

Key inspection report

CARE HOMES FOR OLDER PEOPLE

The Orchard

**1-2 Station Street
Darlaston
Walsall
West Midlands
WS10 8BG**

Lead Inspector
Amanda Hennessy

Key Unannounced Inspection
29th July 2009 08:30

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 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.

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SERVICE INFORMATION

Name of service	The Orchard
Address	1-2 Station Street Darlaston Walsall West Midlands WS10 8BG
Telephone number	0121 526 4895
Fax number	0121 568 6756
Email address	orchardresidentialhome@btconnect.com
Provider Web address	
Name of registered provider(s)/company (if applicable)	C & V Residential Ltd
Name of registered manager (if applicable)	Yvonne Ireland
Type of registration	Care Home
No. of places registered (if applicable)	32
Category(ies) of registration, with number of places	Dementia (20), Old age, not falling within any other category (32)

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:
Old age not falling within any other category (OP) 32
Dementia over 55 years of age (DE) 20
2. The maximum number of service users to be accommodated is 32.

Date of last inspection 30th July 2008

Brief Description of the Service:

The Orchard provides accommodation for up to thirty two older people some of whom may have dementia or a mental health disorder.

The home has twenty-four single rooms and four shared bedrooms located on both the ground and first floor. Seven bedrooms have en suite facilities. Bathrooms and toilets are situated in close proximity to communal areas and bedrooms. A passenger lift provides access between the ground and first floors. There are two lounges and a separate dining room on the ground floor. Kitchen and laundry is also available at the home.

The home is accessible via public transport and is close to all local amenities. There is an enclosed patio style garden with garden furniture at the rear of the home, with a smoking shelter; car parking is available at the front of the home.

The service user guide identifies that fees charged are between £353.15 and £418 per week for residency at The Orchard, although the reader is advised to contact the service for up to date information on fees charged.

SUMMARY

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

The quality rating for this service is **2 stars**. This means the people who use this service experience **good** quality outcomes.

This unannounced Key Inspection was carried out by one inspector in one day from 8.30 a.m. – 14.30 pm; neither the home nor the provider knew that we would be visiting.

There were 22 people in residence with 10 vacancies at the time of our visit. The National Minimum Standards for Older People were used as the reference for the inspection.

Information for the report was gathered from a number of sources:

a questionnaire which is called an Annual Quality Assurance Assessment (AQAA) was completed by the Manager and was sent to us before the inspection.

We looked around most of the home including peoples' rooms, bathrooms, toilets and communal rooms. Records about the safety of equipment and the building were also checked.

Three written surveys were returned directly to us from people living in the home and their relatives, these survey forms are known as "have your say about The Orchard," to enable people to tell us about their experiences of life at the home.

We had discussions with the Manager, care staff and people who live in the home and their relatives, to gain their views of what it is like to live at the home.

We looked at how the service has responded to concerns, how it protects people from abuse and how staff are recruited and trained. We also looked at the number of staff available to care for people who live in the home.

Three people who live in the home were "case tracked", this process involves establishing people's experiences of living in the care home by meeting or observing them, discussing their care with staff, looking at their care records and focusing on outcomes of the care that they receive. Tracking peoples' care helps us to understand the experience of people who use the service. As part of this process we also looked at peoples' medicines, how they are ordered and records of their administration.

What the service does well:

The home is small and has friendly staff. People told us that they like living at the home because:

"I have a room and a telly to myself" and,

"I like the people here, the other residents and staff are lovely."

The home has sufficient staff who are well trained, knowledgeable and are able to meet peoples' needs. The home has more than half of its care staff with a care qualification (minimum of national vocational qualification level 2)

Relatives told us:

"The staff are always very caring and are prompt at seeking medical help."

"When you visit they always make you welcome, all the staff are very friendly."

People have the opportunity to make choices about their life in the home and maintain relationships with friends and relatives. There are several trips out during the summer and activities within the home. Food at the home is described by people living there as being:

"Very nice" and ""we have what we want they come and ask us what we would like"

What has improved since the last inspection?

The home had two statutory requirement notices since our last key inspection as it failed to meet requirements made in relation to care planning and ensuring proper provision is made for people's health and welfare. We visited the home on 23rd March 2009 and found that the home had met these requirement notices. This inspection found that care records more fully reflect peoples' needs, choices and capabilities giving greater confidence that peoples' needs will be met.

The home now ensures that an assessment of needs is available for all people wishing to come and stay in the home including those people coming to stay for respite care. The assessment of people's needs then forms the basis of their plan of care.

Bed rail risk assessments now more comprehensively completed and identify risks to people who have bedrails and also include actions for staff to minimise this risk.

The Service user guide and statement of purpose have been updated since our last visit. The service user guide and statement of purpose now provide people with up to date information about the home and services that it offers giving them the opportunity to make an informed decision that the home will be suitable to meet their needs.

The Manager has developed a quality assurance system which includes regular surveys to people living in the home, their relatives and other stakeholders. The surveys give people an opportunity to say what they like or what could be improved about the home for the manager to look at to see if she could make any improvements to the home.

What they could do better:

We have advised that when medicines are prescribed on an "as required" basis there are instructions available for staff telling them when people may have this medicine and all other required instructions for its administration.

There must be improved systems in place to ensure that all areas of the home and particularly the kitchen is clean. We advised that a cleaning schedule is completed when areas are cleaned to address the concerns highlighted.

There is a need for more comprehensive risk processes when staff are employed when the Protection Of Vulnerable Adults (POVA) check has been returned but not the full Criminal Records Bureau (CRB) check. A comprehensive risk assessment will more fully identify that actions are undertaken to minimise the risk of unsuitable people working in the home.

The home must tell us of all incidents that affect the health, safety and well being of people living at the home to give us assurance that all possible actions are undertaken to keep people safe.

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 – 6 are:

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

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

This is what people staying in this care home experience:

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

1, 3 and 6.

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

People who may use this service and their representatives have the information needed to choose a home that will meet their needs.

EVIDENCE:

The home has updated the service user guide and statement of purpose since our last visit and both documents provide detailed and clear information about the service, although they are not available in any other alternative formats to make their understanding easier for people with different needs for example, poor eye sight or dementia.

We were told that people always have an option to visit the home before they make the decision to move in there. Several people first came to the home for respite care before choosing to come and live there permanently.

At the last inspection we found that people did not always have their needs assessed before they came to live at the home particularly those people who come to stay at the home for respite care. A subsequent visit to the home after our last full inspection found that people were still not having their needs assessed before they moved to the home which resulted in staff not being fully aware of people's care needs; this resulted in us giving the home a statutory requirement notice. The home have since met their statutory requirement notice and now people do have their needs assessed, usually by the manager giving staff detailed information about their needs, choices and capabilities.

The service does not provide intermediate care.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

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

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

This is what people staying in this care home experience:

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

7, 8, 9 and 10.

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

People who live at the home have their needs identified and met and can be assured that the management of their medicines is undertaken safely.

EVIDENCE:

The home had two statutory requirement notices since our last full inspection of this service as it failed to meet requirements made in relation to care planning and a need to ensure that proper provision is being made for people's health and welfare. We visited the home on 23rd March 2009 and found that the home had met both the requirement notices.

At this visit we found that care plans are developed following the assessment of people's needs and identifying their needs, choices and capabilities, this

information is then transferred into their plan of care. The service has made many improvements care planning since our last visit. The manager has told us that she is constantly looking at how further improvements can be made. Care plans we looked at provided staff with good information about people's needs and gave instructions for staff how they should be met. We did see however, that sometimes standard statements such as "the home is to accommodate all X's hobbies and interests and with all other daily activities," were used for all people without exploring what this means. Other instructions such as people's choice of personal care gave staff good instructions, although all people care records seen detailed a need for a weekly bath, although we were not able to identify if this was people's choice.

The home has a key worker system. The person's key worker also reviews their care monthly. Staff on each shift make a record of each person's day and their general health.

The service has good systems in place to monitor people's health which includes risk assessments for falls, pressure sores, poor nutrition and the use of bedrails with actions in place to minimise any risks to the person. People have access to other health professionals depending on their needs such as opticians, dentists and chiropodists. We were also able to see that when there is any changes to the person's health staff ensure that they are seen by their doctor. Relatives told us:

"Staff tell me if they have to get the doctor."

The storage and administration of medicines at the home is undertaken by trained care staff. The home has required records in place to give confidence that medicines are being stored and administered both safely and appropriately so that people receive the medicines that they are prescribed for. We did advise that when medicines are prescribed on an "as required" basis there are instructions available for staff telling them when people may have this medicine and all other required instructions for its administration.

We found that staff are friendly and respectful to people living in the home. We observed staff to knock before entering bedrooms and toilets and interacted in a friendly and open way using people's preferred name. We saw that people were treated respectfully and spoken to politely throughout our inspection. People agreed when we asked them about staff respecting them:

"The staff are great".

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

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

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

This is what people staying in this care home experience:

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

12, 13, 14 and 15.

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

People have the opportunity to make choices about their life in the home and maintain relationships with friends and relatives.

EVIDENCE:

The home's AQAA told us:

"We encourage a daily routine of activities which are flexible and varied. Outings have been arranged for the summer month's one a trip to a seaside. Staff ensure friends and families are invited to join in activities and outings arranged by our home and are involved in daily care planning of their relatives."

We found that people's interests and choices are generally recorded within their care records. Staff try to ascertain the person's life history and background to enable them to get to know the person more. Staff ensure that information in relation to people's choices such as the time that they go to bed and get up and food and drink that they like and dislike is identified. We were

told that people can choose when they get up, go to bed and spend their day, which we also saw this during our visit.

The home does not have an activities co-ordinator. We were told that care staff, arrange activities. Staff told us that they play games, draw and sing and also take people out to the shops. The home has developed a sensory light room where people who live in the home can sit and relax and enjoy some quiet time which can be therapeutic for people with dementia. We were also told that there has been a recent trip to Drayton Manor and a further trip is planned before the end of the summer. Music to movement session is available once a fortnight (although there is an additional charge for those people who wish to take part). We asked people how they spend their day one person said: "We had a man come in last week do exercise to music that was alright."

Care plans identified people's religion and nationality. We were told that a monthly Church of England service takes place, although they will support any one's religious beliefs.

Visitors are welcome at the home at anytime. One visitor we spoke to confirmed that they visit whenever they wanted to.

The home has a four-week menu, which identified that a varied well-balanced diet is provided. We were told that a full breakfast is available everyday alongside a choice of cereals and toast, when we asked people if they had enjoyed their breakfast they told us:

"Too right I had a full Monty; I have a full Monty every day which is why I am getting fat!"

A choice of main meal is always available. People living at the home can choose where they prefer to have their meals. It was nice to see that all dining tables had tablecloths, flowers, cruets and appropriate cutlery. Staff support people to be as independent as possible. Staff spoken to tell us that there are no specialist dietary requirements, in relation to culture or religion; the home did cater for the dietary needs of people who have diabetes.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

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

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

This is what people staying in this care home experience:

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

16 and 18.

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

There are appropriate procedures in place to listen to people and keep them safe.

EVIDENCE:

The home has a complaints policy and procedure. People can find the complaints procedure displayed in the home. The home has not had any complaints since our previous inspection.

People that we spoke to said they would discuss any concerns that they had: "The manager)". Staff also told us: "If any resident said they were unhappy I would get the manager to speak to them."

The manager told us during the inspection that there has been one recent safeguarding referral when concerns were raised by the person to their Social Worker. These concerns had been investigated and were not substantiated. The same person had also fallen out of bed and there was some concern that the person's bed may not be suitable for them. It was positive that staff contacted emergency services as they thought that there was a possibility that the person may need hospital care, although that was not necessary. We did

advise that given the circumstances we should have been made aware of this incident. The Manager has assured us that she will inform us of all incidents when paramedics have attended in addition to other incidents that she already informs us of that affect the health and well being of people living at the home.

Staff all told us that they had adult protection training and were aware of what constitutes abuse, signs of abuse and what actions they would undertake if there were any concerns about abuse.

We have highlighted in the staffing section of this report that there is a need for more information about staff and a more comprehensive risk assessment should be available when staff are employed before the full criminal records check has been returned. The additional information would give greater assurance that the risk of unsuitable people working in the home is minimised.

Environment

The intended outcomes for Standards 19 – 26 are:

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

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

This is what people staying in this care home experience:

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

19 and 26

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 majority of the home is clean, recently decorated and provides suitable aids and adaptations for people who live there.

EVIDENCE:

The home is a large detached house that has been converted to provide residential care for up to thirty- two older people. The home has been decorated, has had new carpets and has had new furniture throughout in the last two years. In addition since the last inspection new pictures have been put up around the home making it appear more homely. The majority of corridor walls are coated with 'Artex', which can be rough and may damage fragile skin if people knocked against the walls.

There is one corridor named the 'memory corridor' with lots of interesting things to look at including photographs of film stars of the 1930's, 40's and 50's. The front area also had differing objects of interest from the 1930's, 40's, 50's and 60's for example, an old radio, mangle and sewing machine. People living at the home only have limited access to this area of interest, as there is a locked door before coming into the reception area.

The home has a large lounge; separate dining room and a small lounge that they may choose to sit in.

Bedrooms are on the both the ground and first floor, with a passenger lift accessing the first floor. There are double rooms but not all were being used as double rooms. Privacy screens are available in those rooms occupied by two people and people are given the option if they want to share a room or not. The majority of bedrooms have been personalised with the ornaments, small items of furniture and family photographs.

The home provides people with a range of equipment to support them to be as independent as possible. There are grab and hand rails around the building. Hoists are available for moving people safely. A staff call system is available throughout the home. The bathrooms are generally clean although there is a need for particular attention to be paid to the underside of bath seats. Bathrooms also provide sufficient aids and adaptations for those people who need assistance and support.

The garden consists of paved areas (no grass area) with raised borders where tables and chairs are available for people to sit outside if they wish to. There is a greenhouse where tomatoes are being grown. A shelter is available in the garden area for people wishing to smoke.

At the last Environmental Health inspection a need for a deep and thorough clean of the kitchen and for opened bottles and jars to have the date of opening recorded was identified. We found that this was still required, the edges of the flooring, wall tiles and skirting boards needed a thorough clean and there was no date of opening on opened bottles and jars. Kitchen staff have a weekly and monthly cleaning rota, although there is no record that required cleaning has been undertaken.

The home has appropriate arrangements in place such as liquid soap, gloves and aprons to minimise the risk of cross infection.

Staffing

The intended outcomes for Standards 27 – 30 are:

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

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

This is what people staying in this care home experience:

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

27, 28, 29 and 30.

People using the 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 has suitably trained staff on duty in sufficient numbers to meet the needs of the people living there.

EVIDENCE:

People tell us that there are 'sufficient staff' to meet their needs. Care staff are supported by kitchen staff, domestic staff and laundry staff.

Staff we met spoke positively about support and training saying:

"Yes anything and if I want to do something that I haven't done I only need to ask".

Staff we spoke to were knowledgeable about peoples' needs. We observed good interaction between staff and people living at the home. In addition a paramedic who visited the home told us:

"staff at the home were excellent."

Fifteen of the twenty- one care staff have a care qualification (National Vocational Level 2 or above). This gives confidence that staff are well trained to enable them to be knowledgeable and understand peoples' care needs.

People were complementary about the staff and told us:

“Staff are lovely.”

Staff recruitment and selection is generally completed to the required standard. Required checks such as references and a POVA check are undertaken before staff commence employment at the home. We did advise that the risk assessment for the use when staff are employed when the POVA check has been returned but the full CRB check has not is more comprehensive. There is also a need that the manager ensures that the work history of staff is comprehensively identified. Increased information gives greater assurance that the risk of unsuitable people working in the home is minimised.

New staff receive a basic induction training that gave them information about the home, health and safety issues and the needs of people living at the home, records seen of this at the time of the inspection confirmed this. The manager told us that although staff do not have an induction that meets “skills for care” standards they are enrolled to do their NVQ “as soon as possible.”

Management and Administration

The intended outcomes for Standards 31 – 38 are:

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

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

This is what people staying in this care home experience:

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

31, 33, 35, 36 and 38.

People using the 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 management and administration of the home is based on openness, respect and has a quality assurance system which enables and identifies when further developments are needed which ensures that the service is run in the best interests of those who use it.

EVIDENCE:

The home's manager has been manager at the home since February 2008. She has worked in residential care homes for several years and has managed another home. The manager undertakes regular training to ensure her knowledge and skills are kept up to date and holds a required management

qualification. Staff told us that they found the Manager approachable and said: "the management do what they can to help me."

The Manager has expressed a wish to continue to improve standards and has addressed all previous requirements and recommendations that we have made.

The Manager completed the homes AQAA which was returned to us when we asked for it. The AQAA gave us a reasonable account about the service and plans for improvement and development that are in place.

At previous inspections we advised the manager of a need for a quality assurance system, she has now done this. The homes Quality Assurance system includes questionnaires to people living at the home, relatives and visitors including District Nurses and other health professionals– responses from these were seen. Evaluation of recent surveys is being made and will be included with the Service Users Guide and Newsletter. Staff also regularly audit areas of the home such as care planning, medication and the environment. We do however feel that there is a need for more effective monitoring of the cleanliness of the home and particularly the kitchen would be beneficial. Meetings for people do not take place although there are regular staff meetings. Staff supervision is now more regularly undertaken than previously with staff telling us:

"I have supervision by the Yvonne (the manager) and the seniors, we have it whenever they feel we need it may be three monthly, six monthly or twelve monthly and we are watched by seniors daily." Although there were not always records available to confirm that the supervision had taken place.

It was positive to hear that people are encouraged when able to manage their own money. Staff do not manage any person's personal allowance but look after small amounts of money on their behalf. Sampling showed that suitable records were being kept with receipts supporting most transactions, although we advised that people have their own receipts rather than group receipts for items such as hairdressing and chiropody. Balances we checked were all found to be correct.

Staff all told us that they had regular mandatory training and there were records of training in the staff files that we looked at. It was also positive that staff had received training in the mental capacity act and how the act and the deprivation of liberty act may affect people living at the home.

All maintenance contracts seen were up to date. We spot checked the homes maintenance contracts and saw records of the home's hot water temperatures, fire system and fire drills and were satisfied these are being maintained to protect the people living at the home.

SCORING OF OUTCOMES

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

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

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

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

HEALTH AND PERSONAL CARE	
Standard No	Score
7	2
8	3
9	2
10	3
11	x

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

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	x
18	2

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

STAFFING	
Standard No	Score
27	3
28	3
29	2
30	2

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	x
33	3
34	x
35	2
36	2
37	x
38	3

Are there any outstanding requirements from the last inspection? No

STATUTORY REQUIREMENTS

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

No.	Standard	Regulation	Requirement	Timescale for action
1	OP26	13(3)	Systems must be implemented to ensure that the home and particularly the kitchen are clean and the risk of infection is minimised.	29/08/09

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.	OP9	Instructions should be available for staff when medicines are prescribed on an as required basis.
2	OP26	The cleaning rota for the kitchen should confirm when staff have cleaned area to provide ongoing audit and give assurance that areas have been cleaned.
3	OP26	The date of opening of bottles and jars should be recorded.
4	OP26	There is a thorough a deep clean of the kitchen including, walls, tiling, floors and the ceiling.
5	OP29	The risk assessment when staff are employed on a pova first basis more comprehensively identifies that references

		and work history is comprehensive and has been validated.
6	OP36	Records are completed to evidence that regular staff supervision is undertaken.



Care Quality Commission

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