Care Quality Commission

Key inspection report

CARE HOME ADULTS 18-65

Trumpington Road 130

130 Trumpington Road
Forest Gate
London
E7 9EQ

Lead Inspector
Robert Sobotka

Unannounced Inspection
5th and 7th May 2009 11:45

This report is a review of the 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.

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 home adults 18-65 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.

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SERVICE INFORMATION

Name of service	Trumpington Road 130
Address	130 Trumpington Road Forest Gate London E7 9EQ
Telephone number	0208 496 1440
Fax number	0208 496 1442
Email address	myrtlebrown02@walthamforst.gov.uk
Provider Web address	
Name of registered provider(s)/company (if applicable)	London Borough of Waltham Forest
Name of registered manager (if applicable)	Myrtle Brown
Type of registration	Care Home
No. of places registered (if applicable)	15
Category(ies) of registration, with number of places	Learning disability (15)

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 the following gender:

   Either

   whose primary care needs on admission to the home are within the following categories:

   Learning disability - Code LD
2. The maximum number of service users who can be accommodated is: 15

Date of last inspection 15th July 2008

Brief Description of the Service:

Trumpington Road is a purpose built 15-bed respite unit managed by the London Borough of Waltham Forest. The design of the building is different from others in the locality and sets users apart from neighbours in adjacent domestic properties. The home is divided into four units. One of the units can accommodate people with physical disabilities. At present there are some service users that have been staying in the home for an extended period whilst attempts are made to find appropriate alternative accommodation. The service caters for people with a wide range of learning disabilities and a wide range of support needs. The length of stay also varies. The establishment does not provide nursing services.

SUMMARY

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

The quality rating for this service us is 0 star. This means that the people who use this service experience poor quality outcomes.

This inspection took place over the period of two days and was unannounced.

We spoke with some of the staff working in the home, including the registered manager and we also spent some time with the service users, talking with them and observing the way they were supported by staff within the home environment. We conducted a tour of the premises and viewed various records.

Prior to this inspection the home was asked to complete the Annual Quality Assurance Assessment. Some of the information provided in the assessment has been incorporated into this inspection report.

The aim of this announced inspection was to check the home's progress towards full compliance with the National Minimum Standards for Younger Adults (18-65) and the Care Homes Regulations.

We would like to thank everyone who contributed to this inspection.

What the service does well:

Staff treated service users with dignity and respect.

People who used the service told us that they enjoyed staying at Trumpington Road.

Appropriate services were provided to the people who use the service.

What has improved since the last inspection?

Since the last inspection some staff have received training on adult protection issues.

Carpets have also been replaced throughout the premises.

Visits from the registered provider are now being carried out and a copy from each visit is made available to the home following each visit.

The registered person has ensured that all clinical waste was appropriately stored, in order to prevent the spread of any infection at the care home.

The recommendation that the views of family, friends, advocates and stakeholders in the community is sought on how the home is achieving goals for service users has now been met and there was evidence that the home has been involving them in regular relatives' meetings.

Since the last inspection the home has employed an additional deputy manager.

What they could do better:

Improvements are required to the home's admission systems to ensure that new service users are admitted only on the basis of a full assessment undertaken by people competent to do so. Care planning and risk management systems also required improvement. Appropriate systems must be also put in place to monitor health care needs of the service users, including fluid and food intake and weight. Greater care should be taken to ensure that all food products are appropriately stored and labelled once opened to prevent food poisoning. This includes monitoring fridge freezer temperatures. Medication systems must be improved. Any potential adult protection issues must be promptly reported to the appropriate authorities. Recording and safekeeping of service users' finances must be improved. Some parts of the home require refurbishment and cleaning. The registered manager must ensure that staff working in the home are offered training appropriate to the work they perform. A record of any training should be kept in the home.

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.

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

The Commission consider Standard 2 the key standard to be inspected.

This is what people staying in this care home experience:

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

2.

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

The home's admission systems require improvements, as they did not fully identify all assessed needs for each service user and were not-up-to date.

EVIDENCE:

The registered manager told us that there have been no changes to the home's statement of purpose and the service user's guide since the last inspection.

The majority of service users are accessing the service on planned basis. However, and due to the nature of the project, some service users begin using this service following emergency admission, such breakdown in usual care arrangements, for example illness or death of the main carer or breakdown of another placement.

As part of this visit we reviewed care plans of two people who have recently been admitted to the project following a breakdown of their previous placements. There was evidence that the project had obtained relevant information in respect of both service users. This information was however not up-to-date and related to the service users' previous placements. No further

assessments have been carried out by the home. Moreover in case of one of the service user the information written by their social worker was not transferred to the service user's care plan and there was no evidence that care staff were working with the service user to meet their assessed needs.

The registered person must ensure that new service users are admitted only on the basis of a full assessment undertaken by people competent to do so. For individuals referred through Care Management, the registered manager must obtain a summary of the single Care Management assessment and a copy of the single Care Plan.

Individual Needs and Choices

The intended outcomes for Standards 6 – 10 are:

6. Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
7. Service users make decisions about their lives with assistance as needed.
8. Service users are consulted on, and participate in, all aspects of life in the home.
9. Service users are supported to take risks as part of an independent lifestyle.
10. Service users know that information about them is handled appropriately, and that their confidences are kept.

The Commission considers Standards 6, 7 and 9 the key standards to be inspected.

This is what people staying in this care home experience:

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

6, 7, 9.

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

The home's care planning and risk management systems were inconsistent and did not outline how the service user's needs would be met.

EVIDENCE:

As part of this inspection, we viewed five care plans, which were chosen at random. We found that although each person had a care plan in place, these were maintained to a different standard and did not always reflect the assessed needs of each person that used the service. The registered manager stated that the quality of the information included in individual care plans varied depending and which member of staff completed the care plan. We found that in the case of one of the service users, even though their assessment that was produced by the social worker outlined a number of care needs, their care plan stated that there were no care needs identified. This was of concern to us, as this meant that there was no evidence that the home

works with the service user in order to support him in an appropriate manner to address any needs that that person may have.

In the case of another person, their care plan stated that they should be on a diet and that their weight should be checked on a regular basis. We could not find any evidence that this was being carried out. We also found that there was very limited information in care plans, as to how the home was addressing equality and diversity issues, including sexuality issues. For example, it was known to the home that two of the people who were using the service were in a relationship; however neither of their individual care plans described how the home would support the service users as a couple. Both service users had separate bedrooms and lived in two different parts of the building.

The majority of care plans were signed by the service user or their advocate. One of the care plans that we viewed has not been signed and we were informed that this was due to the fact that it was still being discussed with the service user's relatives.

The registered person must ensure that each service user has an up-to-date care plan, which is generated from the single Care Management Assessment/Care Plan or the home's own assessment, and covers all aspects of personal and social support and healthcare needs.

Care plans viewed evidenced that some work has been done to involve the service users in a decision making process, however further work should be done to demonstrate that staff respect service users' right to make decision, and that right is limited through the assessment process, involving the service user and that this is recorded in individual Service User Plan. One of the examples was where a service user who was quite independent was not given a front door key. This issue should be further explored.

The home's risk management systems required improvement. Some risk assessments were not dated and we could not establish whether they were up-to-date. One of the service user's risk assessment stated that this person needed to be monitored "by supervision Level A", although there was no explanation as to what this meant. In case of another person who had been removed from their parent's home, we found that there was no risk assessment or clear guidelines as to how the home should facilitate any family visits, in order to protect the service user from abuse.

The registered person must ensure that appropriate risk management systems are in place in respect of each service user. Each risk assessment must be dated and kept under review.

We remain concerned that the home has been subject to statutory notices in the past in relation to its care planning and risk management systems. It is therefore vital that these are improved and are maintained at all times, so that

there is evidence that the home is working effectively to meet the assessed needs of the people who use Trumpington Road and that they are not put at risk.

Lifestyle

The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users' rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.

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

This is what people staying in this care home experience:

12, 13, 15, 16, 17.

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

Appropriate leisure activities were provided by the project, although relatives of the service users felt that more activities should be on offer. Improvements are required to the food storage. Further thought should be given to allow service users to be able to purchase food products from shops, as opposed to food products being ordered by the home in bulk.

EVIDENCE:

Trumpington Road is a respite unit and therefore the primary responsibility for finding employment and education does not lie with the service provider. Those who have lived in the home for a considerable length of time were receiving support in moving onto other projects. Since the last key inspection, most of those service users have moved to more suitable projects in the community.

Service users visit cinemas, local pubs, go to shows and go out for lunch. Some people can access places in the community independently. The home has recently conducted a quality assurance questionnaire. Some of the relatives felt that the home should provide more activities to the service users.

The home has got a recreation area, which can be used by people who use the service for various activities.

As previously mentioned, the project is a respite unit and the majority of the service users live with their parents/relatives. Documents viewed, such as care plans, daily logbooks and visitor's book evidenced that the home supports service users to maintain family contacts. Visitors are welcome in the project. The people who use the service confirmed this. We spoke with one of the relatives who said that he was satisfied with the way staff working at Trumpington looked after his son, when he uses the service for respite.

As previously mentioned, improvements are required to ensure that appropriate written guidelines are in place, where it has been identified that the service user may be at risk from his/her relatives.

Breakfast and lunch meals are prepared in the individual units. The evening meal is prepared in the main kitchen by the cook and is taken to the units in heated trolleys. There were appropriate food supplies in the home on the day of this unannounced inspection.

The inspector visited the main kitchen premises, which were kept clean. Small kitchenettes were found to be kept untidy. We found some ants in one of the cupboards in Unit A. Some of the perishable products were not appropriately stored. For example we found several packs of cereal opened and left in a cupboard without being appropriately kept in air-tight containers. Additionally there was a bottle of ketchup kept left in one of the cupboards on Unit A. This bottle should have been kept refrigerated and should have been labelled once opened, so that staff observe its expiry date. On Unit C we found two bottles of salad cream and one bottle of ketchup, which were not labelled once opened. The registered person must ensure that all perishable products are appropriately stored and that they are labelled once opened to avoid food poisoning.

We were previously informed that all food products in the home are purchased in bulk. We therefore recommended that that fresher and better quality food should be bought on a twice weekly or even more regular basis from local retailers with service users' involvement instead of making bulk purchases. In addition this practice would enable service users to take an active part in planning and purchasing food of their choice and thus enabling them to learn new skills. At the time of this visit, the registered manager stated that one service user would go out once a week to purchase some fruits for the home.

It is our opinion that this recommendation has not been fully met and it has therefore been repeated.

During our visit to the home, we were told by the chef that service users were not being served pork, however she could not explain why this was the case. We raised this issue with the registered manager who stated that she learnt that one member of staff instructed the chef that pork should not be served. It later transpired that this person thought that not service pork in the home would minimise the risk of contracting swine flu. We were concerned that this decision was made without the knowledge of the registered manager and perhaps highlight the need for better communication in the home.

Fridge/freezer temperatures were not taken and recorded daily on individual units and this must be improved. The registered person must ensure that all fridge/freezer temperatures are monitored and recorded on a daily basis.

Personal and Healthcare Support

The intended outcomes for Standards 18 - 21 are:

18. Service users receive personal support in the way they prefer and require.
19. Service users' physical and emotional health needs are met.
20. Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
21. The ageing, illness and death of a service user are handled with respect and as the individual would wish.

The Commission considers Standards 18, 19, and 20 the key standards to be inspected.

This is what people staying in this care home experience:

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

18, 19, 20.

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

EVIDENCE:

We were informed that female service users were supported by female staff and when required all female units were arranged. Times for getting up and going to bed were flexible. Appropriate personal care guidelines appeared were in place, where needed.

Trumpington Road is a respite unit and the primary responsibility for meeting any healthcare needs of the service users remains with their primary carers. Longer stay residents are registered with the local GP and are supported by staff to attend appointments and check ups.

As previously mentioned, one person's care plan stated that they should be on a diet and that their weight should be checked on a regular basis. We could not find any evidence that this was being carried out. It is required that, where it has been advised, service users are weighed on a regular basis. Where it is not

possible to monitor weight (due to refusals from a service user), this must also be recorded.

Additionally, we found that the same service user's food intake monitoring sheets were not being completed on a regular basis, as required in their care plan. This was also the case with their fluid intake monitoring sheets. There were number of days when these were not being completed and even when staff were recording what type was fluid was offered to the service user, they did not record the amount of fluid consumed. The registered manager must ensure that where necessary staff maintain appropriate food and liquid intake monitoring charts and that these are completed on a regular basis.

We are concerned that all of these failures to monitor the service user's weight, food and fluid intake may have an adverse effect on their health.

Medication systems also required improvement. When checking medication stocks on one of the units, we were told by a member of staff that one service users' tablets have been administered by their family, even though the person's tablets were still in the blister pack. We were also told that the service user's relative had additional stocks of medication, which she had obtained from a pharmacist. This was of concern to us.

During a tour of the premises we came across a bottle of cold and fly medication left in a kitchen cupboard, which should have been appropriately stored in the medication cabinet.

The registered person must ensure that appropriate systems are in place for recording, handling, safekeeping, safe administration and disposal of medicines received into the care home.

Concerns, Complaints and Protection

The intended outcomes for Standards 22 – 23 are:

22. Service users feel their views are listened to and acted on.
23. Service users are protected from abuse, neglect and self-harm.

The Commission considers Standards 22, and 23 the key standards to be inspected.

This is what people staying in this care home experience:

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

22, 23.

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

Appropriate complaints system was in place. Improvements are required to the home's financial systems and the way service users' finances are handled, so that people who use the service are protected from abuse. Reporting of potential safeguarding adults issues also require improvement.

EVIDENCE:

As part of this visit we reviewed the home's complaints systems. There have been three complaints made to the home since the last inspection, all of which appeared to be appropriately dealt with. Appropriate complaints policy was in place. Service use who spoke with us told us that they would raise any concern the registered manager and/or their keyworkers.

At the last inspection we made a requirement that staff attend adult protection training. The registered manager stated that the majority of staff have received the training. We checked the home's accident and incident records. We found two incidents that could potentially be treated as adult protection issues. We advised the registered manager to report these incidents to the Adult Protection Coordinator, so that a meeting could be arranged to discuss how further incidents could be prevented. The registered manager must ensure that any potential adult protection issues are promptly referred to the local authority Adult Protection Team.

We also reviewed the home's systems for handling service users' finances. We found one discrepancy of 30 pence between the balance in the book of money of the service user and their actual amount of money. Staff working in the home were unable to explain how this discrepancy occurred. One of the receipts that we checked contained a written entry of 50 pence added to the printed receipt. Upon cross checking the service user's daily records and the handover book, there was no record of the service user going out shopping. The home's Procedure/guidance for Managing Service User's Personal Accounts states that 'a note is made of the shopping trip in the handover book', the above mentioned shopping trip was however not recorded. When discussed with the member of staff who supported the service user, she told us that she had to write the amount of 50 pence on the receipt herself, as the service user ran out of the shop and she was unable to collect the receipt for a bar of chocolate that was purchased for 50 pence. The member of staff said that the service user purchased a can of soft drink and a bar of chocolate; however the printed receipt stated 'Alco drink'. It was of our opinion that the system of dealing with service users finances required improvement, as it was open to potential financial abuse. The registered manager must ensure that appropriate systems are in place for safekeeping and handling service user's finances.

Environment

The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

The Commission considers Standards 24, and 30 the key standards to be inspected.

This is what people staying in this care home experience:

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

24. 30.

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

The premises were generally meeting the needs of those using the service, however some areas required attention.

EVIDENCE:

The home was purpose built approximately 16 years ago and is different in design and not in keeping with other houses in the street. The home is close to local shops, amenities and transport. There are four separate units each with a lounge, dining and small kitchen areas. The home is accessible for people with physical disabilities and one unit has specialised bathing facilities and special beds to provide accommodation to those with physical disabilities.

Twelve of the bedrooms are approximately 7 sq.m in size. The three bedrooms in the unit designed for people with physical disabilities are approximately 10 sq.m. The rooms are all small and therefore the amount of furniture is limited as is the space for service users to move around their rooms. However the room sizes are now acceptable under the revised National Minimum Standards for Younger Adults.

Each unit has a bathroom and a shower room and there are appropriate facilities to meet the needs of people with physical disabilities.

We carried out a tour of the premises. Some parts of the premises required cleaning and tidying up. Some parts of the home have recently been repainted, but to a poor standard. It was noted that some of the furniture was becoming to look old and worn and required replacement.

The registered person must ensure that all parts of the home are kept clean and reasonably decorated. Appropriate arrangement for safe storage and disposal of clinical waste were in place.

Staffing

The intended outcomes for Standards 31 – 36 are:

31. Service users benefit from clarity of staff roles and responsibilities.
32. Service users are supported by competent and qualified staff.
33. Service users are supported by an effective staff team.
34. Service users are supported and protected by the home's recruitment policy and practices.
35. Service users' individual and joint needs are met by appropriately trained staff.
36. Service users benefit from well supported and supervised staff.

The Commission considers Standards 32, 34 and 35 the key standards to be inspected.

This is what people staying in this care home experience:

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

32, 34, 35.

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

Satisfactory staffing levels were in place, however staff should receive more training to enable them to carry out their duties more effectively.

EVIDENCE:

During the course of this visit, we spoke to several care staff and one recently appointed deputy manager. Staff who spoke with us felt that the home was appropriately managed.

The duty rosters were maintained. They showed that appropriate staffing levels were in place. This was also confirmed by staff working in the home, who stated that their workload was manageable. The ratio of staff is determined by the number and needs of the service users accommodated in the project. There are usually 4 staff on duty during the daytime, 2 staff work a sleep over shift and there is 1 person who does a waking night shift.

We checked a personnel file of the most recently employed member of staff employed in the home and we were satisfied that appropriate checks were carried out prior to allowing the person to commence work in the home. This included obtaining a satisfactory enhanced Criminal Records Bureau disclosure, which included checks against the Protection of Vulnerable Adults (POVA) list.

As part of this inspection, we asked to see the staff training record. These however were not maintained. The registered manager stated that she has not been insisting on obtaining training certificates to evidence that staff have been offered training relevant to their job. One member of staff who spoke with us could not remember what training she had attended in the past 12 months.

According to the Annual Quality Assurance Assessment, which was completed by the home manager, the majority of permanent staff have obtained NVQ Level 2 in Care or above.

Conduct and Management of the Home

The intended outcomes for Standards 37 – 43 are:

37. Service users benefit from a well run home.
38. Service users benefit from the ethos, leadership and management approach of the home.
39. Service users are confident their views underpin all self-monitoring, review and development by the home.
40. Service users' rights and best interests are safeguarded by the home's policies and procedures.
41. Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
42. The health, safety and welfare of service users are promoted and protected.
43. Service users benefit from competent and accountable management of the service.

The Commission considers Standards 37, 39, and 42 the key standards to be inspected.

This is what people staying in this care home experience:

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

37, 39, 42.

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

Improvements are required to ensure that all National Minimum Standards are met.

EVIDENCE:

Since the last inspection, the home manager has been registered with the Commission as the registered manager. The new manager has previously worked in the home as a deputy manager. She is a qualified nurse and holds a relevant managerial qualification.

We are concerned that whilst the previous requirements have been met, there is a large number of requirements made following this inspection visit.

Visits from the registered provider are now being carried out and a copy from each visit is made available to the home following each visit.

The previously made recommendation that the views of family, friends and advocates and stakeholders in the community are sought on how the home is achieving goals for service users has now been met.

We checked the home's health and safety records. The majority of tests were being carried out on a regular basis, however as previously mentioned the home's fridge/freezer temperatures must be monitored and recorded on a daily basis. The care home's fire alarms were tested on a regular basis and fire drills were also carried out. Electrical appliance testing was due in May 2009. The home's electrical wiring certificate could not be located and the registered manager was advised to send a copy of it to the Commission.

The home was appropriately insured for its purpose.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 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	X
2	2
3	X
4	X
5	X

INDIVIDUAL NEEDS AND CHOICES	
Standard No	***Score***
6	1
7	2
8	X
9	1
10	X

LIFESTYLES	
Standard No	***Score***
11	X
12	3
13	2
14	X
15	2
16	2
17	1

PERSONAL AND HEALTHCARE SUPPORT	
Standard No	***Score***
18	3
19	1
20	1
21	X

CONCERNS AND COMPLAINTS	
Standard No	***Score***
22	3
23	1

ENVIRONMENT	
Standard No	***Score***
24	2
25	X
26	X
27	X
28	X
29	X
30	2

STAFFING	
Standard No	***Score***
31	X
32	3
33	X
34	3
35	2
36	X

CONDUCT AND MANAGEMENT OF THE HOME	
Standard No	***Score***
37	2
38	X
39	3
40	X
41	X
42	2
43	X

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
1.	YA2	14	The registered person must ensure that new service users are admitted only on the basis of a full assessment undertaken by people competent to do so. For individuals referred through Care Management, the registered manager must obtain a summary of the single Care Management assessment and a copy of the single Care Plan.	01/08/09
2.	YA6	15	The registered person must ensure that each service user has an up-to-date care plan, which is generated from the single Care Management Assessment/Care Plan or the home's own assessment, and covers all aspects of personal and social support and healthcare needs.	01/08/09
3.	YA9	13	The registered person must ensure that appropriate risk management systems are in place in respect of each service user. Each risk assessment must be dated and kept under review.	01/08/09
4.	YA17	16	The registered person must ensure that all perishable products are appropriately stored	15/07/09

			and that they are labelled once opened to avoid food poisoning.	
5.	YA17	16	The registered person must ensure that all fridge/freezer temperatures are monitored and recorded on a daily basis.	15/07/09
6.	YA19	17	It is required that, where it has been advised, service users are weighed on a regular basis. Where it is not possible to monitor weight (due to refusals from a service user), this must also be recorded.	15/07/09
7.	YA19	12	The registered manager must ensure that where necessary staff maintain appropriate food and liquid intake monitoring charts and that these are completed on a regular basis.	15/07/09
8.	YA20	13	The registered person must ensure that appropriate systems are in place for recording, handling, safekeeping, safe administration and disposal of medicines received into the care home.	15/07/09
9.	YA23	13	The registered manager must ensure that any potential adult protection issues are promptly referred to the local authority Adult Protection team.	15/07/09
10.	YA23	16	The registered manager must ensure that appropriate systems are in place for safekeeping and handling service user's finances.	15/07/09
11.	YA30	23	The registered person must ensure that all parts of the home are kept clean and reasonably decorated.	15/08/09
12	YA35	18	The registered manager must ensure that staff working in the home are offered training appropriate to the work they perform. Record of any training should be kept in the home.	01/09/09

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.	YA17	It is recommended that food products be bought from local retailers with service users' involvement instead of making bulk purchases. (This is a repeated recommendation.)

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