Commission for Social Care Inspection

Making Social Care Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Windermere Rest Home
Address:	23/25 Windermere Road Southend-on-Sea Essex SS1 2RF

The quality rating for this care home is:	one star adequate service

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

Lead inspector:	**Date:**							
Vicky Dutton	0	9	0	4	2	0	0	9

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

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

The Commission for Social Care Inspection aims to:

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

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

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Windermere Rest Home
Address:	23/25 Windermere Road Southend-on-Sea Essex SS1 2RF
Telephone number:	01702303647
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	Mr Kumarasingham Dharmasingham & Mrs Mithila Dharmasingham
Type of registration:	care home
Number of places registered:	10

Conditions of registration:		
Category(ies) :	Number of places (if applicable): Under 65	Over 65
dementia	0	10
old age, not falling within any other category	0	10
Additional conditions:		
1. The registered person may provide the following category/ies of service only: Care home only Code PC		
2. The maximum number of service users who can be accommodated is: 10		
Radiator covers to be provided to all remaining radiators. This work to be carried out within one year of registration.		
Thermosatic controlled values on all hot water taps accessible to residents. This work to be carried out within six months of registration.		
To provide locks on all bedroom doors enabling access from outside to comply with fire regulations.This work to be carried out within nine months of registration, with Risk Assessment and Fire Department approval of them in the meantime.		
to service users of the following gender: Either		
whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category Code OP Dementia Code DE		

Date of last inspection								

Brief description of the care home

Windermere Rest Home is a small, privately owned residential home providing accommodation and care for ten people who may have dementia. As part of a review of homes' conditions and Registration Certificates a new registration certificate was issued to Windermere Rest Home on the 24th March 2009. The above conditions relating to premises issues have been removed.

Accommodation consists of ten single bedrooms, a communal lounge/dining room, kitchen, two bathrooms, laundry and office. Each bedroom has a call bell facility and a TV point. A shaft lift is available to provide access to both floors. There is a very small, enclosed garden to the rear of the home.

The home is situated in a residential area of Southend on Sea within easy access of the seafront, train links, bus services and local shops. The home provides display permits to allow visitors to use a private car park opposite the home.

A Statement of Purpose and Service User Guide were available (although being reviewed) at the time of this inspection. A copy of the last inspection report was available in the hall opposite the office.

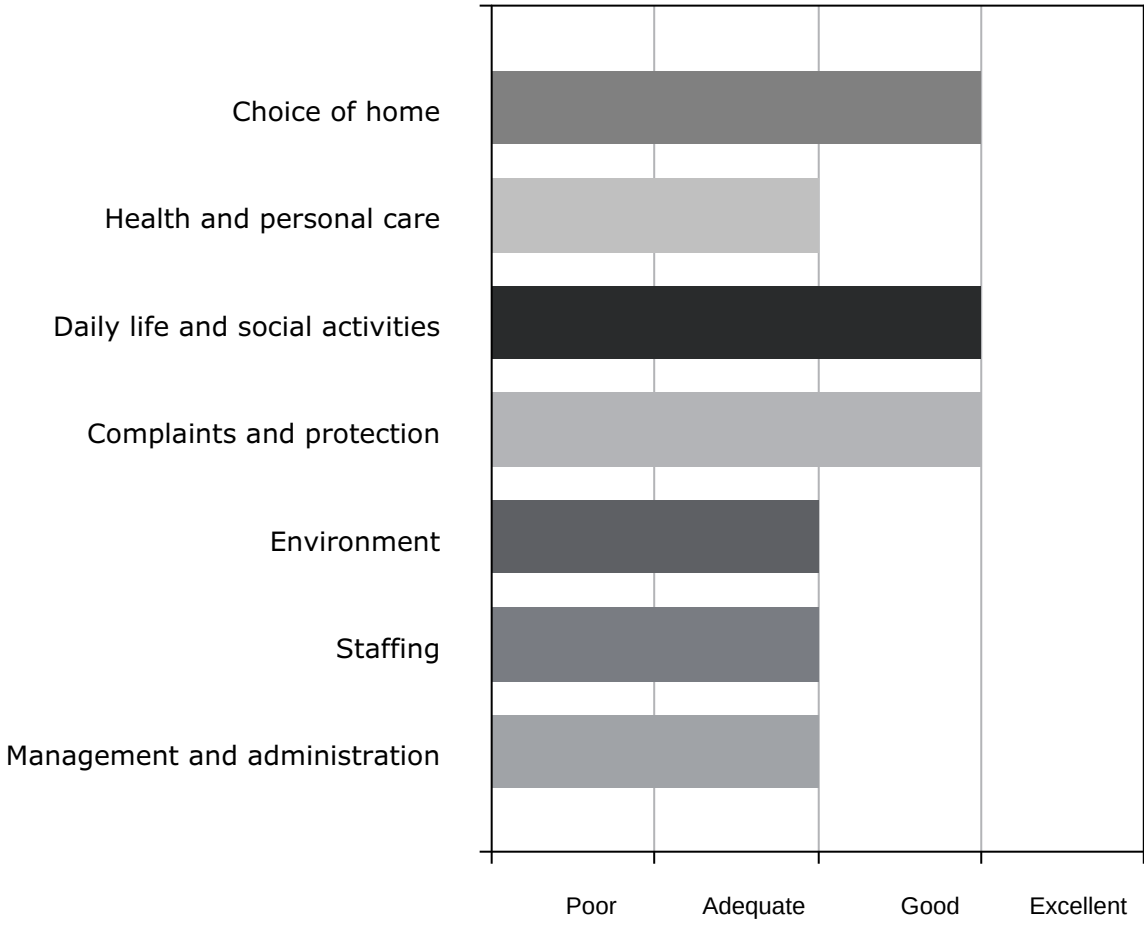
The current fees at the home were stated to be £429.42 per week. There are extras charges are for hairdressing, chiropody and newspapers.

Summary

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

The quality rating for this care home is:	one star adequate service

Our judgement for each outcome:



How we did our inspection:

This was an unannounced 'key' site visit. The previous site visit took place on 9th April 2008. At this visit we (CQC, formerly CSCI) considered how well the home meets the needs of the people living there, how staff and management work to provide good outcomes for people, and how people are helped to have a lifestyle that is acceptable to them.

The site visit took place over a period of seven hours. A partial tour of the premises was undertaken. Care records, staff records, medication records and other documentation was selected and various elements of these looked at to see how well aspects of care and running the home are managed. Time was spent talking to, observing and interacting with people living at the home, and talking to staff.

The home's Annual Quality Assurance Assessment (AQAA) was sent in to us following the site visit, after the date initially requested and following a reminder letter being sent. The delay was due to management issues at the home. The AQAA is a self assessment tool that providers are required to complete by Law. The AQAA outlined how management feel they are performing against the National Minimum Standards, and how they can evidence this.

Before the site visit a selection of surveys with addressed return envelopes had been requested to be sent to the home for distribution to residents, relatives, involved professionals and staff. No surveys were available to contribute to this inspection process. The views expressed at the site visit have been incorporated into this report.

We were assisted at the site visit by a consultant currently involved with the home, the registered provider and other members of the staff team. Feedback on findings was provided throughout the inspection. The opportunity for discussion or clarification was given.

We would like to thank the staff team and residents for their assistance during the inspection process.

What the care home does well:

Windermere Rest Home is a small home which may provide people with a more intimate and 'family' feel. The small size of the home provides the opportunity for staff to get to know well the people living there.

People living at Windermere like and get on well with the staff. Those who were able to offer an opinion seemed happy with the care and attention that they receive.

People liked their rooms and are able to have their personal possessions about them.

Visitors are always made welcome and can visit at any reasonable time.

What has improved since the last inspection?

Since the previous inspection there does seem to be more opportunity for residents to be engaged and take part in activities. Although opportunities to access and use the local community are still restricted by staffing issues, there are signs that this is an area of development. A church group now visit the home so that people have opportunities for worship.

Medication storage has improved and people can feel confident that their medicines will be managed safely. The provision of a fax machine has improved the homes ability to communicate more effectively with doctors and the pharmacist.

In the absence of a manager a consultant has been appointed to review and make improvements to the service.

Arrangements for ensuring that people are protected by staff being aware of safeguarding policies and procedures have improved, and staff have received training in this area.

Standards of general hygiene in the home have improved, and the home is now cleaner and fresher. some areas have been redecorated and further works are planned.

What they could do better:

The home has been unfortunate in not retaining good manager, and this has impacted on the quality of the overall service. Good care planning has not been maintained, and some areas of risk are not being properly assessed and managed. Issues raised at previous inspections such as lack of robust staff induction, maintaining a good level and balance of staff and lack of real choice in menus have not been fully addressed.

It is clear that the provider is committed to providing staff with good basic training opportunities. However shortfalls remain in some important areas such as infection control and moving and handling. This could compromise resident care.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

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

Details of our findings

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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 wishing to move into Windermere Rest Home know that assessments carried out will ensure that the home is suitable to meet their needs.

Evidence:

As at the previous inspection we were told that the Statement of Purpose and Service Users Guide were being updated. On this occasion the documents were being reviewed to reflect management changes and changes of Regulator's details. A copy of the Service Users Guide seen contained good information for people including details about fees charged at the home.
None of the people currently living at Windermere Rest Home have recently moved in, and most have lived there for at least a year. The file of one person who had moved in most recently was viewed. We saw that a good basic assessment process had taken place using a set format. This had not however been signed or dated to show that it had been completed before the person moved in. Information was also available from

Evidence:

the Local Authority funding the placement.
People could not remember if they had received good information about the home. The consultant identified that at the moment they would deal with any enquiries and carry out a detailed assessment of needs.

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

People using this service will receive good care, but this may not always be based on their identified needs and wishes.

Evidence:

At the site visit people looked comfortable and well cared for. Comments from people about the care provided were positive, for example, "They look after us well," and, "I've no complaints." To see how well people's care is planned for and arranged so that staff are aware of people's needs and meet them in an individual way we looked at two care files in detail. On the day of the site visit only seven people were being accommodated, and all have lived at the home for some time. It is recognised therefore that staff know people well and are aware of their individual needs. However care should be based on good assessment and planning, and this aspect needs attention to ensure that people receive consistent and safe care that meets all of their needs. According to the training matrix only two staff have undertaken training in care planning and this was in 2007. Staff need to have the knowledge and skills required to make sure that people's care is well planned and meets their needs. The service users

Evidence:

guide explains about care planning and residents/families involvement. However care plan documentation in place did not show that people or their families had been involved care planning apart from supplying information to compile a 'social history.' The care plan for one person dated from April 2008, and the other from November 2007. Although these had been 'reviewed' on a monthly basis on a separate format, the actual care plans had not been updated to reflect changes in needs, and actions needed by staff to meet these. For one person only 'assistance needed for personal hygiene' and 'occasional poor diet' were identified on the care plan. Other issues identified elsewhere such as sensory and cognitive/behavioural issues had not been addressed. Similarly for the other person increased falls and the need for closer supervision with personal care had been recognised in reviews but the care plan had not been updated. This person's risk assessment for falls had not been reviewed since March 2008. Moving and handling risk assessments on files had not been reviewed. A tour of the premises showed that some people were using bed rails to keep them safe at night. There appeared to be no risk assessment process in place in relation to this, and care plans did not highlight this need, or provide safe practice guidance for staff. This could potentially leave people at risk. Although risk assessments were in place in relation to falls and use of zimmer frames we saw that equipment such as this was not adequately monitored. One persons frame had ferrules that were worn through to the metal. This could potentially increase the risk of falls. Daily records are held in a separate folder to people's individual care files. In this management risk staff just using daily records and not referring to people's care plans for a full picture of their needs. Care records appeared to be well completed but did not evidence good ongoing care. For example one person's care plan said that they, 'Will benefit from a weekly bath.' Daily records indicate that a code is to be used for this. No daily records showed this code, and there was no reference to bathing for this person or others. The consultant said that people were having baths, and felt that staff were just not recording this.

Records showed that people access different health care professionals to meet their needs such as doctors, district nurses, and opticians. We saw that people's nutritional needs are assessed and monitored. Good nutritional records are maintained so that any concerns about people's diet should be quickly identified. At the moment the home is without a manager. A consultant is helping to review the home's paperwork and provide organisational support. The provider is visiting the home more frequently, but one issue led to concerns about the ability of staff to take appropriate actions in the absence of a daily management presence that is focused on resident care. The issue of concern was reported to the consultant. A resident had suffered a recent fall and attended hospital. Staff confirmed that a head wound sustained was stitched. There was no mention of stitches in the daily records or care plan. The following day it was recorded that the person had been giddy, had vomited and was very tired. There was

Evidence:

no indication that staff had sought medical advice about this, or taken any other action to ensure the persons well being.

We looked at medication systems and records to see how this aspect of people's care is managed. People can feel confident that their medications are managed safely. Although some best practice advice was given, records and systems were well maintained. Since the previous inspection storage has been improved by the provision of a proper medicines trolley. The home now has a fax machine to facilitate communication with doctors and the pharmacist. Training records showed that staff have undertaken training in the management of medicines. Policies and procedures were available, but one member of staff responsible for medications was unaware of the guidance provided by the Royal Pharmaceutical Society. We saw that an old version of this document was available. The consultant undertook to ensure that the current guidelines are made available.

During the day staff were observed to be respectful to people and responsive to their needs. Privacy was maintained when personal care tasks were being carried out.

Although we did not inspect the standard fully, we saw that end of life issues had been discussed with people and their wishes recorded.

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 will have some opportunities for occupation and activity, but this may not include getting out and about in the local community.

Evidence:

During the site visit members of staff interacted with residents and gave them opportunities to discuss different topics. A daily activities timetable was on display. This included things such as reminiscence, reading group, quizzes and one to one discussion and activity. A staff allocation sheet showed that staff were allocated on a daily basis to undertake activities with residents. We saw that equipment was available to facilitate activities. The consultant said that a library visits the home regularly. One care plan viewed contained an 'activities assessment,' and this aspect of care was included in care planning. Records of activities were maintained. One member of staff said that they had done training in the 'Importance of Activities in Care.' We saw from their file that this had been undertaken in February this year. Previous inspections have raised concerns that people do not have the opportunity to access the local community. One item on the activities timetable was 'going for a walk.' No daily records or activity records viewed indicated that this had happened. Residents spoken with said that they went out with their families. A member of staff said, "We can't

Evidence:

really take them out as there is only ever two of of us on shift." The consultant gave examples of people having gone out, and explained actions being taken to try and make people feel more a part of the local community. This included links having being made with a local church, who now come to the home once a month to conduct a service. Information is also being sought about local clubs and other opportunities. The AQAA said that what the home could do better was to, 'Interact more in the community. Take residents that want to, to such things as womens institute, cookery displays, small craft shows or similar.'

The home's Service Users Guide' said that, 'The care home operates an open door policy and visitors are welcome at any time.' People spoken with said that they enjoyed having visits from their families.

Staff were respectful of people's wishes and they were able to go where they wished in the home. Information on advocacy services, and other useful information was available so that people know where they can go for independent support and advice. A tour of the premises showed that people are able to bring in their own possessions in order to make their rooms homely.

People spoken with during the site visit seemed generally happy with the food provided. One said, "The food is always good." At the moment, as at the previous inspection, the home have a two weekly rotating menu in place. The consultant is aware that this may not provide sufficient choice and variation for people, and is in the process of changing this. The days menu was noted to be on display for people. This said: 'Shepherds Pie, or Macaroni Cheese, sprouts and mixed veg, Strawberry jelly and ice cream. Supper: Soup and scotch egg or sandwiches and cake. Other alternatives; Omelettes, pasties, soup, salad, quick snacks.' The lunchtime menu was then changed to corn beef hash, which staff said residents enjoyed. Although choices were identified on menus people said that they were not asked what they wanted or given a choice each day, "You are given what you are given," and, "No, we are not asked what we want" were two comments made. The lunchtime meal looked adequate and people were given appropriate encouragement and assistance.
Food stocks were not extensive and consisted of all economy brands, which may limit residents' choices.

Complaints and protection

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

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

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

This is what people staying in this care home experience:

Judgement:

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

People are cared for safely and protected by practice in the home.

Evidence:

We saw that there was a complaints process in place that was on display for people to refer to. When we looked at the home's complaints book we saw that none had been recorded since the previous inspection, and that the book had rather been used to record incidents occurring in the home. No concerns have been raised with us, (CQC, formerly CSCI) since the previous inspection. People said that they would talk to staff if they had any concerns.

A training matrix showed that most staff at the home have undertaken recent training in safeguarding vulnerable adults. Staff spoken with understood what safeguarding meant. We saw that the most up to date safeguarding procedures and alert forms were available to staff. At the moment with no manager in post staff understand that any concerns should be made to the consultant or provider who would make the referral to the safeguarding team.

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

People live in a home that is adequate to meet their needs.

Evidence:

Windermere Rest Home is situated in a residential area. There is no parking available at the home, but there is an arrangement in place whereby a permit can be borrowed from the home to use in a private parking area opposite the premises. The provider said that families and relevant professional visitors would be given a permit to keep. This information would benefit from being explained more fully in the service users guide. There is one communal lounge dining area where all activity takes place. There is a small garden, but people said that they did not really make use of this. The provider said that this is fully their choice. Since the previous inspection some redecoration has taken place, although some areas still look tired and some radiator covers remain unpainted. We were told that refurbishment is ongoing. It is planned to do further redecoration and replace some carpets. Some signage has been developed to assist people's orientation. The consultant was aware that this needed further development and that issues such as lighting levels also need to be addressed. People spoken with seemed happy with the accommodation provided. One said, "We are very happy here. I have a lovely room. I can lay in bed and see out." Rooms were generally a good size and homely.

Evidence:

Since the previous inspection attention has been given to odour control and cleanliness. A cleaner now works their hours over two days to provide better cover. Although no cleaning schedules are yet in place, the cleaner has been given guidance about routines and expectations. Only two staff are recorded as having undertaken training in infection control, and one of these was in February 2005. Staff need to have good and up to date knowledge in order that people are protected by safe practices being maintained.
A small laundry area is available which has suitable equipment to meet the needs of the home.

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

People are cared for by safely recruited staff who receive basic training to help them meet people's needs.

Evidence:

We received positive comments from people living in the home about the staff team. "I will say that the staff are all very good here," "The staff are all very nice," and, "The staff are kind" were comments made. A number of staff at the home have worked there for some time and this provides some consistency for people. Apart from the housekeeper now working hours on two days each week, there have been no changes to staffing levels at the home. Staffing levels have in fact slightly deteriorated as previously the manager's hours were supernumerary in the mornings giving some flexibility. This situation is slightly offset by the home having fewer residents currently living at the home. However there are still only two staff on duty to provide for all the needs of the residents. This includes cooking their meals, undertaking laundry and tidying tasks. Options to improve this situation such as employing someone to see to breakfast and cook the mid-day meal, freeing up care staff to carry out their role were discussed.

So that people receive care from a well trained workforce it is recommended that at least 50% of a home's care staff achieve a National Vocational Qualification (NVQ) in

Evidence:

care at level two or above. Of twelve staff employed at Windermere Rest Home four staff have achieved this and two further staff are working towards an NVQ. The home have therefore nearly achieved the recommended standard.

We looked at the files of two members of staff who had been most recently recruited to ensure that recruitment procedures protect people living in the home. Files were in good order, and we saw that in general good and safe processes had been maintained. People's identity had been verified. POVA first and and Criminal Records Bureau (CRB) checks had been undertaken. There was a well recorded interview process in place. One person had satisfactory references in place, but the other only had one reference in place. There was no reference from their most recent employer who they had worked for over a number of years.

Staff files viewed showed that staff undertake a detailed and well recorded first day induction. The consultant and provider said that staff would be supernumerary for a week following their employment. As at the previous inspection, this site visit showed that after their initial basic induction staff are not moving on to undertake a Skills for Care Based induction programme. This is expected, and would continue to develop staffs' knowledge and skills. The consultant confirmed that people have not undertaken a Skills for Care based induction programme, but that they were starting to give out relevant workbooks for staff to work through.
Since the previous inspection staff training has been ongoing. The training matrix showed us that some staff have undertaken recent training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Six out of twelve staff are recorded as having undertaken training in dementia care. We were told that this will soon improve as the next dementia care training session is scheduled for 30/04/09.

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

People do not live in a home that always benefits from effective and stable management.

Evidence:

Windermere Rest Home has not had a registered manager in post for a long time. There has been a succession of managers in post, and this has not provided the consistency and stability needed. At the moment there is no manager in post. At the time of this site visit a consultant had been involved with the home for about a month. They have identified many issues that need to be addressed and are working with the provider to try and achieve this. However, the issue of ongoing day to day management needs to be urgently addressed in order that standards are maintained and to ensure that people receive consistent and well monitored care.

We identified that strategies were in place to seek people's views about the service and give them opportunities for comment. We saw minutes from a recent staff

Evidence:

meeting. The provider reported that one residents meeting had been held. As the home is small people's views can be sought on a one to one basis. The provider and consultant had, at the end of March, circulated a survey to relatives. One had so far been returned and this showed positive responses to the service offered at Windermere. It is planned to send surveys to other involved people such as general practitioners. Records showed that the provider carries out a regular monthly visit to the home as is required by Regulation. The AQAA was not returned when requested, and a reminder letter had to be sent. This was discussed at the site visit and a date for return agreed. When returned the AQAA was briefly completed, but did contain all the information asked for.

When we looked at residents monies held by the home we found that this area was not being effectively managed. Although no mal-intent was evident, individual monies could not be balanced as monies had been muddled together when change had been required. When people owed monies this had not been properly recorded. Eventually when all monies, knowledge and accounts were worked out a near balance was achieved, but this area needs to be reviewed to improve practice. We also saw that one person's personal properties were being held. These had not been receipted or recorded in any way. Following the site visit the provider confirmed that further anomalies in recording had been uncovered, and that they will now be auditing all monies on a weekly basis.

The AQAA showed that policies and procedures at the home date from 2006 and 2007 and have not been reviewed. This will not ensure that staff are working to the most up to date practice standards. The consultant indicated that the process of reviewing policies and procedures is underway.

When we sampled maintenance records we saw that the last check of emergency lighting was in March 2008 with the next test due in six months. This did not appear to have happened. The provider undertook to address this. Fire records showed that people are protected by regular checks and drills being undertaken. A fire risk assessment is in place. The fire service have required that works take place to improve exit arrangements and this is being arranged by the provider. A recent visit by an environmental health officer (EHO) identified a number of areas of concern and found that good standards were not being maintained. The issues raised are being addressed by the provider. New equipment such a cooker and refrigerator have been purchased. Following the inspection the provider confirmed that a follow up visit from the EHO had found standards to be much improved.

The staff training matrix showed that although there is clearly a commitment towards staff training with some staff having recently undertaken first aid and other training.

Evidence:

However there are some shortfalls in the core training undertaken by staff. Five staff are not identified as having undertaken moving and handling training, five staff appear to have no food safety training, and levels of health and safety training identified are poor. These issues could potentially compromise resident care.

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	7	15	An effective care planning system must be in place that reflects people's current and holistic needs. As fare as possible people receiving the care must be involved with this process. So that people receive good and consistent care from staff who are aware of and understand their needs.	01/06/2009
2	38	18	Staff must receive the training they need to work in a safe and effective manner. This refers to the need for staff to be trained in core areas such as moving and handling and infection control. So that people receive safe care from skilled staff.	01/07/2009

Recommendations

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

improving their service.		
No.	Refer to Standard	Good Practice Recommendations
1	12	People should have opportunities to be supported in accessing the local community whenever they wish to do so. Management therefore need to continue to explore ways in which this can be facilitated.
2	15	People should have opportunities in practice to choose what they wish to eat, and have a greater variety of menu available. Management should therefore progress their plans in reviewing the menus and ensure that staff offer people real choices.

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