



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for adults (18-65 years)

Name:	The Grove
Address:	235 Stradbroke Road Lowestoft Suffolk NR33 7HS

The quality rating for this care home is:

three star excellent 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:
John Goodship	2 2 0 7 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 Adults (18-65 years) 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:	The Grove
Address:	235 Stradbroke Road Lowestoft Suffolk NR33 7HS
Telephone number:	01502569119
Fax number:	01502537919
Email address:	
Provider web address:	

Name of registered provider(s):	Amber Care (East Anglia) Ltd
Type of registration:	care home
Number of places registered:	5

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	5	0
Additional conditions:		

Date of last inspection									
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A bit about the care home

Situated on the outskirts of Lowestoft, The Grove offers registered care to five younger adults aged under 65 who have learning difficulties, autism and behaviours that may be challenging. The home is a large bungalow dwelling, which has been extended to provide five- bed roomed accommodation, two lounges, a large kitchen, an enclosed rear garden and is set back from a busy road. There are local shops and services within a close proximity. Residents of The Grove attend a day service also run

	by Amber Care during the week. At the time of inspection, the fees ranged from #463.50 to #2204.70 per week.

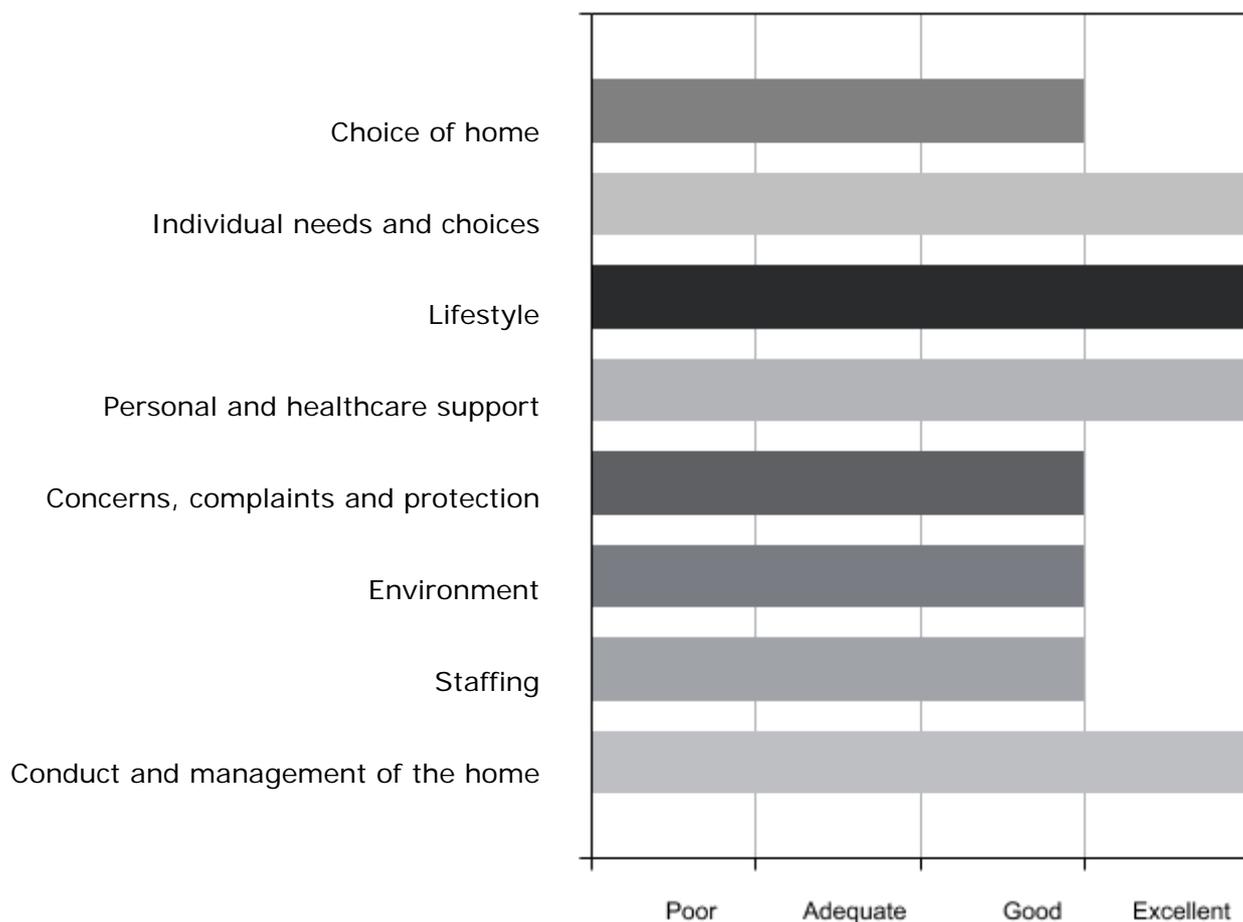
Summary

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

The quality rating for this care home is:

three star excellent service

Our judgement for each outcome:



How we did our inspection:

This is what the inspector did when they were at the care home

This inspection visit was unannounced and covered the key standards which are listed under each outcome group overleaf. This report includes evidence gathered during the visit together with information already held by the Commission.

The inspection took place on a weekday and covered the period when most of the residents were returning from the day centre. The manager was present throughout, and was able to show us all the records and information we asked for. We toured the home, were able to observe residents in the home and returning from day care, and interviewed one member of staff. We also examined care plans, staff records, maintenance records and training records.

A questionnaire survey was sent out by the Commission to relatives and staff. Two relatives and three staff members responded. Their answers to the questions and any additional comments have been included in the appropriate sections of this report.

The manager was also required to complete an Annual Quality Assurance Assessment by the Commission. The information in this document has also been used in the preparation of this report.

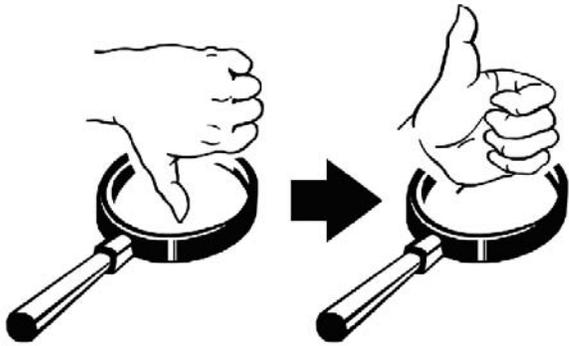


What the care home does well

The staff have a full understanding of the needs of residents, and are well trained to handle their different behaviours, which are sometimes challenging. They are able through training and good communication to maintain a consistent approach to the behaviour of residents, contributing to its improvement. Residents are able to make real choices about their lives.

Each resident is monitored to see how they develop skills and behaviour against pre-set goals. This is well recorded. Daily activity is also fully recorded, aiding care reviews, and when necessary providing evidence of the home's care to other agencies.

Care plans are comprehensive and well-constructed to identify needs and to assess risks of activities which residents could choose to undertake for their personal development. A relative wrote: "The home is completely person-centred". Another said: "They offer good care with affection. Meeting people's different needs is what they excel at". Another wrote: "The Grove are excellent in responding to any anxieties brought to their attention. When my relative is poorly, they give 110% in all areas to make their life easier".

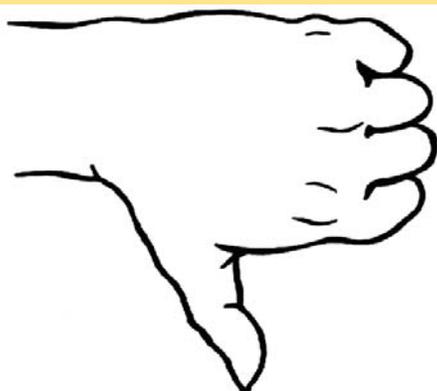


What has got better from the last inspection

All information documents had been updated, and new records had been introduced such as the Passport to Living folder.

Residents were being supported to pursue a hobby or interest of their choice, and to keep contact with their families as they wished.

The provider had employed an in-house trainer to enable new and refresher training to take place at each home. More staff were studying for their NVQ. Support workers are given regular supervision and are also observed performing particular aspects of their skills to maintain standards and identify training needs.



What the care home could do better

No requirements or recommendations have been made as a result of this inspection. The manager has told us in the AQAA and in discussion how they intend to continue to improve the quality of life of the residents, through supporting them to become more independent.



If you want to read the full report of our inspection please ask the person in charge of the care home

If you want to speak to the inspector please contact

John Goodship
33 Greycoat Street
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02079792000

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

Contents

Choice of home (standards 1 - 5)

Individual needs and choices (standards 6-10)

Lifestyle (standards 11 - 17)

Personal and healthcare support (standards 18 - 21)

Concerns, complaints and protection (standards 22 - 23)

Environment (standards 24 - 30)

Staffing (standards 31 - 36)

Conduct and management of the home (standards 37 - 43)

Outstanding statutory requirements

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, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. 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 the person 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.

Residents and relatives can expect that the home will identify the individual needs and preferences of residents, to ensure that the home is the appropriate place for them.

Evidence:

We looked at the current Statement of Purpose that had been written for the home. It contained all the items of information required to make a decision about the suitability of the home, such as admission criteria, the organisation and staffing of the home, and the facilities of the home. A Residents Handbook had been compiled and included a Statement of Terms and Conditions of Residence. This was used as a service users' guide and had been compiled using photographs of the home, staff and each resident. Symbols had been used to promote understanding, particularly in the section on 'How to complain'.

The Statement of Purpose and the service users' guide had been updated in June 2009 to add the names of new staff, and to update the training undertaken by staff.

Both relatives who replied to our survey said that they had received enough information about the home to help them make decisions.

We looked at the care records of the last resident to be admitted to the home. This

Evidence:

was in 2007. They showed a thorough pre-admission process, including visits to the home. There were five residents living in the home at the time of the inspection. Two were supported by Norfolk County Council, and three by Suffolk County Council.

Individual needs and choices

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 needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

This is what people staying in this care home experience:

Judgement:

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

Residents can be assured that their care needs will be reviewed regularly to make sure that their current needs are being met and they will be provided with as much support as necessary to make decisions about their daily lives. Residents can be assured that they will be encouraged and supported by the home in taking risks as part of developing an individual life style.

Evidence:

We saw that very detailed care plans were in place at the home. They contained information about the person's background and their admission details including a pre-admission assessment, photos, information about the individual, their relatives and families and great detail regarding their care needs, risk assessments and gave very clear instructions to staff regarding the likes and dislikes, needs and behaviours of each individual. Care plans were reviewed every six months. One plan we examined had been updated in May 2009. The AQAA told us that care plans were also discussed on a monthly basis in meetings and any changes made. A staff member told us that "the management team informs us of any changes immediately". Staff signed to say that they had read the care plans. Plans were written in the first person to try to see the resident's needs and preferences from their standpoint. Topics included: what's

Evidence:

important to me, how I see and hear, how I sit, what I like around me, what you should do. This gave staff a clear indication of how they should support the person.

Risk assessments had been developed, identifying each risk, and how staff should support residents to minimise the risk while retaining a certain amount of choice and independence. Examples of the risk areas included: using a wheelchair outside the home, using the kitchen, choking on food, slipping in the shower, and using the minibus. Assessments were reviewed every six months or sooner if required by the resident's key worker. One care plan showed that the last review of their risk assessments was in May 2009.

A report covering each twenty-four hour period was written by each shift, on a proforma, covering activities, daily routine, appointments, incidents, medication given, personal care, food and drink, and the names of the staff working with the resident on each shift. The manager told us that she or the person in charge read these each morning to check on each resident. We were able to develop a clear picture of each resident's day from these records.

Care records included information on the resident's wishes, or their relatives' wishes, on end of life arrangements.

Staff gave us examples of the choices which residents were enabled to make, from choosing which clothes to wear, which breakfast cereal to eat, to whether to go to the day centre that day. Where appropriate, symbols were used to help the choice. There were examples of these around the home.

Lifestyle

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 can take part in activities that are appropriate to their age and culture and 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 and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

This is what people staying in this care home experience:

Judgement:

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

Residents and relatives can be assured that the home will encourage residents to join in appropriate social and leisure activities both in the home and in the community. Residents and relatives can be assured that the home will respect residents' rights to lead full and meaningful lives.

Evidence:

A daily Independent Living report was completed for each resident, matching planned skill areas identified in their plan with actual activities and progress. Examples of skills being encouraged were: making the bed, putting their own laundry away in drawers, loading the dishwasher, sweeping the floor, polishing their shoes, cleaning their room, making cakes. One person had progressed from doing their laundry to doing their ironing as well. Another person was able to clean the whole kitchen, under supervision. The reports listed the level of support given by staff on each activity. These reports were good practice and showed that a pro-active programme of support was given by staff. The routines, activities and plans were resident focused, regularly reviewed, and could be quickly changed to meet individuals' changing needs, choices and wishes.

Evidence:

The AQAA told us: 'Each resident has a specific chosen project or hobby which we support them to work on'. Examples of these were trains, beadwork, football and cooking. Several residents helped to cook as far as they were able, and with staff support. Baking cakes was popular with one resident especially. There were generic and individual risk assessments around eating support. There were fresh vegetables in the kitchen, and a varied menu which residents helped to select. The home had a four weekly menu cycle, with two choices of main meals. The temperature of the fridge and freezer were taken and recorded. All items in the fridge at the time of the inspection were covered and dated. Records were also kept of the temperature of hot food by probe thermometer. Previous inspections had noted that any nutritional problems were identified and referred to specialists.

Four of the current residents attended the Crown House day centre run by the providers. They were taken there by the home's minibus. Risk assessments were in place for some of them when travelling in the minibus for their own safety. Each person took a diary with them for the day service to record any key happenings. The fifth resident attended John Turner House, a council facility. The home had two 7 seater cars which several staff were able to drive.

When residents returned from their day centre, they each followed their own routine. We noted that some had a drink and a snack, with the support of staff who were knowledgeable about their preferences and abilities. One resident went off to have a shower.

Residents had been on holiday this year to a holiday camp at Filey in Yorkshire. Staff reported that the residents enjoyed themselves. One relative wrote that their family member benefited from being taken out, and getting involved in physical activities such as swimming and going to the gym.

The home was starting to make up Passport to Living books, which gave each resident a photographic record of what they did. We looked at one of them, which had photos of the person choosing clothes, washing up, unloading the dishwasher, choosing trainers, swimming, and being on holiday.

A relative told us: "The staff have become familiar with X's needs over the years and are able to respond appropriately". Another said: "The staff give much thought to Y's individual needs and have a good relationship with our family". A staff member told us: "I like working at The Grove because the opportunities we offer our service users are the same as I would have myself on a daily basis, such as clothes shopping, and day trips out".

Personal and healthcare support

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 receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people 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.

If people are approaching the end of their life, the care home will respect their choices and help them to 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 **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents can be assured that staff are very aware of the physical and emotional needs of residents to enable them to live a healthy and social lifestyle. Residents are protected by the home's medication policies and practice.

Evidence:

We saw in the care plans that residents had specified the way and manner in which they wished their care to be provided. Daily record sheets gave an account of staff actions and interventions with residents. Within the home, female personal care was carried out by female support workers or with a female support worker present.

We saw in the care plans the assessment of residents' social and medical needs. They identified their particular medical conditions, and how the NHS professionals were involved with their care. Other health checks had been arranged for residents as needed, including for cataracts. A list of allergies was included in the plans. There was evidence in the care plans that GPs did regular medication reviews. Other records were about appointments with speech and language therapists, the psychiatrist, optician, chiropodist and dentist. The AQAA reported that: 'We encourage family members to be involved in the service users' health issues and making decisions for their future health care'. Information in the support plans confirmed that this was taking place.

Evidence:

The behaviours of some of the residents was at times challenging to both staff and other residents. The inspector had witnessed on previous visits several instances of such behaviour when the residents returned from the day centre. These were handled appropriately by the staff, using diversion and de-escalation. These incidents were always logged on incident or accident forms. Body maps were used to record any marks or injuries. A summary of all incidents was kept for regular review to identify if changes were needed to care plans, and for staff training discussions. Staff were trained on the Unisafe programme for handling challenging behaviour.

Relatives said in the survey that the home always gave the support and care to their relative that they expected. One relative wrote that: "When X is poorly, they give 110% to make their life easier".

A check of the medication stock showed that all medications were being given as prescribed. The record sheets had no gaps in signatures, and all creams had been dated on opening. We noted that the reasons for not taking medication, or not giving PRN (as required) medication was recorded on the reverse of the record sheet. The home had a procedure for the receipt and return of medication. We noted that there was a monthly medication audit and the medication charts were signed to show this had happened.

End of life wishes, where known, were recorded in each resident's file.

Concerns, 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. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

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.

Relatives and residents can be assured that their complaints will be dealt with appropriately, should they arise. Residents can be assured that action will be taken on any allegation of abuse.

Evidence:

The survey questionnaires from relatives all indicated that they would know how to complain, although none had ever done so. The home had produced a booklet in picture and symbol format called 'How to complain'. The AQAA told us that the home had not received any complaints since the last inspection. No safeguarding referrals had been made in that period. The manager had demonstrated in previous instances that she knew how to refer and manage any allegation of adult abuse.

Staff training in adult protection was covered initially in the abuse section of the Common Induction Standards syllabus, then in the unit in NVQ Level 2, and also through the use of the video "No Secrets". When questioned, a member of staff was able to demonstrate an understanding of the definition of abuse, with examples. They were clear that the route for reporting was to the manager or the person in charge of the shift. Individual staff were also trained to respond appropriately to physical and verbal aggression and fully understood the use of physical intervention as a last resort.

The financial affairs of two residents were run by their relatives. For the other three, the manager was the signatory for their bank accounts. One of these accounts was topped up regularly by the relatives. Transactions were checked monthly by the area

Evidence:

manager. Cash was kept in a safe in the office. We checked one cash box at random. The amount of cash tallied with the receipts and record of transactions.

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, comfortable, 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. People have enough privacy when using toilets and bathrooms.

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.

Residents can be assured that the home is comfortable, clean and safe, with opportunities to decorate and furnish their own rooms.

Evidence:

The home had been extended and adapted to meet the needs of residents with learning and physical disabilities. Rooms were decorated according to the wishes and interests of the occupants. The occupants were encouraged and supported to help keep their rooms clean and tidy. The independent living report referred to under 'Lifestyle' recorded these activities. All bedrooms had en-suite facilities.

The large garden was secure and well maintained, with leisure equipment, and outside seating. The AQAA told us: "We have involved service users in the garden and have an allotment where their own vegetables are being grown". The redundant concrete garage in the back garden had been turned into an activities room, with painting and other craft materials.

The communal space included a large sitting room, a dining room and a conservatory. New carpets had been laid in the hall, and four of the bedrooms. The AQAA told us that all service users' bedrooms were decorated to their own choice of colours. "We have involved service users in choosing, purchasing and assembling new items for their home".

Evidence:

The home was protected with the appropriate fire precautions, and hot water temperatures were controlled to a safe level to prevent accidental scalding of residents. A new cooker had been fitted the week before our visit as the previous one had broken down. residents could now be supported to use this improved cooker. The last time the Environmental Health Officer had visited, in 2008, there were no issues to be actioned.

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, qualified 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. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

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.

Residents are cared for by competent and safe staff in appropriate numbers to support their daily needs. Residents are fully protected by the home's recruitment procedures.

Evidence:

The manager told us, and the rota showed, that the normal staffing ratio was one carer to one service user. This was the level on the day of our visit. During the week, all service users either went out to an external day service or spent the day with home staff. One service user was funded for an additional carer for community activities on some days or at certain times. At night, there were two waking night staff with a senior on call.

Seven out of the fourteen permanent staff had gained NVQ Level 2 or above, and four staff were studying for NVQ, three of them at Level 3. All staff were trained to use the MDS medication system. We examined training records which showed that all staff had done the Unisafe course on managing difficult behaviours, a one day course on autism, and a training session on low arousal, as well as other training not specific to the residents. Two staff were specially trained to administer rectal diazepam. The provider had an in-house trainer who was booked to attend the home during the last week in August to cover Safeguarding and dignity, Deprivation of liberty, Moving and handling, Food hygiene, Fire, and Mental capacity. Some of these sessions were refreshers, others were new topics.

Evidence:

We examined the personal file for the newest staff member. The recruitment process had been properly supported by identification documents and the Criminal Records Bureau check. The latter had been received before the start date for the person. The files recorded their induction into the home. In-house induction included supervised periods working with each service user in turn, with particular recording of their knowledge of the service user's mobility, diet, general activities, and personal care needs and preferences. Supervision records showed that the programme was up to date.

We interviewed one staff member. They confirmed the training they had been given, and the supervision they received. They told us that there were regular staff meetings, and that there was always sufficient staff on duty.

Conduct and management of the 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 have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because 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. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

This is what people staying in this care home experience:

Judgement:

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

Residents live in a well managed home with supportive staff, protected by safe procedures.

Evidence:

The manager had been registered with the Commission in July 2008, although she had been in the post for a year prior to that and had worked at the home since 2004. She had completed the Registered Manager Award. She was also the registered manager for another small home in the company. She explained that she works about two and a half days at each location but this was flexible. She was confident that in each location senior staff were competent to cover during her absence, but she was always available by phone.

The relatives who responded to our questionnaire said that they were welcome in the home, were kept informed of important matters, and were consulted about care. One told us: "I keep in regular contact with the manager who has been helpful and informative". A staff member told us: "My manager is very supportive and is very approachable for all staff". Another wrote: "The Grove has a great management team who informs us of any changes in day to day running immediately".

Evidence:

The manager of The Grove reported to the area manager. This person was responsible for the monthly visit reports required by the regulations. These were up to date to June 2009. They covered, amongst other topics, medication checks, and checks on residents' finances.

The home had issued a questionnaire to relatives and professionals earlier in the year as part of the quality assurance process. Two relatives had replied, and the inspector noted that both had praise for the care, and the staff, and the welcome they received when visiting. One had written: "The Grove seems the ideal home for X. We have no worries about their future care". Another wrote: "We feel relaxed in the knowledge that Y is in good hands with people who know and understand them".

We examined the accident log. The accident book was properly completed, whilst retaining the requirements of data protection. A record was kept of all incidents. A copy of each form was also filed in the appropriate resident's care plan and a third copy went to the head office.

The fire log was examined. This recorded weekly fire alarm tests, quarterly evacuation drills, and fire extinguisher and emergency lighting testing. The fire risk assessment was in place.

Other quality checks included medication audits, checking shift reports, spot checks at night, and observation checks by senior staff on the other staff covering aspects of support workers' roles such as medication administration and personal care.

We discussed the implications of the Mental Capacity Act on the residents. The manager believed that all the residents had the capacity to agree to any arrangements proposed for their care, and so were not likely to be subject to an application for deprivation of liberty authorisation.

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	Description	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	Description	Timescale for action

Recommendations

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

No	Refer to Standard	Good Practice Recommendations

Helpline:

Telephone: 03000 616161 or

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