensure they were accurate and up to date.

Staff take great care now to share information and in particular to hand over to new staff coming on duty, so that they will know of any changes and any particular care needs. The rota had been altered to give staff time to do this properly.

A staff member had been appointed as Activity Organiser, part time, and given responsibility to introduce and promote individual activities and social interaction with and between residents. This was developing very well.

Work had started on gathering information to write life stories with residents, for their interest, and to help staff to understand them and communicate well with them.

Access around the garden had been improved. Residents and their visitors admired the new walkway, decked area and summerhouse, and were looking forward to enjoying it in the better weather.

Painting and decorating had been carried out, which improved the environment and made people feel better. Staff were still struggling with laundry facilities located in different parts of the building, but it was seen to be in reasonable order during this visit.

Staff training had been provided since the last inspection in order to enable staff to provide a good and reliable service. This included the Protection of Vulnerable Adults, Tissue Viability (skin care), Safe Administration of medication, and dealing with Challenging Behaviour.

What they could do better:

No requirements were made at this visit, but eight recommendations for good practice.

1. The Manager had produced new care plans for each resident. He should consult with each resident or their representative to ensure the care was being given in a way that suited them.
2. A resident was seen to be in danger of sliding to the floor. A professional assessment should be requested to enable them to sit in comfort and safety while in the lounge, to prevent them from becoming isolated in their room.
3. The good work that has started with social interaction and activities should be developed with more staff involved in order to provide this stimulus over the whole week, and to ensure that more residents have the opportunity to benefit.
4. Residents were not aware of the choices available at mealtimes.
5. Seams in some carpets were becoming frayed, and needed to be covered to prevent a trip hazard, and some baths had gaps in the surround, which is not hygienic.
6. The lower ground floor is not a good environment for the residents, being dark, shabby, with internal steps. The home owner has developed plans

for refurbishment, and should refer to recent research to ensure the development of a good 'enabling' environment for people with dementia.
7. Training in specific conditions should be provided, including dementia care, to enhance staff understanding.
8. There are links with the establishment next door, which were seen to impinge on the service at Western Rise. Other arrangements should be made.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

1 and 3
Quality in this outcome area is **good.**

This judgement has been made using available evidence including a visit to this service.

Clear information is available about the service.
Careful assessment of a person's care needs is carried out before a service is offered.

EVIDENCE:

The home had a Statement of Purpose to give prospective residents and their representatives clear information about the service. The Registered Manager was in the process of updating the it to maintain its accuracy, and was keeping it in the staff training file in order to share it with staff.

A clearly written Residents' Information Booklet is also offered to enquirers. The regular visitor to a recently admitted resident said that the staff had been helpful and respectful, and that the Manager had been - 'so reassuring, a caring individual – nothing is too much trouble'.

Information about prospective residents was in the office, available for staff to read in preparation for their arrival. There was a report from a Social Worker. Information that had been gathered by phone had been recorded systematically. The need for co-working with health care professionals was recorded.
Records showed that the Manager had visited prospective residents in hospitals and assessment units. Risks such as non-compliance with medication and a strong desire to return home were highlighted, so that staff would be aware. Food preferences as well as nutritional needs were recorded.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

7, 8, 9 and 10
Quality in this outcome area is **good.**

This judgement has been made using available evidence including a visit to this service.

Staff were well informed about residents' care needs.
Health care was carefully monitored, and staff worked in collaboration with health care professionals to promote good health and well being of the residents.

EVIDENCE:

Each resident had a care plan. The Manager had re-written every one, to ensure that each was full and accurate. It was clear they had been written with close observation of the residents, though not yet with consultation. One regular visitor said, 'I am more than happy with the way they care for her'.

A new policy on 'Improving residents' health and welfare' had been introduced on 8th August 2008. This covered basic care, communication, documentation and management. The staff rota was altered to give proper time for discussion at handover, to ensure correct passing on of information, with records to be kept by the duty manager.

We heard staff being reminded to re-read residents' care records when changes had occurred, and being given time to do this. Staff told us that hand-overs were taken very seriously, and we saw that when staff came on duty at 8am, 2pm, and 8pm, they sat round the office table to hear about each resident, including any change in personal care required, and details that were important for each person, such as what they had eaten, or done, or if any visitors had been. Staff were heard to make positive observations of their residents, such as, 'he looks smart' and 'he's in a good mood and watching sport'.

The home's policy on 'Pressure areas and wound management care' had been reviewed on 7th August 2008. We were told that no resident had pressure sores at the time of this visit. One had vulnerable pressure areas, and staff were giving care and attention in accordance with their care plan. A visiting District Nurse told us that she found that the service at this home had improved over the past year. She said that her requests had been actioned, and that she had attention from staff as necessary.

We were told that no residents needed use of a hoist at the time of this inspection. We saw staff helping a resident to transfer to a chair with the aid of a handling belt, in line with the Moving and Handling assessment on their care records. One was seen to have slid down from her chair in the lower ground floor lounge, and was needing assessment for a suitable chair to maintain safety and comfort.

During the admission of a resident who was insulin dependant, information was recorded about the District Nurses' processes for delivering health care. Practical details were clearly and usefully recorded.

A dietician had been consulted in the case of a resident whose weight had decreased, and effective action had been taken.
On-going links with the Mental Health Community Team were recorded.

We saw that the medication was administered according to the home's policy and procedure, with the exception that a management issue resulted in some residents receiving their morning tablets so late on the first day of this visit that it was unacceptably close to lunch time. The Deputy Manager checked to ensure that no resident had doses too close together on this occasion.

The Deputy Manager told us that no residents were assessed as capable of managing their own medication at the time of this inspection, and that no-one was prescribed Controlled Drugs.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

12, 13, 14 and 15
Quality in this outcome area is **adequate.**

This judgement has been made using available evidence including a visit to this service.

Very good work promoting social interaction was at an early stage.
Meal times were not provided in a way to promote choice and enjoyment.

EVIDENCE:

A new initiative had started within Western Rise, with a staff member very ably providing social interaction with residents on an individual basis, and also promoting sociability between residents. For instance, we saw that she started games of cards with a group of people who then continued to play, and that a resident started up a game of dominoes without prompting.
This staff member had also started to talk with residents to gather information, with their willing participation, to create life-story books. Residents were offered the opportunity to go to the shop or post office and stop for a coffee. We were told that some residents have 'been tempted out of their rooms' to do baking, as they particularly enjoyed it, and this prevented them from becoming isolated. This is very good work, but in an early stage. This should be developed with more staff involved in order to provide this stimulus over the whole week, and to ensure that more residents have the opportunity to benefit.

One of the Senior Carers told us that they also had been able to take residents out, including for lunch, which was paid for by the home.

We saw that on the lower ground floor, where some of the most dependent residents were living, the two staff on duty in the afternoon both needed to work together to give attention to one of the resident's care needs. This meant they were not always able to give attention to the residents in the lounge for considerable spells. The Activity Organiser had worked with these residents on a previous occasion, flower arranging and looking at drawings.

The records showed that there had been successful group activities. One carer had played musical instruments and sang with residents, another had joined with the Activity organiser to lead a ball game. A regular armchair exercise group might be a useful addition to the programme, if the residents were interested. An entertainer was engaged on a weekly basis, and a donkey had visited from the Donkey Sanctuary, which we were told was popular and a successful visit.

None of the residents who spoke to us knew what they would be given for lunch before it was served, and staff did not know what it would be either. On the second day of this visit, residents still did not know what their meal was when it had been put in front of them.
The chef said that he was told what residents' preferences were, as the Manager recorded these during pre-admission assessment. He said there were six residents needing a diabetic diet at the time of this inspection, and six people who need help to eat soft food. Three staff were heard referring to these people as 'feeders', which is an out-dated term, not considered to be respectful.
The Manager said there had been a white board in the entrance hall, which had been removed during redecoration, where menus had previously been displayed. Residents on the lower ground floor also need to know what choices are available, and for staff to be able to remind them what they will be served. We saw that chicken pies were provided as an alternative to fish on Friday lunch time. The chef said he knows, for example, who does not like liver, and which residents enjoy a curry. He hears what residents say when he goes to the lounge, which is close to the kitchen, across the entrance hall. Other residents who occupy the lower ground floor were less able to make their wishes known.
The Manager said he would introduce a method of offering choices every day. He was sensitive to individual requirements. For example, one resident particularly liked porridge for breakfast, but then had no appetite for lunch, so the Manager suggested they be offered their lunch later.
During our visit, we saw frozen vegetables and frozen pies served. The home owner told us that there had been an exceptional difficulty with ordering food over the previous week, and that they had been unable to obtain the normal foods. He chef told us that he is a proficient pastry chef, and other people told

us they enjoy his cakes and puddings. We saw residents eating fresh fruit in the afternoon, before being offered tea and cake.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

16. Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
17. Service users' legal rights are protected.
18. Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

JUDGEMENT – we looked at outcomes for the following standard(s):

16 and 18
Quality in this outcome area is **good.**

This judgement has been made using available evidence including a visit to this service.

Residents are protected by the open culture in this home, and by staff understanding of protection, up-dated by training.

EVIDENCE:

The home's Statement of Purpose said that the home's complaints procedure is given to all new residents in their 'Welcome Pack'. We saw that people came to the office to speak to the Manager with any concerns. There is a file for recording complaints - one had been recorded, which was with regard to the poor state of a resident's clothes. The home owner had replied, with reference to the new laundry that was due to be built shortly, which should make it easier for staff to achieve a good standard with care of peoples' clothes. The CSCI had not received any complaints since the last inspection. We found that the Manager was receptive to suggestions, and interested in peoples' points of view.

The Local Authority's Adult Protection guidelines were available, including the Role of the Alerter, strategy meetings and case conferences, but there was no evidence that staff had read them. The Manager brings one policy to staff attention every fortnight, and said he would deal with this matter promptly. Staff had attended a training session on the Protection of Vulnerable Adults in July 2008.

The home had suitable policies and procedures on Whistle blowing, harassment and bullying, management of residents' money, and Missing Residents.
The home owner and Manager were aware of the potential need of their residents for Mental Capacity assessments. The Manager and Senior Carers had attended training on the Mental Capacity Act 2005. The home owner had been to a training session on the Deprivation of Liberty Safeguards, and the Manager was expecting to attend a session.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

19, 20 and 26
Quality in this outcome area is **adequate.**

This judgement has been made using available evidence including a visit to this service.

Refurbishment to a good standard is in progress, but the lower ground floor did not provide a good environment for the people who live there.

EVIDENCE:

The Manager accompanied us on a tour of the home. We saw that painting and decorating had been carried out. Residents told us this made the home feel more cheerful. Two vacant rooms had been refurbished to a high standard and were ready for occupation. We saw that new furniture had been provided so that all residents had suitable storage for their belongings, including a lockable drawer for any valuables.
Some current residents were able to come and go freely, subject to risk assessment, while others needed assistance to go out. On the ground floor and the lower ground floor there are a smoking area in a conservatory, and free access to a small patio. Access to the garden is via a gate with a keypad,

as some residents need staff attention to ensure their safety in the garden. Access around the garden had been greatly improved, with a walkway and decked area. There was also an attractive summer house.

There is choice in bathing facilities, with accessible showers and a medibath. Restrictors were in place on windows, for the protection of residents. The Manager said that they are checked regularly, in case the restrictors become dislodged.
Bedroom doors were fitted with closers, and hold-open devices where residents wanted to sit with their door open, so that the door continued to function as a fire door.
A carpet washing machine had been purchased, to keep carpets clean and fresh. We did not smell bad odours. We saw in several places that seams in carpets were fraying, and developing into trip hazards.

The home had a policy on Infection Control, which included a laundry procedure, and gave for staff advice the contact details for the local Health Protection Unit.
The washing machines were in the lower ground floor, and the drying area was entered via an external door on the ground floor past the office. This is awkward for staff, and unhelpful for dealing efficiently and hygienically with peoples' clothes. The home owner showed us his plans for rebuilding the lower ground floor which included a proper laundry, and improved living accommodation for residents. He said that painters and decorators had already been engaged, and he was making arrangements for the building work to be carried out.
Not all rooms had natural light. We were told that such rooms would be used by residents during the building work, but on completion they will be reserved for staff training.
There was a deep internal step leading into the lounge. We saw a resident having difficulty getting down it. We were told that it would not exist following the re-building.

Staffing

The intended outcomes for Standards 27 – 30 are:

27. Service users' needs are met by the numbers and skill mix of staff.
28. Service users are in safe hands at all times.
29. Service users are supported and protected by the home's recruitment policy and practices.
30. Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

27, 28, 29 and 30
Quality in this outcome area is **good.**

This judgement has been made using available evidence including a visit to this service.

Staff were meeting the meeting the needs of residents. Recruitment procedures were sound, in order to protect residents from potential harm. Good training and support were provided.

EVIDENCE:

'The way I see staff behave with the residents, you can see they care.' A relative who visits Western Rise very frequently said this to us. Our observations backed this up – we saw staff treating residents with respect and warmth throughout our visit. Another regular visitor said that they had not found any problem with communicating with staff, including those for whom English is a foreign language.

The Manager gave us a copy of the current staff rota, which showed that as well as the Manager, there were four staff including at least one Senior on duty every morning, and three during the afternoon and early evening. This was considered to be enough, though staff were not deployed in such a way as to give attention to residents in the lounge during the mornings when care staff were busy with personal care routines. There are two waking staff through the night from 8pm to 8am.
Two cleaners were employed. The home owner said that when the laundry has been rebuilt he intends to increase this to three to ensure a quality service.

Of the current 16 care staff, eight had achieved or were working towards the National Vocational Qualification in Care level 2 or 3. This is good progress towards achieving a qualified workforce.

Staff appreciated the good provision of training since the last inspection. There had been training in the Safe administration of medication (7 staff, 19/09/08). A recent training session in dealing with Challenging Behaviour had been found most helpful. Since the last inspection training had also been provided in the Protection of Vulnerable Adults (8 staff, 18/07/08) and Tissue Viability (8 staff). Nine staff benefited from Moving and Handling training on 02/05/08. Training in Dementia Care had not been provided.

We looked at the files of two recently recruited staff, and found that the home's procedure had been followed, and all checks needed to protect residents from potential harm had been carried out.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

31. Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
32. Service users benefit from the ethos, leadership and management approach of the home.
33. The home is run in the best interests of service users.
34. Service users are safeguarded by the accounting and financial procedures of the home.
35. Service users' financial interests are safeguarded.
36. Staff are appropriately supervised.
37. Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
38. The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

31, 33, 35, 36 and 38
Quality in this outcome area is **good.**

This judgement has been made using available evidence including a visit to this service.

The management team are working well together to improve the service. Staff training and procedures are in place to maintain health and safety in the home.

EVIDENCE:

The Responsible Individual for the company, Dr Gregory Pepper, is a registered medical practitioner, who has experience of working with people with dementia and elderly people with functional mental disorders. He has carried on a home for older people in Plymouth for over ten years. His company took over Western Rise on 3rd March 2008.

The Registered Manager, Mr Sam Rose, has ten years experience at this home, and has achieved NVQ4 in management. He continues to up-date his training and keep in touch with developments in good practice.

He up-dates one of the home's policies every fortnight, and displays it on the notice board in the office. He shares it with staff as their pay is given, to ensure that each gives it attention.

Quarterly staff meetings had been held, and residents' meetings were planned. Satisfaction surveys had been distributed to residents and their representatives, and Dr Pepper said that a summary of responses will be produced annually.

There are links with an establishment next door that were seen to impinge on the service within Western Rise. Management action was needed to ensure that staff time is not taken to deal with emergencies, and also to ensure that privacy for all is promoted.

The Manager had established a system of supervision and appraisal, to give feedback to staff on their performance, and to ensure that they kept up to date with policies and procedures as they were introduced or up dated.

First Aid training had been provided to 10 staff, on 06/06/08, and examination of the staff rota showed that there is now a qualified first aider on at all times including nights.
Eight staff had benefited from Fire Safety training on 18/07/09, and a further session had been booked for the week following this inspection.
Accidents were recorded and analysed, to see whether any patterns emerged, where preventive action might be taken.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

4 Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion
"N/A" in the standard met box denotes standard not applicable

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

HEALTH AND PERSONAL CARE	
Standard No	***Score***
7	3
8	3
9	3
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	**Score**
12	2
13	3
14	3
15	2

COMPLAINTS AND PROTECTION	
Standard No	**Score**
16	3
17	X
18	2

ENVIRONMENT	
Standard No	***Score***
19	2
20	2
21	X
22	X
23	X
24	X
25	X
26	3

STAFFING	
Standard No	**Score**
27	3
28	3
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	**Score**
31	3
32	X
33	3
34	X
35	X
36	3
37	X
38	3

Are there any outstanding requirements from the last inspection? No

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	OP7	Residents or their representative should be consulted about the content of their care plan, to ensure that care is offered in a way that suits the person.
2.	OP8	Professional assessment should be obtained on behalf of the resident who could not sit in safety and comfort in the lower ground floor lounge, so that they may enjoy other peoples' company.
3.	OP12	The good work that has started with social interaction and activities should be developed with more staff involved in order to provide this stimulus over the whole week, and to ensure that more residents have the opportunity to benefit.
4.	OP15	The registered person should ensure that residents are offered a choice of meals in a way that suits their capacity, so that they know what they will be offered and are happy

		about it, to encourage their enjoyment and good nutrition.
5.	OP19	Seams in carpets should be covered, so that they do not pose a trip hazard. Any gaps around baths should be sealed, to avoid potential contamination.
6.	OP19	While finalising plans for rebuilding the lower ground floor, the home owner should refer to recent research into creating an enabling environment for people with dementia, with regard to lighting, colour schemes, and other details. This is in order to make the best use of the space and light available.
7.	OP30	Training in specific conditions of residents should be provided, including dementia care, to enhance staff understanding.
8.	OP31	Responsibility for dealing with any problems in the neighbouring establishment should be clarified, as it was found to impinge on the service at Western Rise.

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