

Key inspection report

Care homes for older people

Name:	Honiton Manor
Address:	Exeter Rd Honiton Devon EX14 1AL

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:
Teresa Anderson	0 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

Document Purpose	Inspection report
Author	Care Quality Commission
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Honiton Manor
Address:	Exeter Rd Honiton Devon EX14 1AL
Telephone number:	0140445204
Fax number:	0140445324
Email address:	honitonmanor@aol.com
Provider web address:	oakdash@aol.com

Name of registered provider(s):	Mr Howard Norman Dennis, Mrs Sarah Jane Mary Dennis, Mr David Malcolm Baker, Mrs Angela Martha Christin
Name of registered manager (if applicable)	
Ms Gillian Sarah Mary Berry	
Type of registration:	care home
Number of places registered:	22

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	22
Additional conditions:		

Date of last inspection	1	9	1	0	2	0	0	9
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Brief description of the care home
Honiton Manor is registered to provide 24 hour nursing care for up to 22 service users who have needs relating to 'older people'.
The two-storey home is an older style building situated on the main road into, and quite close to, Honiton and the local amenities. It is on public transport routes.
There are eleven single bedrooms and five double bedrooms situated on the ground and first floors. One of the double bedrooms has an ensuite bathroom. A passenger lift and a staircase link the floors.

Brief description of the care home

Communal space is made up of a large lounge and a dining room, both on the ground floor.

Outside there is access to a seating area and parking.

Current charges are £515.00 - £675.00 per week. Charges do not include items such as newspapers, toiletries, taxis etc.

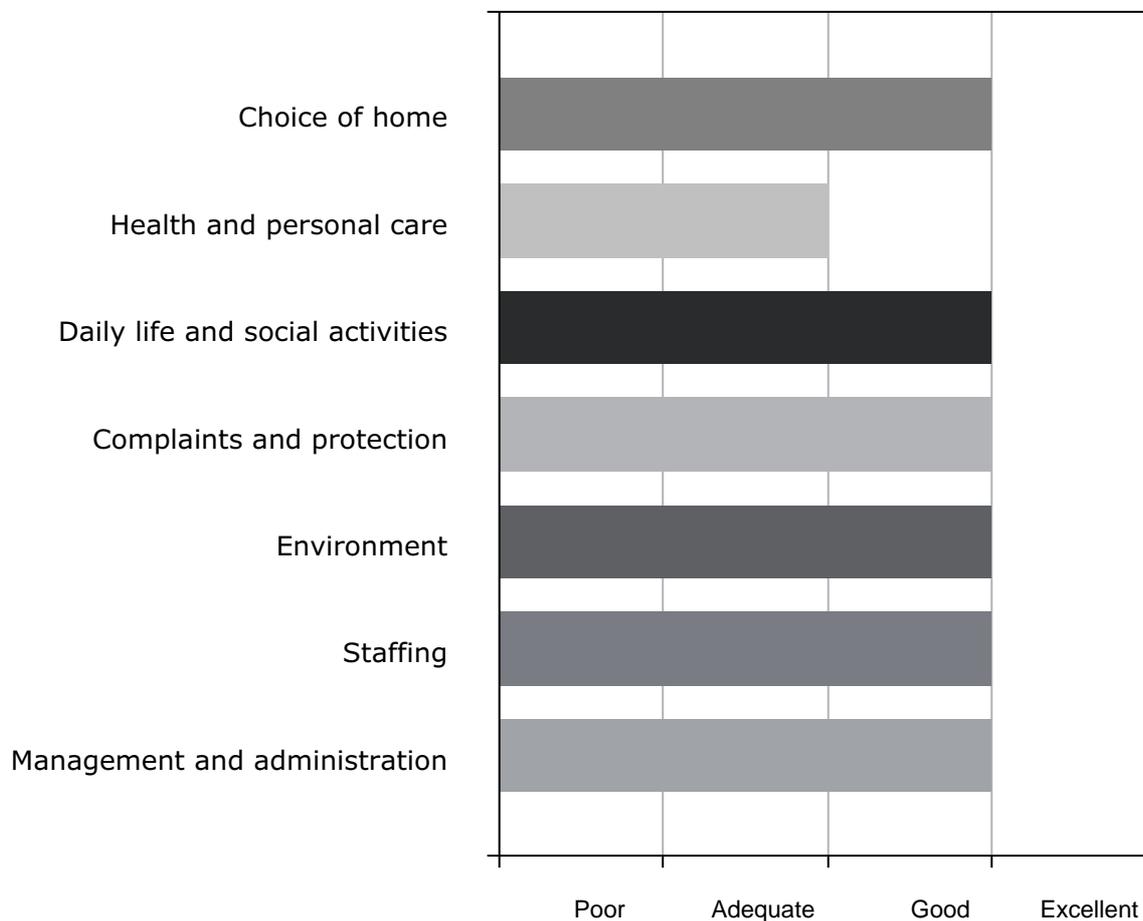
Summary

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

The quality rating for this care home is:

one star adequate service

Our judgement for each outcome:



How we did our inspection:

This unannounced key inspection took place as part of the normal programme of inspection. We carried out a key unannounced inspection in October 2009 and we carried out a short focused inspection in January 2010 to check compliance because a Statutory Requirement Notice had been issued requiring the home to make improvements. This visit showed that compliance had been achieved.

The site visit of 8th April 2010 took place over one day and was carried out by one inspector. We (the Commission) spoke with or observed the majority of people living here. We looked closely at the care, services and accommodation offered to three people living here. This is called case tracking and helps us to make a judgment about the standard of care overall, and helps us to understand the experience of people living here.

We looked at the care and attention given by staff to these people and we looked at

their assessments and at their care planning records. We looked at the environment in relation to their needs. We observed interactions between staff and the people living here.

We spoke with visitors to the home and with the owners, staff and the manager. We visited some of the bedrooms and saw all service and communal areas of the home.

We looked at records relating to accidents and incidents, staff training, staff recruitment and medication.

We sent 10 surveys to people living here and 5 were returned. We also sent surveys to 4 relatives of people living here and 3 were returned; to health and social care professionals and 1 was returned.

What the care home does well:

This home is warm and friendly and homely. It is clean throughout.

Staff are described as friendly and helpful. The home has a lot of nursing equipment such as adjustable beds and pressure relieving mattresses. There is a low incidence of pressure damage experienced by people living here.

People really enjoy the food served here which is nutritious and offers variety.

What has improved since the last inspection?

Since the last inspection significant improvements have been made in this home.

Everyone coming to live here undergoes a thorough assessment to ensure that their needs can be met. All the people admitted since the last inspection have physical and not mental health needs as per the category of registration.

The way that care is planned and delivered has also improved. There has been considerable investments in this new system. This system, and the improved system for communicating people's needs is serving to help ensure that people's care needs are met safely. The overall standard of care has improved.

Staff are recruited using robust methods and there is always a Registered Nurse on duty together with sufficient care and ancillary staff to meet people's needs. Staff training has increased and staff are building on their skills to ensure they can meet people's needs. Training and supervision of staff has resulted in an improvement in the way people's rights to privacy and dignity are met. People are being treated as individuals with rights and choices.

There has been further improvement in the way people's social and interaction needs are met. The home presents as fun and friendly. We saw people experiencing warmth, excitement, anticipation and fun. People's individual needs and preferences have been further factored into the types of activities offered as is good practice.

Risks within the home are being well managed. This has resulted in a reduction in the number of incidents and accidents in the home. In addition, people's moving and handling needs are being safely addressed.

The style of management in this home is open and transparent. The Commission have been notified of all incidents, accidents and events in the home as we should be. The manager has ensured that we have been kept up to date with improvements in the home and has negotiated with us where timescales have been unable to be met.

What they could do better:

The improvements started to care planning and the system for communicating people's needs must continue to ensure there is a good standard of care in place at all times.

The manager must continue with her application to become the Registered Manager. This will help to ensure that the significant improvements made will continue and will

be sustained.

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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Choice of home

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

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

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

People who consider coming to live here have the information they need and their needs can be met by the home.

Evidence:

In surveys all the people who responded told us they had enough information about the home before they moved in. This means their choice about where to live was an informed one.

People who have recently come to live here had been supported by relatives who had been invited to come and view the home and the available bedrooms. This has helped people to make a choice and get a feel for the home.

We looked at the records of two people who had been admitted since the last inspection. Their needs had been assessed by the manager and these needs form the basis of a plan of care. Their needs relate to physical needs and the manager is

Evidence:

confident these needs can be met.

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.

There have been improvements to the way people's healthcare needs are assessed, planned, met and reviewed. However, the quality of care delivered would be further enhanced, and risks to people's wellbeing further reduced, if the system for sharing information and reviewing care needs was improved.

Evidence:

In surveys people told us that they always or usually have their care needs met. The majority told us that they always or usually get the care they expected to get. One healthcare professional also gave feedback about the home. They told us that people's health care needs are usually properly monitored, reviewed and met by the care service. They also told us that the service always seeks advice and acts upon this.

We casetracked three people living here. We found that each person has a plan of care. These are new documents which staff say they are getting used to. Training is being provided and is ongoing.

We found that there is a lot of information in the care plans. We had to read the whole

Evidence:

care plan before we were able to understand each person's care needs. We asked staff if they had read the care plans and they told us that they had not. We asked them how they got the information they needed about each person. We did this to see if staff have the information they need in order to meet people's needs. Staff told us they are given information during the handover of shifts. When they told us about people's needs, we found they had some information but not all. For example, they did not know that one person had a swallowing problem which puts them at risk of choking. This person needs a specially prepared diet which care and nursing staff did not know. We spoke with the chef who prepares meals, who knew that this person needs a particular diet. However, because all staff are not aware of this, the risk of this person receiving an inappropriate diet and the risk of them choking has not been sufficiently well managed.

Care plans also told us that some people are at risk of becoming malnourished. Their care plan records their favourite breakfast cereal. This is good practice as a way of encouraging someone to eat by offering favourite foods. However, when we looked at the records of what this person had eaten for breakfast, records showed they have never been offered their favourite breakfast. Staff told us they had given them something else for breakfast because they did not know this information. Whilst this lack of information has impacted on this person in terms of choice, they have in fact gained weight since coming to live here.

Care plans told us that some people are at risk of developing pressure sores. One care plan provided information identifying risk and stating that they should be cared for on a specialist airwaves mattress set to a pressure of 2, calculated according to this person's weight. The record also says this person should have a particular cream applied to pressure points as another way of preventing pressure sores developing. When we checked this person's bed, we found the airwaves mattress in place. However, the pressure setting had been set to 6. This pressure setting does not correlate to this person's weight and is putting this person at risk of developing a pressure sore. It is worth noting that this person was admitted with a pressure sore which has now healed. We also found a number of creams in this person's room which were not recorded as to be used for this person. We checked with care staff and they told us that they were unaware of the written instructions relating to the use of creams, and that they decide what cream they should use, using their common sense. This shows that the care plans are not always documents which instruct staff or inform care delivery.

It is worth noting that only one person living here has a pressure sore and this did not develop in this home.

Evidence:

We saw in care plans that some people are at risk of becoming dehydrated. Each care plan instructs staff on how much people should drink each day. Staff we spoke with were generally familiar with these amounts. They were able to tell us why it is important that people have enough to drink and also told us they do this by offering drinks, both hot and cold, frequently. A table of drinks is kept in the lounge and we saw staff offering frequent drinks to people from this. We also saw that staff were putting thickening agents into the drinks of those people this is prescribed for. This is good practice and shows a good level of knowledge in relation to this aspect of care.

We looked at how care plans and the delivery of care are reviewed. We found that this system needs further improvement. For example, one care plan states that the person should have a prescribed amount of fluid to drink each day. The care plan shows that this target has not been reached for a number of days. However, there was no record that this information was used in the review of the plan and delivery of care. We are concerned that important information like this might not be used by nurses to inform and account for the judgments and decisions relating to care that they make.

We saw in records that people living here see health care professionals such as the GP, chiropidist, dentist and specialists as needed. People look well hydrated and alert. These are indicators of good health. Some people told us they are well looked after and get the care they need. One person told us the standard of care is variable depending on whether the manager is on duty or not. They told us that sometimes there is a lack of attention to detail or comfort. We asked this person to speak with the manager about these issues and they agreed they would.

We looked at the way medicines are managed. We found that further improvements have been made to storage, security and auditing systems. All records are up to date and accurate. However, as noted earlier in the report, some creams are being used which have not been prescribed for that person.

We observed people during interactions with staff. We saw that some staff are exceptionally skilled at protecting people's dignity and privacy. For example, discreetly asking if a person wanted to go to the toilet. We also saw that when one person was being hoisted that their privacy and dignity were not fully respected. A visitor to the home told us this is quite normal during hoisting. We spoke with the manager about this and were told that a care supervisor is to be employed to oversee care practice, to address such issues.

We did not look at how end of life care is managed as no one living here is at that

Evidence:

stage. However, the manager is experienced in the type of care and is currently undertaking a Diploma in End of Life Care.

Daily life and social activities

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

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

People enjoy a relaxed lifestyle which pays respect to their individual choices, abilities and social interests. The food served here is appetising and meets people's nutritional needs.

Evidence:

In surveys people told us that the home always or usually arranges activities that they can take part in. We heard from people that activities have included trips out, cooking events, quizzes and reminiscence sessions. Some people living here have knitted squares which they have made up into blankets. People told us that the proceeds of the sale will be split between the local memory clinic and the home fund.

During our visit to the home we saw that the home had been decorated for Easter. There was a raffle being drawn, and people were really excited. Many people won prizes and told us how much they and their families had enjoyed this event.

Some people choose to spend times in their bedrooms. We talked to some of these people. They say they prefer to sit and for example read or watch their own television. They say they would go to any event or activity if it interested them. We asked if the home arranged different activities would they choose to sit in the lounge and they told

Evidence:

us that they wouldn't.

We saw that care plans contain information about the person, their history and their life. We spoke with staff and they had even more information. They told us this helps them to get to know the person and about their life and interests.

We saw that one person living here is having one to one attention as part of their plan of care. This is in recognition of their special needs and communication difficulties. This person indicated to us that they are very happy with the arrangement, and that they are looking forward to going out when their specialist wheelchair arrives.

The manager told us that a minister is about to start visiting the home and will conduct religious services for those who wish to attend.

People told us they are able to choose when they go to bed and when they get up. Some people told us they had a preferred time but that they do not have to stick to this time. People told us that staff are flexible, although there have to be some routine so that the home can run efficiently.

Visitors told us they can come and go as they like. We saw many visitors on the day we were at the home, and spoke with some of them. They told us that staff keep them up to date and always include them in activities.

In surveys people told us they enjoy the food served at this home. People told us food is of a good quality and varied. They say it is hot and arrives on time. We saw that fresh fruit and snacks are available throughout the day. Staff are aware that some people can't eat biscuit type snacks as they have swallowing problems and we saw that these people are offered suitable alternatives.

The dining room has been enhanced with the addition of furniture such as a dresser and flowers and pictures. In addition menus, presented in both words and pictures, are available on all the dining tables, and some residents have recently made laminated place names.

Complaints and protection

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

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

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

This is what people staying in this care home experience:

Judgement:

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

People who live here are safe, listened to and have their concerns addressed.

Evidence:

Since the last inspection, this service has taken significant action to address the concerns that had been raised. Improvements have been demonstrated in all the areas where shortcomings had been identified.

People tell us, both in surveys and in person, that their concerns are listened to and that actions are taken to address those concerns. One person was concerned that although her concerns are addressed by the manager, that actions are not always taken by other staff, especially if the manager is not on duty. We gained permission from this person to pass their comments to the manager for her to address. The manager has agreed to do this.

Staff we spoke with demonstrated a good understanding of what safeguarding people means and what abuse is. They told us that if they suspected abuse they would tell the manager and that if the manager did not take action they would tell Social Services or the Commission. This is in line with locally agreed procedures.

Some people living here are kept safe from falls by using forms of restraint such as bed rails and lap belts. Records demonstrate how these decisions have been made, who was involved and that the decision is in the best interests of the person it relates

Evidence:

to. This is good practice.

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

People benefit from living in a warm, clean and homely environment.

Evidence:

In surveys people told us that this home is always clean and fresh. On the day of this inspection we found it to be clean, homely and odour free.

The home is warm, and is furnished and decorated in a domestic and homely style. There is a reception area in a large hall, where there is usually a member of staff during the day so that people visiting the home can speak with them. There is a large board in this area displaying staff photographs and names. This is helpful so that people can identify and become familiar with staff.

The home has one lounge and a dining room. Both are decorated and furnished in a homely style. The tables in the dining room are smaller and this allows people to sit in smaller groups and to experience the meals as a social occasion. This room has been further enhanced with the addition of soft furnishings, a dresser, table decorations, menus and place names.

The lounge is divided into smaller seating areas so that people can carry out different activities without disturbing others. This area is very bright as it has large windows and doors leading to a patio area.

Evidence:

Since the last inspection, this patio area has been further improved with seating, a bird table and planting. During this inspection the weather was warm and bright, and many people were helped to sit here socialising with others and having a pre dinner drink.

We saw staff washing their hands, wearing protective clothing and using alcohol gel as ways of preventing the spread of infection. We saw that liquid soap and paper towels are available for staff to use, including in the sluice.

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

People are cared for by a staff group who continue to further develop their skills and competencies and who are recruited using robust methods.

Evidence:

In surveys people told us that staff always or usually have the right skills and experience to look after people properly. One person thought that their relative needs specialist care because they have dementia and arrangements are being made to move this person to a care home with a dementia registration.

We looked at the duty rota and saw that there is always a nurse on duty, both during the day and at night. Sickness is covered by other nurses or by the manager or one of two owners who are nurses. There are usually 4 carers on duty in the morning, 3 in the afternoon and either 1 or 2 at night. The manager reports that numbers of staff are determined by the number of people living in the home, and by the needs they have.

The duty rota also demonstrates that during the day nursing and care staff are supported by the manager, the owners, an administrator, a cook, a carer support worker, cleaner, maintenance person and a kitchen assistant.

Since the last inspection there has been a strong focus on ensuring that staff have the

Evidence:

competencies needed to care for people. The manager and owners are addressing this through the provision of training, mentoring and supervision. Roles and responsibilities have been clarified with nurses and the owners are introducing a care supervisor who will be supernumary and will oversee the care given by carers.

Training has included training in care planning, moving and handling, infection control, nutrition, safe feeding techniques and health and safety.

We looked at how staff are recruited. We looked at the recruitment files of two recently recruited staff. We found that each person completes an application form, detailing their current and previous employments and experience, and is interviewed by the manager. We saw that references are taken up before the person starts work and that these references include one from the most recent employer as is good practice. We also saw that arrangements are made to check that the person applying for a job is not on the list of people who are barred from working with vulnerable adults (ISA First). This check is carried out prior to them starting work in the home. An Enhanced police check is also carried out for each applicant. This means that recruitment checks are robust.

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

Improvements to the overall management of this home is helping to ensure that people are safe and that their best interests are given a high priority.

Evidence:

Since the last inspection a new manager has been recruited to work at this home. This person is not yet registered with the Commission but has started the application process.

This person, together with the owners, has co-ordinated the improvements that have been needed. They have provided an action plan of how improvements were to be carried out and have provided updates regarding progress. The Commission invited the owners and the manager to a meeting, when they demonstrated a strong commitment to improving the quality of care provided at this home.

This inspection demonstrates that this commitment has translated into practice. There is evidence that people's experiences of living here have improved significantly in all

Evidence:

outcome areas.

The system for assessing and admitting people has improved, so that only people whose needs can be met are admitted to the home. The system for communicating people's needs and ensuring those needs are met has improved, although needs further improvement as detailed in the outcome area Health and Personal Care. The system for care planning has been completely changed and staff are working towards ensuring this system focuses on the outcomes that people experience as a result of the care given. The way that risks are managed has significantly improved, and this has resulted in a reduction in the number of incidents, falls and accidents in the home. The system for moving and handling people has improved and staff are now instructed about which hoist and which sling to use, as is best practice. There has been a strong focus on staff training and supervision and on helping staff to ensure they understand their roles and responsibilities.

In surveys and in conversations people told us that this is a well run home which continues to improve. Two people we spoke with are concerned that this improvement will not be sustained as 'the manager is only one person'. We spoke with the manager about this. She tells us that the owners are committed to employing a deputy manager to support the manager. They plan to do this when the number of occupants has risen to a point that would make this financially viable.

The home have notified us of all incidents which affect the welfare of people living here as they should do.

We did not check any personal allowance accounts of the people living here as the home does not hold any money on behalf of people. Instead the home runs a debit account for each person, recording all monies spent on people's behalf. Records and receipts are given to relatives and supporters for them to check and to pay retrospectively. One person living here does not have any relatives or supporters. Their accounts are managed through an appointee through the Local Authority as is good practice.

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
1	7	15	<p>You must ensure that care plans provide clear and up to date instructions on how each person's care needs are to be met, recorded and monitored. Information recorded in care plans must be relevant and appropriate. All parts of the care plan must be reviewed and updated as appropriate. All irrelevant parts of the care plan must be removed.</p> <p>By doing this staff will have the information they need to ensure that people have their needs better understood and met.</p>	07/12/2009
2	8	12	<p>You must ensure that there is a system in place to ensure staff are aware of and are up to date with peoples' health and welfare needs. You must ensure that this system is accurate and up to date. You must also ensure that there is a system in place that monitors the health and welfare needs of people and that actions are taken and recorded when appropriate.</p> <p>This will help to ensure that people's needs are met in</p>	30/11/2009

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
			the most effective way.	
3	31	8	<p>An application must be made to register a manager for this home.</p> <p>This will help to ensure that people benefit from living in a home that is managed by a suitable and from management systems that help to ensure people's safety and well being.</p>	07/12/2009

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	7	15	<p>The work started to improve the way that care is planned must continue.</p> <p>Reviews of the care planned and delivered must always include the information about that care.</p> <p>This will help to ensure that care is well planned and that staff have the information they need to deliver the care as it is planned to be delivered.</p> <p>Reviews of care will be meaningful if all the information available is used to inform the review.</p>	30/07/2010
2	8	13	Where a health or welfare need has been identified, actions must be taken to meet the need.	25/06/2010

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
			This will help to ensure that people stay healthy and that risks to their health and welfare are minimised.	
3	9	13	All medications used in the care home, including creams, must be prescribed. Only those creams prescribed can be used. This will help to ensure that people only receive appropriate medicines.	25/06/2010
4	31	9	The manager must continue with their application to become the Registered Manager. This will help to ensure that the manager has the skills necessary to manage this home.	28/05/2010

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

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