

Key inspection report

Care homes for older people

Name:	Danmor Lodge
Address:	14 Alexandra Road Weymouth Dorset DT4 7QH

The quality rating for this care home is:	one star adequate service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
John Hurley	2 8 0 4 2 0 1 0

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

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

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Danmor Lodge
Address:	14 Alexandra Road Weymouth Dorset DT4 7QH
Telephone number:	01305775462
Fax number:	01305781454
Email address:	
Provider web address:	

Name of registered provider(s):	Danmor Lodge Ltd
Name of registered manager (if applicable)	
Mrs Susan Hasler	
Type of registration:	care home
Number of places registered:	27

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	27
Additional conditions:		
One person as known to CSCI within category DE (E) may be accommodated.		
One person within the category MD and one person within the category DE (E) may be accommodated.		
The maximum number of service users who can be accommodated is 27.		
The registered person may provide the following category of service only: Care home only - Code PC to service users of either gender whose primary needs on admission to the home are within the following category: Old age, not falling within any other category (Code OP)		

Date of last inspection								
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Brief description of the care home
Danmor Lodge has been owned by Mr and Mrs Hasler since 1994. Mrs Hasler is the registered manager in charge of the day to day running of the home. It is a detached property, set in its own grounds and gardens situated close to local shops and a short

Brief description of the care home

bus ride from the town centre of Weymouth. The home is registered to accommodate a maximum of 27 residents over 65 years of age. Accommodation is on the ground, first and second floors; two passenger lifts and a ramp enable smooth access to all parts of the home without the necessity to negotiate steps. Communal facilities include two lounges, conservatory, dining room, three assisted bathrooms, a conventional bathroom and a separate toilet. Danmor Lodge is a non-smoking home . In the outside area there are flower beds, potted plants, a summer house and patios both front and back. There is unrestricted street parking outside the home and some car parking in the grounds.

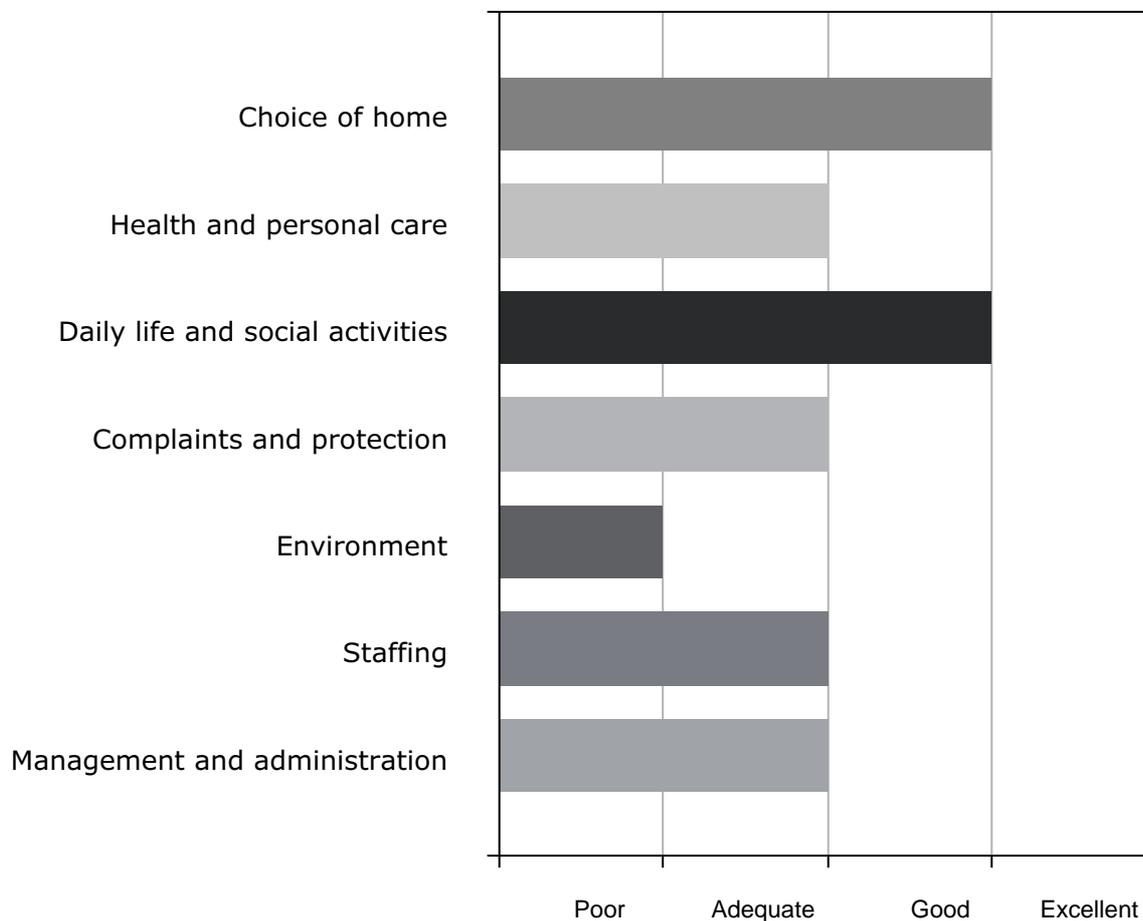
Summary

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:

The inspection was undertaken over the course of two separate days on the 20th and 28th of April 2010. The reason for the second inspection was because the records required to be inspected were not available at the first visit as the registered manager was away. The second day of the inspection gave us an opportunity to check compliance with the immediate requirements that were made following the first day of the inspection.

The focus of the inspection was to look at relevant key standards under the Commission for Social Care Inspection (now the Care Quality Commission) 'Inspecting for Better Lives 2 Framework'. This focuses on outcomes for resident's and measures the quality of the service under four headings; these are excellent, good, adequate and poor. The judgment descriptors for the seven sections are given in the individual outcome groups and these are collated to give an overall rating for the quality of the service provided.

We looked at a number of selected care files in detail, sampled the staff files, undertook a tour of the building and looked at all the documentation relevant to the running of a care home.

We spoke with those who live at the home and the staff who work there.

What the care home does well:

The home provides a welcoming, friendly and homely environment. The home is clean and free from offensive odours.

The individual's who live in the home (and can express themselves) consider that the home meets their needs.

They informed us that staff are kind to them and treat them well. They said that their individual rooms meet there needs and that the food is home cooked and of good quality.

The staff work hard to meet the needs of the people who live there.

What has improved since the last inspection?

The previous inspection was conducted as an Annual Service Review. This meant that we looked at the information available to us about Danmor Lodge and made a judgement with regards to the quality of service on offer without a site visit. Through this process Danmor Lodge was adjudged to be offering good outcomes for people at the home and as no requirements or recommendations were set we are not able to comment on measurable improvements. At the previous key inspection in July 2008 it was required that the management improve their recruitment procedures this has been achieved.

What they could do better:

The registered person at Danmor Lodge needs to ensure that improvements are made with regards to the care planning and review process that at the time of the inspection failed to meet the needs of those who live at the home. There is evidence that some people have been consulted about their care plans but this varies and does not happen consistently for all. Therefore the registered manager must ensure that all people are consulted about their care plan and where not possible people important to the individual should be consulted to ensure needs are being met in an agreed fashion. Staff need to have more guidance with regards to how these needs should be met to ensure consistency of care and a person centered approach to care delivery.

There needs to be improvements in the way medication is administered especially in relation to following the prescriber's instructions. The registered person also needs to develop and maintain guidelines for staff in relation to the administration of medication on a required needs basis.

Whilst we found that the home was generally clean in all areas infection control practices' need to be improved so people are not put at risk of cross infection.

The registered person needs to ensure that risk assessments are robust and regularly reviewed so that issues such as hot water temperatures, hot surfaces and window openings do not pose a significant risk of harm to those who live at the home. All accidents must be recorded and evaluated to ensure peoples needs are monitored and reviewed following significant events.

The registered person must ensure that records required by regulation are maintained in good order and available for inspection at all times.

If you want to know what action the person responsible for this care home is taking

following this report, you can contact them using the details on page 4.

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

Details of our findings

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Requirements and recommendations from this inspection

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.

The home provides comprehensive information to prospective resident's.

Pre admission assessments are carried out prior to or in exceptional circumstances very soon after people take up residency

Evidence:

We looked at the service users guide and found that it gives details about the staff and their qualifications. It describes the home and the facilities on offer in relation to the accommodation. It sets out the aims and objectives in relation to meeting people's needs through care planning and ongoing assessment, key terms and conditions in relation to taking up residency and an abridged version of the complaints procedure.

We looked at a sample of the pre admission assessments that had been carried out in relation to some of the people who had taken up residency to establish how the home had carried out the required needs assessment. The recording evidenced that an

Evidence:

assessment of need had been made prior to the person entering the home. This assessment covered areas such as medication, falls risk assessment, health and personal care. The documents gave a reasonable starting point with which to build a person centered care plan covering areas in relation to the person's well being and how the home would assist them in the future.

Staff told us that intermediate care is not a service that is offered at Danmor Lodge.

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.

Care plans are reviewed but this needs to be done more robustly to ensure that people do not have unmet needs.

Individual risk assessments are regularly reviewed but it needs to be clear what action is taken in response to risk so that people are put not put at risks of harm.

Medication administration practices need to establish robust audit trails and required needs medication must be administered as per the prescriber's instruction.

Evidence:

There is evidence that some people have been consulted about their care plans but this varies and does not happen consistently for all. Care plans are generated from the initial assessment of needs and should be reviewed thereafter. We looked at a sample of the care plans and reviews in order to assess how the National Minimum Standards are being met within the home.

We noted in one person's care plan that it gave details of some but not all of the tasks

Evidence:

to be completed by staff. However these need to be developed to evidence that the home is providing person centered care, for example files state what the task is but not what staff have to do to carry out that task in a way that has been agreed with the individual.

We looked at other care files where risks had been identified regarding nutritional intake. There are some systems to monitor people, for example, staff use a daily record. However, risk assessments which stated that the person was at risk of malnutrition had not been regularly reviewed. One person deemed to be at high risk, and to need dietetic referral, had not been referred to a dietician. The food and fluid intake charts were not being completed to provide direction to staff as to what amount of food and fluid the person should have to ensure they did not become malnourished or dehydrated. Documentation provided after the inspection evidenced that this was not the case for all as files submitted give information regarding weight monitoring, nutritional risk assessments and food and fluid intake for a different person.

We looked at another person's file whose pre admission assessment in August 2009 stated that the person had enduring mental health problems, was at high risk of falls, needs 1:1 activities, was at high risk of developing pressure ulcers and had MRSA. The file evidenced that risk assessments had been carried out in February 2010 covering areas in relation to pressure ulcers, dependency, manual handling, continence, falls and the use of bed rails. All of these assessments established that the person required associated care plans to ensure needs were met. There was no evidence that care plans had been generated or monthly reviews on file as the service user guide states will happen. The use of bed rails was not reviewed on a regular basis to ensure continued safe use and to minimise potential risks.

We looked at the daily recording for this individual and found that staff did not always record the wellbeing of the person. We spoke to staff with regards to this person's needs. Not all staff discussed MRSA, some staff spoke of using a hoist others spoke of the use of a manual handling aid to help the person to a wheelchair. Some staff spoke of the person's agitated behavior that was not mentioned in the care documents. Whilst the staff appeared to be able to ensure the person's basic needs were met in a task centered way the lack of care plans and robust risk assessments put this person at risk of having unmet needs. At the second visit a care plan had been put into place.

The five care plans that were sampled contained evidence of risk assessment in relation to people's physical health. The majority of these assessments had not been kept under review even though the homes assessment process had determined these peoples needs as high and subsequently at risk.

Evidence:

We looked at the medication administration records (MAR) to ensure that the staff were dispensing the medication as it was prescribed. We found that there were a number of issues in relation to administration of medication that caused concern for example; one person was prescribed a variable dose of a preparation ie one or two tablets three times a day. The staff did not state on the MAR sheets how much had been dispensed on each occasion so there was no audit trail of information to be able to inform a doctor of the current medication use. Some medication that had been dispensed to be taken at night was being administered on a required needs basis but the staff were unable to inform us of why this had been changed. The person's care file did evidence that staff had contacted the doctors surgery about medication but a change in the medication regime had not been authorised by the doctor at the time of the inspection.

The MAR contained many references to people being administered medication on a required needs basis but there was no evidence that staff had clear guidance on how to give medication via this route to ensure that it is given appropriately. When care plan reviews were available it was noted that there was no consideration given to the use of required needs medication or evaluation as to its effectiveness. Documents provided following the inspection evidence that a new system has been put into place regarding this issue.

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.

Those who live at the home have opportunities to have their social and recreational needs met.

Visitors are welcomed and individuals are assisted with maintaining contact with relatives and friends.

Robust systems need to be introduced or reestablished to ensure that people's dietary needs are understood and met by staff.

Evidence:

People who use the service were observed in a number of different locations. They choose when to get up and when to retire. They have free access to their bedroom and communal facilities.

Those who use the service are able to meet privately with visitors in their rooms.

Those who we spoke to and who could articulate their views indicated that they were happy with their life in the home and confirmed that the staff support them in following their preferred lifestyle.

People who live at the home informed us that there are things to do and the pace of life suits them. Visitors were observed entering and leaving the home. All visitors were warmly welcomed. The home employs an activities coordinator to ensure that people have opportunities for social stimulation.

Evidence:

We were informed by those who use the service that the food was always good and that choices were available. People told us that the staff knew people's likes and dislikes and as such were able to cater for their needs. Chefs are aware of resident's special diets and care staff have general awareness but need to associate issues such as high fibre diets as special diets.

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

The home has systems in place to ensure that the views of those who use the service are listened to.

Evidence:

We looked at the complaints records and found that the management is recording complaints when they are received and investigating them as described in the service user's guide. Whilst they have investigated the complaints not all of the issues raised have a recorded outcome to show what action the home has taken to put things right and this area could be improved.

The people who use the service informed us that they know who to speak to if they are unhappy and wish to complain.

The home has an Adult Protection policy that should be reviewed on an annually to ensure that it reflects local authority procedural requirements.

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

Risks to people who live and work at the home are not assessed and minimised in a robust and systematic fashion.

Infection control practices may put people at risk of cross infection.

The home was well decorated and clean.

Evidence:

On the first visit we briefly toured the building looking at the communal areas available to the people who live at Danmor Lodge. We also looked at a sample of the bedrooms used by people who use the service and found that they had been personalised with pictures, furniture and photographs to reflect individual taste.

It was evident from walking around the home that there was a good standard of decoration. Individual's we spoke with said the home was "always" clean and "well kept". However our observations were that the dinning room carpet was heavily stained and required cleaning. At both of our visits the home was generally clean and free of offensive odours. Staff have received infection control training and there was protective clothing available for staff. The home has an infection control policy in place. However in one of the three communal bathroom we observed cloth bath towels, creams and toiletries that were not person specific and there was no pedal bin

Evidence:

was available. These issues undermine infection control practices as they put people at risk of cross infection. The bathroom contained a large amount of hairdressing equipment including large "stand hair dryers" and other equipment. It was unclear if the area was used for hairdressing or storage and the staff member we spoke to agreed with our observations that the area was potentially dangerous. To store electrical items in a bathroom with high degrees of humidity may be dangerous but there was not an associated risk assessment.

In many areas of the home we found that there was a number of unguarded radiators which pose a risk of scalding to people living in the home. We asked for a risk assessment relating to the radiators but none was available at that time. We looked in a number of peoples rooms and noted that not all windows had their openings restricted to reduce the risk of falls. There was no risk assessment available when requested. As both of these issues may put people at significant risk of harm we left an Immediate Requirement instructing the registered manager to address these issues.

At the second visit we noted that some of the windows had their openings restricted but the amount they could still open was beyond what is required. Not all hot radiator surfaces and associated pipe work had been covered. We were shown risk assessments in relation to these issues that were dated 24 April 2010 two days after the first visit. The risk assessments that had been carried out had a section where the registered manager could sign and date to verify the risk assessment. The risk assessments had not been verified. We looked at other environmental risk assessments and noted that they had not been regularly reviewed a number were last updated in 2005/06. Again these historical assessments had not been verified by the registered manager.

During our tour of the building at the first inspection we found that in one of the three communal bathrooms the hot water tap to the bath was delivering water at above 50 degrees celsius. The safe water temperature to be delivered to a bath is around 43 degrees celsius to minimise the risk of scalding. This was pointed out to the staff member who informed us that the bath was not used by those that live at the home. However the bathroom was not locked and was accessible to people living at the home. At the second inspection we looked at the risk assessment relating to hot water temperatures. The assessment recorded that the risk of scalding was minimal as all significant hot water outlets were protected by thermostatic valves, the assessment had not been verified by the registered manager. We checked the temperature of the hot water in this bathroom that had previously caused concern and found that it was still in excess of 50 degrees celsius and there was still free access to the facility. As

Evidence:

this continued to be of a serious risk to those who live at the home we left an immediate requirement requiring that the manager take immediate steps to address this issue.

We looked at the kitchen area and found this area to be clean and well maintained.

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.

Staffing arrangements in the home are generally satisfactory so that the needs of resident's can be met in an efficient way.

Recruitment practices are generally good and should ensure the fitness of those who work with the resident group.

Induction procedures need to be more robust to ensure people have the necessary underpinning knowledge in order to meet people's needs.

Evidence:

Full staffing records were not available at the first inspection. At the second visit we looked at three files in relation to the recruitment practices used. The first staff file sampled contained a CV which did not demonstrate or give information with regards to a full employment history. However there was evidence of a structured interview where employment history was discussed. This file contained two references and proof of identity establishing the fitness of the prospective employee. The other two files contained similar reference checking along with criminal records bureau checks. One person had one reference instead of two. The registered manager informed us that contracts officers from the local authority had taken it by mistake. The home uses distance learning induction materials to assess the knowledge and skills of new staff. Whilst there was evidence of staff inputting into the work books there was no evidence

Evidence:

that the management of the home assess the contents of these work books. Best practice would be that management inputted their comments into the work books to verify the work that staff had done. To balance this issue evidence was provided that staff have regular 1:1 supervision with a member of the management team.

The staff training matrix that was given to us at the time of the second inspection evidenced that staff receive training in areas such as first aid, manual handling, fire safety. There are also opportunities for staff to develop their skills through National Vocational Qualifications.

The staff rota evidenced that there are sufficient numbers of staff on duty at all times. The staff we spoke with confirmed that whilst there was busy times when they felt under pressure there were enough staff on duty to meet the needs of those who live at the home.

We spoke to staff on both visits and found that they had a good working knowledge of people's needs. Our observations were that in general terms staff treated people with respect and assisted them in a kind and thoughtful manner.

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.

Records required by regulation are not maintained and so may put resident's and staff at risk of harm and injury.

Accidents are not always recorded or evaluated which may mean people who use the service are at risk.

There are insufficient management systems in place to monitor the work of staff to ensure poor practice does not put people at risk.

Evidence:

We visited the service on two occasions. The registered manager was not available at the first inspection as they were away on leave and the deputy was in charge. The deputy was on a training course on the day we carried out the first inspection and so a senior carer was in charge. Although the senior carer assisted us in a positive and proactive way they did not have access to all of the records. In some cases this is

Evidence:

acceptable ie staffing personal files, supervision records and some contract information. However in relation to areas such as risk assessments and emergency staff contact numbers this is not acceptable as the home should have proper arrangements in place to deal with senior staff absences.

The concerns identified in care planning and risk assessment in this report indicate that the management systems in place to ensure needs are being met are not appropriate or robust and people are placed at risk. The management of care records and reviewing process are not properly maintained and therefore there are no systems to audit the quality and consistency of the staff input into the resident's lives. The outcome of this is that the care given is not person centered and does not always meet the needs of those who live at the home.

The staff informed us that they felt supported by the management of the home and senior staff are available to help and guide them. As already mentioned there is evidence that staff have regular supervision where their roles are discussed. During the visit staff appeared confident in their roles, the home was relaxed and people appeared at ease and comfortable. The staff we spoke to commented positively about the management team, their job role and the people living at the home.

We looked at the Control of Substances Hazardous to Health file which informed us that the file had been reviewed in March 2010. The previous time this is recorded as being reviewed was in 2005, there was no records available for the years in between these dates. The file contained a chemical inventory sheet but this was blank.

We looked at the fire protection records which were found to be in good order with the exception that no one had a personal emergency evacuation plan. The registered manager stated that these were in the individuals files but there was no evidence of this.

The accident book was sampled in conjunction with the care records. In the daily records we found hand written entries that evidenced accidents that were not recorded in either the accident or incident books. This needs to be addressed to ensure that all information is recorded and available with which to guide and inform the reviewing process.

As identified in this report there are some Health and Safety issues which impact on those that live at the home meaning they may not be fully protected. Risk assessments are neither kept under review or accurate. The registered manager needs to introduce systems to ensure the National Minimum Standards are established and

Evidence:

maintained at all times so people are not put at risk

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
1	9	13	The registered manager must ensure that medication is administered as it was prescribed or a medication review is carried out by the prescriber. To protect people from the risk of harm through poor practice	23/04/2010
2	25	13	The registered manager must ensure that the amount the windows open do not put people at risk of harm To protect people from the risk of harm	29/04/2010
3	25	13	The registered manager must ensure that radiators and associated hot pipe work does not put people at risk of harm To protect people from the risk of harm through scolding	23/04/2010

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	14	The registered manager must ensure that food and fluid charts need to be completed more robustly to	28/09/2010

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
			accurately reflect food and nutritional intake To ensure people's needs are met	
2	7	14	The registered manager must ensure that all people who live at the home have an up to date care plan that is kept under review. To ensure people's needs are met.	28/05/2010
3	7	15	The manager must ensure that care plans are completed in consultation with the individual or their representative. To ensure people are consulted about their care.	28/05/2010
4	9	13	The registered manager must ensure there are arrangements for the recording and the safe administration of medicines received in the home. This refers to the need to have written guidance as to the use of variable dosage of medication, the accurate recording of variable dosages and following prescriber's instructions with regards to the administration of medicines.	28/05/2010

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
			To ensure people are given the medication that has been prescribed to them and accurate audit trail exist.	
5	26	13	The registered manager must establish robust infection control practices To protect people from the risk of cross infection	28/05/2010
6	30	18	The registered manager must ensure that staff induction procedures are robust and have formal and timely evaluation. To ensure staff have the necessary understanding to met the needs of those who live at the home	07/06/2010
7	37	17	The registered manager must ensure that all accidents are recorded and evaluated. To ensure the safety of people who live at the home.	31/05/2010
8	38	13	The registered manager must ensure that all resident's have a personal emergency evacuation plan in case of fire. To ensure the safety of people who live at the home	31/05/2010

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
9	38	13	The registered manager must carry out comprehensive risk assessments and take action to minimise any risks. To ensure the safety of people who live at the home.	31/05/2010

Recommendations

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

No	Refer to Standard	Good Practice Recommendations
1	15	The management need to introduce a system to ensure that all key staff know the contents of the care plans with regards to dietary needs to ensure these needs are met.
2	32	The management of the home is recommended to ensure that the care plans ensure people receive person centered care.

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