

Key inspection report

Care homes for older people

Name:	Cartmel Old Grammar
Address:	Cartmel Old Grammar Cartmel Grange-over-Sands Cumbria LA11 7SG

The quality rating for this care home is:

two star good service

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:
Ray Mowat	0 8 0 9 2 0 0 9

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

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

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

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

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

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

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

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

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

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

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Cartmel Old Grammar
Address:	Cartmel Old Grammar Cartmel Grange-over-Sands Cumbria LA11 7SG
Telephone number:	01539536868
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	Beverley Anne Clarke
Type of registration:	care home
Number of places registered:	19

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	19
Additional conditions:		
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 - Code OP The maximum number of service users who can be accommodated is: 19		

Date of last inspection									
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Brief description of the care home
Cartmel Old Grammar offers accommodation for up to 19 older people needing social and personal care. The home is owned and managed on a day-to-day basis by Ms Beverley Clarke. Cartmel Old Grammar is situated just outside the village of Cartmel, overlooking the racecourse and within walking distance of the Priory and the centre of the village. It is a large two-storey building that has been refurbished and extended for it's present use as a care home. There are large well-kept gardens providing outside sitting areas, with car parking facilities at the front of the building. Accommodation is on two floors, with the upper being accessed by a passenger lift. There is a bright airy

Brief description of the care home

entrance hall, a lounge and a well-appointed dining room, all of which provide plenty of communal space for the people living there to enjoy. Information about the home is made available in an informative brochure and service user guide. The range of fees charged is from £425 to £540 with additional charges for personal sundry expenses.

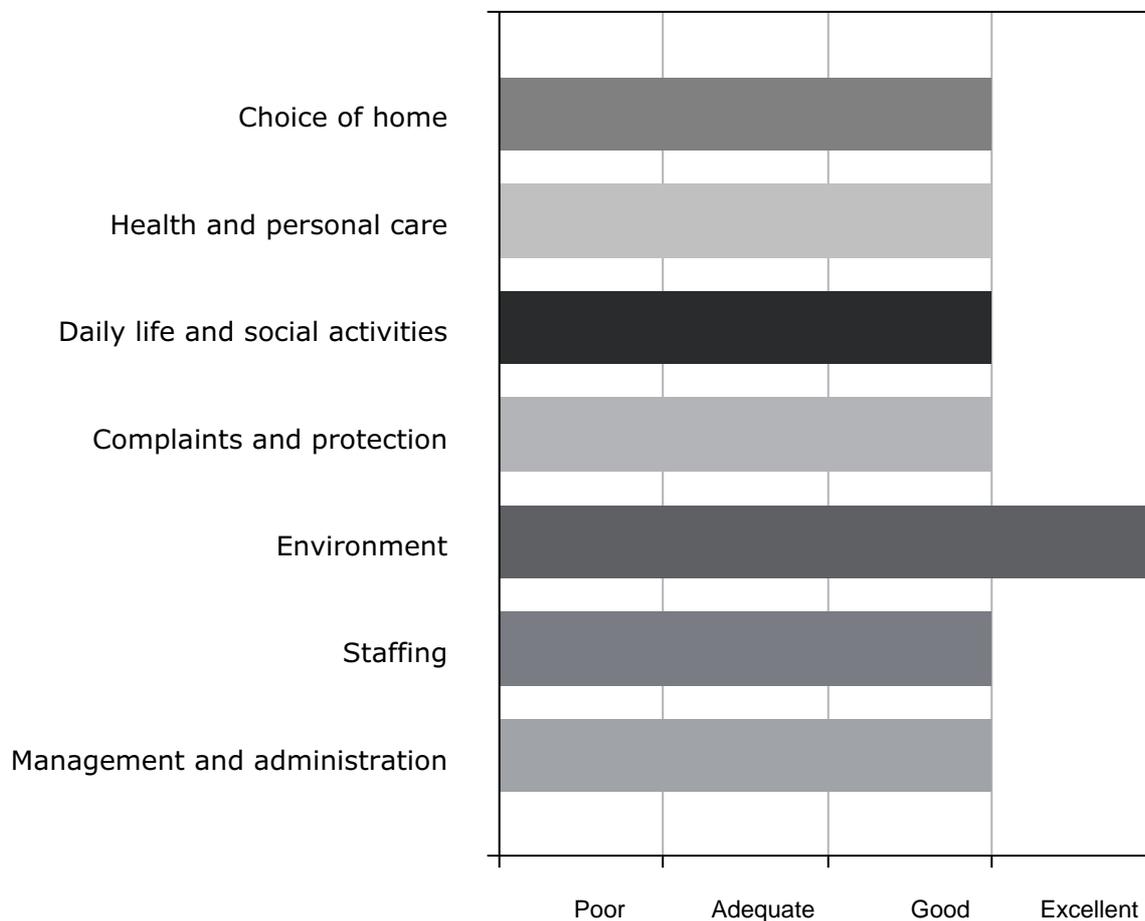
Summary

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

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

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

During the visit we (The Care Quality Commission) met with people living in the home, visitors and relatives and spent time with the manager and supervisory staff on duty. We also met with care staff individually and talked to them as they went about their duties. The manager completed a self assessment questionnaire called an Annual Quality Assurance Assessment (AQAA) and sent it to us before the inspection visit. This provided us with information about how the home is run and the manager's views on what the home does well, where they have improved and plans for the future. There is also information about the people who live in the home and the staff working there. Surveys were sent out as part of this inspection to people living in the home, staff and other professionals with their views being used to formulate the judgements in this report. We also examined records relating to the running of the home that are required

by legislation, which included care plan files that guide staff in supporting people to achieve their goals and lead independent lives. We examined staff files and records relating to the maintenance and safety of the home.

What the care home does well:

The management team take a lead role in the admission process spending time with people explaining about the home and also completing an initial care needs assessment, which if the person chooses to stay in the home is used to develop a person centred care plan.

People are provided with information about the home in an informative brochure and are invited to visit the home, which enables them to make an informed decision about moving in. One of the management team will also try to visit the person in their own home or at hospital and also meet with family members or other professionals. This enables them to complete a full assessment of the individuals personal and healthcare needs. All the people in the home have agreed a contract of terms and conditions and are made aware of their rights and how to raise concerns.

Care plans are detailed and give staff a good insight about how people like to live their lives and the level of support they require. People talked about "kind and caring staff", with one person saying the home "could not be better".

Feedback from other professionals involved with the home confirmed that staff make appropriate referrals to them and follow any guidance or advice they provide. The home works closely with a number of different agencies and professionals to make sure people's specific healthcare needs are responded to.

People living in the home and their relatives talked about the "relaxed atmosphere and how homely it feels". People have a lot of autonomy to lead a lifestyle of their choosing with staff respecting their choices and supporting them to lead independent lives.

The home is decorated and maintained to a high standard throughout and is clean and hygienic. There is safe and comfortable communal space both inside and outside the home where people can relax or pursue their interests.

There is a pleasant well-furnished dining room where people enjoy freshly prepared and nutritious meals of their choosing. Mealtimes are a social occasion with people enjoying a glass of wine with their meal if they so choose.

People feel confident their views are listened to and acted upon and are aware of how to raise a concern. People have developed good relationships with the staff team who have a good understanding of individual needs and their personal preferences.

The home is well maintained both inside and outside with all servicing and maintenance records examined up to date. People feel safe in the home and any hazards are eliminated or minimised to promote an independent lifestyle both in the home and in the local community. Safety checks are completed as required to maintain a safe environment.

What has improved since the last inspection?

Good systems are now in place to monitor all medication coming into or leaving the home, so there is an accurate record of all medication held, which can be audited.

Medication procedures have been reviewed in line with good practice guidelines, to ensure medication is administered at all times from the dispensing pharmacist container by trained staff.

All staff have now completed infection control training and procedures have been reviewed to ensure good practice guidelines are adhered to and all areas of the home are clean and hygienic.

A full audit of training needs has been completed and a suitable training programme developed to meet the needs identified, to ensure all staff are suitably trained and knowledgeable.

Staff are clear about the management structure in the home and are confident in raising any issues or concerns as they arise.

What they could do better:

Daily care notes should be completed for each person living in the home at the end of each shift, recording the care and support provided to them including any significant events. This will ensure a good continuity of care is maintained as all staff will be aware of all relevant information.

A PRN protocol, for as and when required medication, should be agreed with the prescribing health professional to record what the medication is and how, when and why it is administered, to make sure staff are administering it consistently and effectively.

Dementia awareness training should be provided to give staff the skills and confidence to support people in the early stages of the disease and ensure their individual needs are responded to appropriately.

The manager should collate all feedback from their consultation to produce an annual development plan for the home that reflects the aims and outcomes of the people living there. This will ensure the home operates in their best interests.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

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

Details of our findings

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Requirements and recommendations from this inspection

Choice of home

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

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

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

This is what people staying in this care home experience:

Judgement:

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

There are good systems in place to make sure people's individual needs are assessed making sure the home is suitable for them.

Evidence:

All new people moving into the home are issued with a detailed contract of terms and conditions that explains people's rights and choices when living in the home and the services they provide for the fees charged. We examined copies held on people's personal files and found these to be up to date and accurate and were signed and agreed by the person or their representative.

The management team take a lead role in the admission process spending time with people explaining about the home and also completing an initial care needs assessment, which if the person chooses to stay in the home is used to develop a person centred care plan. People are provided with information about the home in an informative brochure and are invited to visit the home, which enables them to make an informed decision about moving in. One of the management team will also try to

Evidence:

visit the person in their own home or at hospital and also meet with family members if appropriate, to complete a full assessment of individuals personal and health care needs. Some people have used the home for a period of respite care, which gave them an insight to life in the home. This has resulted in two people making the decision with input from their families and/or advocates, to take up permanent residence purely due to their level of satisfaction.

In the files we examined we found copies of the home's initial assessments in addition to National Health Service assessments and recovery plans and social work assessments. The assistant manager explained how they work closely with other agencies and professionals to make sure people's specialist needs are fully assessed making sure the home is suitable for them.

Through the assessment process and then having a probationary period before contracts are signed and agreed both parties are able to make informed decisions without feeling under pressure.

We met with different visiting professionals during the inspection visit as well as receiving survey responses from them. They confirmed that staff "liaise with them on a regular basis", and "follow instructions or guidance they are offered". They also said staff raise "relevant issues or concerns when they arise". They confirmed that "staff are available when they visit and are knowledgeable about the individual needs of the people living in the home".

The home does not provide intermediate care.

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

Health and personal care needs are well documented in person centred care plans that help staff to provide a personalised service that meets individual needs and respects people's wishes.

Evidence:

The management team have continued to improve the content of care plans making them more person centred. They include an informative pen picture, which includes valuable personal information such as family contacts and relationships, career details and personal interests and hobbies. This gives staff a better understanding about a person and significant events in their lives and how they might have affected them. It also helps staff to initiate conversations and gives them an insight to what is important to the person in their lives and helps them to maintain relationships and friendships outside the home.

The care plans also document personal and healthcare needs with practical information for staff about the level of care and support people require in key areas of their lives such as nutrition assessments, pressure care and tissue viability.

Daily care notes are completed at the end of each shift to record the care and support

Evidence:

provided that day as well as any significant events, which helps staff to provide a good continuity of care. However on examining the file it was evident some people's daily notes were not being recorded consistently each day as required. It is recommended all people's care notes are completed at the end of each shift recording the care and support provided to them.

As described earlier the staff work closely with other professionals and agencies to make sure they are meeting the specialist health care needs of individuals. A record of all visits and appointments is maintained and care plans are updated accordingly when changes occur. The other professionals we met confirmed that staff make "appropriate referrals for advice , guidance or treatment", in key areas such as tissue viability, wound care and continence advice.

Care plans record health care needs including medical conditions and medication required by the person and how they manage this. Anyone who wishes to self administer their medication is assessed by their GP and signed consent and agreement to do this is retained on file. The majority of the medication held by the home is managed in a monitored dosage system supplied by the pharmacist. We spot checked the contents of some people's medication against the records held and found these to be in order with MAR charts(medical record charts) up to date and accurate. The care manager monitors and records all medication held in the home. This system was checked out and found to be working effectively. Although PRN (as and when required medication) is highlighted on the MAR chart, it is recommended a protocol is agreed with the prescribing health professional to record what the medication is and how, when and why it is given, to make sure staff are administering it consistently and effectively.

Feedback from people who live in the home about how they are cared for and supported was very positive. People described staff as "kind and caring" and "like having a big family, they are lovely", "It could not be better".

Personal care needs are well documented within the care plan to guide staff and make sure they respect individual preferences and wishes. A person's preferred term of address is recorded on the front of the care plan making sure staff are aware of and respect this when speaking to the person. Based on our discussions with people living in the home and the other professionals we met, medical examinations are conducted in the privacy of people's own rooms and staff are aware of maintaining people's dignity at all times.

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 are enjoying a good quality of life and can pursue their individual interests and hobbies.

Evidence:

Care plans are recording people's social, cultural and religious interests enabling staff to support them to pursue their chosen lifestyle. Some people in the home are very independent and enjoy an active lifestyle both in the home and in the local community. There is evidence of lots of visitors to the home with people spending time with family and friends as they choose.

A range of weekly activities are provided such as a regular exercise class, a quiz and games such as bowling and skittles, which seem to be popular. Some people prefer to spend time on their own listening to music, the radio or just reading, which they are able to do either in their own room or in a quiet lounge. Several people enjoy a daily paper who will spend time reading in the lounge or foyer and discuss the daily news and current affairs.

Staff encourage and support people to pursue their hobbies and interests, with a record maintained of interests people had prior to moving in to the home, which helps staff to know what they enjoy. One person was a keen golfer and rugby player and now enjoys following these on the television or in the newspaper.

Evidence:

The home has well kept garden and patio areas that people enjoy walking around or sitting in when the weather allows. One person with an interest in gardening is supported to look after pot plants which brings them a lot of pleasure.

Individual's religious needs are recorded and services are held in the home or people attend the church of their choice in the local community, which is important to them.

We met with visitors to the home throughout the day who were all very complimentary about the "high quality of the service provided", as the following quotes reflect. "It is an excellent home", "very good food", "It is a lovely home you are always made welcome, day or night". "People are very happy here it is like a big family". "People are well looked after it is first class".

We joined a group of people for lunch, which was served in the dining room, which is decorated and furnished to a high standard and overlooks the gardens and nearby racecourse. Meals are a very sociable occasion with people enjoying a sherry or a glass of wine if they choose. As one lady said "the tables are always beautifully laid out with clean cloths and napkins". The meal was freshly prepared and well presented providing a nutritious and balanced diet. It is served at the table with a choice of hot and cold drinks or alternatively people can choose to eat in their rooms. Staff were attentive discreetly offering assistance or support when required.

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 are safeguarded by the home's policies and procedures and feel able to raise any complaints or concerns and that they will be listened to and acted upon.

Evidence:

There have been no formal complaints recorded since the last inspection visit. When people move into the home they agree a contract of terms and conditions, which explains their rights and includes the policy and procedure for dealing with concerns and complaints. On admission to the home the care manager will also ensure they spend time with the person and or their advocates to make them aware of who to complain to and how to raise concerns both verbally and in writing. People we met were confident that their concerns and complaints will be acted upon swiftly without fear of victimisation. Staff actively support and encourage people on a daily basis to air their views with regard to the service that is provided, therefore creating an open and supportive atmosphere where people feel comfortable and able to talk openly. Feedback from the relatives we met and from survey responses confirmed that management are approachable and act quickly on people's concerns.

Staff work closely with the person, their families and advocates to make sure their rights are protected. People have a lot of autonomy in the running of the home and decision making in their lives. They are supported to participate in the political process either by going to vote locally or by using the postal voting system.

Evidence:

Since the last inspection there has been one safeguarding concern raised, which was dealt with immediately by the manager to ensure people living in the home were safeguarded. However the home did not follow local authority procedures as required, which could have impacted negatively on the outcome of the safeguarding investigation. This was addressed with the manager and further training has been provided for all levels of staff. This makes sure all staff are versed in the homes policy with regard to abuse, the protection of vulnerable adults and whistleblowing and they are trained to identify and respond to abuse and how it should be recorded and reported.

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

Cartmel Old Grammar is furnished and decorated to a high standard and is well maintained throughout providing a safe and comfortable home environment.

Evidence:

The foyer of the home leads in to the main lounge and is a popular place for people to sit and read or just have a chat with their friends, visiting relatives or staff as they go about their duties. The seating in the lounge is arranged so as to create two different seating areas where people can just relax or enjoy each others company. There is a large television and music system, which can be used to create a different atmosphere.

The dining room is on the same level and provides a very comfortable and pleasant atmosphere where people can enjoy their meals. There is an orientation board outside the dining room displaying the day, date, names of carers on duty and any planned activities.

There is a staircase or passenger lift to the first floor making the upstairs of the home accessible to all. All the bedrooms we inspected were nicely decorated and had been personalised with people bringing in their furniture and belongings as they chose. The gardens and patios provide good accessible space for people to walk out or sit and enjoy the local scenery when the weather allows.

The home is clean and hygienic throughout with no malodours evident.

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.

There is a competent and knowledgeable staff team in place, who have developed good relationships with the people living in the home making sure they are safe and well cared for at all times.

Evidence:

Based on our discussions with people during this visit and from the survey responses we received there is a high level of satisfaction with the "care and support" provided by staff. People talked about staff being "responsive to their needs and available when required". We examined the previous month's staff rotas that reflected a suitable number of staff being on duty to meet the needs of the current group of people living in the home. Staff absences were all covered ensuring a good continuity of care is maintained. Nearly 75% of the current staff group have completed their National Vocational Qualification NVQ 2 and one person has also completed NVQ 3. We examined the staff files of all the staff employed since the last inspection. There has been an unusually high turnover of staff by the home's standards but these were for genuine reasons such as retirement or staff moving. All the positions have been filled and all new staff have completed the necessary checks and references required including two written references and a Criminal Record Bureau (CRB) disclosure.

Since the last inspection the care manager has reviewed the training needs of the staff team and planned a twelve month training programme, which should ensure all staff

Evidence:

receive training relevant to their role and responsibilities. All new staff are issued with an induction workbook in line with the common induction standards to make sure they are aware of the particular requirements of their role.

Dementia awareness training is one area that should also be addressed to give staff the skills and confidence to support people in the early stages of the disease.

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.

The management team ensure the home is run in the best interests of the people living there and they are actively involved in all aspects of home life.

Evidence:

The registered manager and owner works closely with the care manager to ensure the smooth running of the home. They provide clear leadership and support to the staff team and the people living in the home, who feel they can contribute to all aspects of home life. People talked about a "friendly and relaxed atmosphere", with the people living there obviously enjoying good relationships with the staff that support them. There is a mutual respect between the people living in the home and the staff that support them, with a real emphasis on promoting and maintaining an independent lifestyle for people.

Although the home does not operate a professionally recognised Quality Assurance system there is an ongoing commitment to consult with people and their representatives. The home should collate this information from the different sources to help to produce an annual development plan for the home that reflects the views and

Evidence:

wishes of the people living there.

People we met who live in the home and their relatives confirmed "management are approachable and always listen and act on what we say". One relative said "they are always quick to respond such as medical issues and make sure my relative is safe and comfortable". The feedback we received from people living in the home, their relatives and other professionals was consistently positive about all aspects of life in the home. The home does not retain people's personal finances all personal sundry expenses are invoiced on a monthly basis and people manage their own personal monies or have support from a relative or advocate.

The manager and care manager ensure staff receive regular formal supervision with a record maintained of the meeting and agreed outcomes. The care manager feels that by working closely with staff on a daily basis that a lot of issues are addressed as they arise, however staff value these sessions and they should continue to develop them to help staff reflect on their practice. An annual appraisal setting personal goals for each staff member would be beneficial to enable them to evaluate and measure their progress and development.

The care manager takes a lead role in ensuring health and safety good practice is monitored and implemented throughout the home. Risk assessments have been developed to identify hazards and minimise or remove any unnecessary risks. Staff receive relevant training in key areas such as food hygiene, infection control, moving and handling, emergency action and fire safety. Fire safety records were checked and all up to date with all fire and other equipment serviced annually as required.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

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

No.	Standard	Regulation	Requirement	Timescale for action

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

Recommendations

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

No	Refer to Standard	Good Practice Recommendations
1	7	All people's daily care notes should be completed at the end of each shift recording the care and support provided to them including any significant events.
2	9	A protocol should be agreed with the prescribing health professional to record what the medication is and how, when and why it is given, to make sure staff are administering it consistently and effectively.
3	30	Dementia awareness training should be provided to give staff the skills and confidence to support people in the early stages of the disease.
4	33	The manager should collate all feedback from their consultation to produce an annual development plan for the home that reflects the aims and outcomes of the people living their.

Helpline:

Telephone: 03000 616161

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