

Key inspection report

Care homes for adults (18-65 years)

Name:	Heathers
Address:	North Walsham Rd Witton Norfolk NR28 9TP

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:
Dragan Cvejic	0 9 1 2 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 Adults (18-65 years) can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

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- 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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Information about the care home

Name of care home:	Heathers
Address:	North Walsham Rd Witton Norfolk NR28 9TP
Telephone number:	01692650575
Fax number:	
Email address:	
Provider web address:	www.jeesal.org

Name of registered provider(s):	Jeesal Residential Care Services Limited
Name of registered manager (if applicable)	
Mr Nqobile Ncube	
Type of registration:	care home
Number of places registered:	9

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	9	0
Additional conditions:		
The maximum number of service users who can be accommodated is 9		
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: Learning disability - Code LD		

Date of last inspection	1	0	0	3	2	0	0	9
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Brief description of the care home
The Heathers is owned and managed by Jeesal Residential Care Services Ltd who own 10 other care homes in Norfolk. It provides accommodation and support to 9 people with a learning disability and complex behaviors resulting from autism. The accommodation premises are made up of two main buildings within a few yards of each other. The first is a converted barn with 5 one bedded units and one two bedded unit. The second building has two single units. There is a manager who is supported by

Brief description of the care home

2 deputies, seven senior staff and a number of support workers. Charges start at a base rate of £1400 per week, with additional costs depending upon people's individual needs.

Location of the service in the rural area makes it hard to find and is the easiest reached from the nearest post code NR12 0LB.

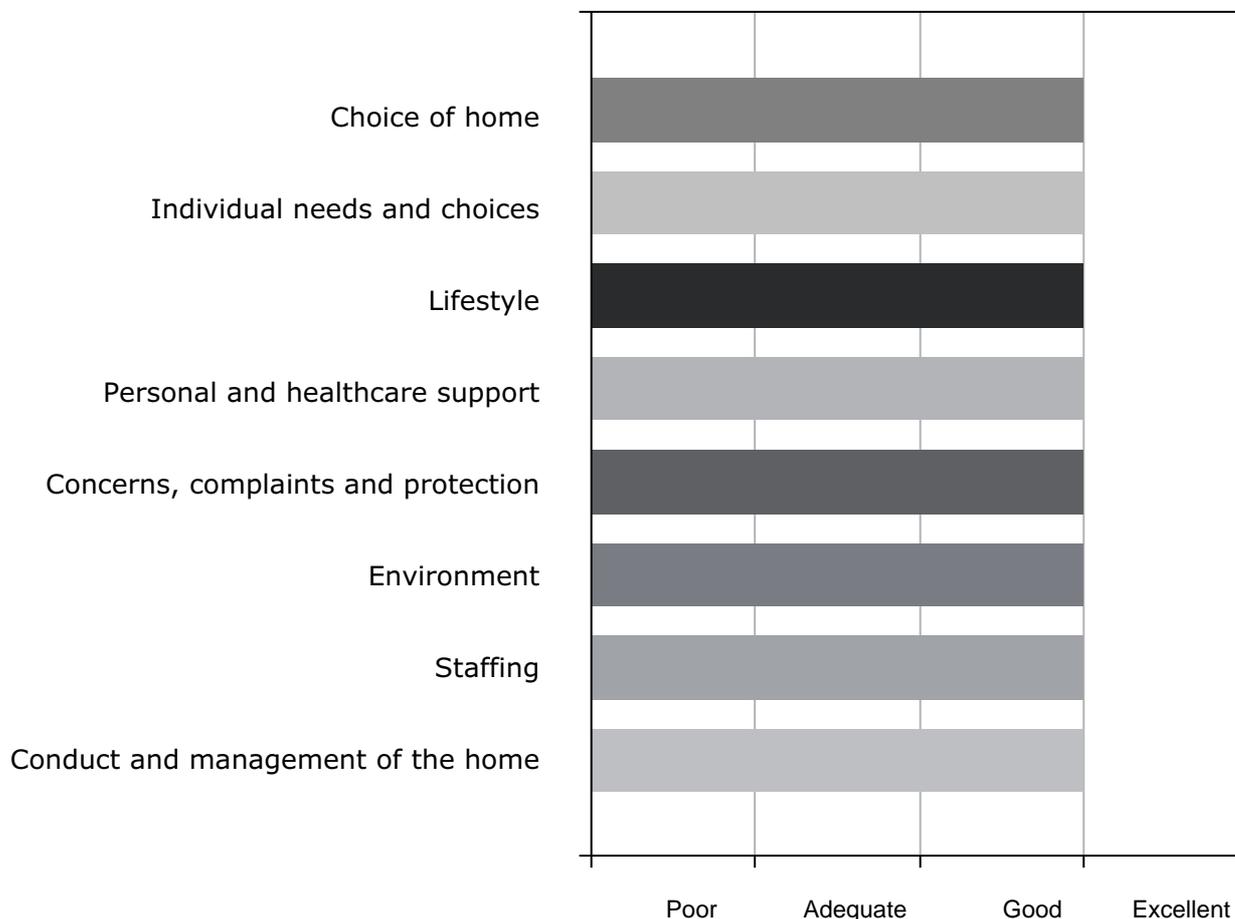
Summary

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 stars. This means the people who use this service experience good quality outcomes.

The service was regularly informing us of the events that affected the lives of its residents and care processes. They sent in their AQAA, an Annual Quality Assurance Assessment, in January, but had not send an updated form. The old AQAA was used for this report.

We visited the service on 09/12/09. We observed staff helping and interacting with tenants. We spoke to the manager, the administrator and to a mental health enabler. We also spoke to a senior carer and discussed the case tracked tenant with her, as she was the tenant's key worker. We checked several residents and staff files. We checked their medication process and records. A tour through the unit provided information about the environment, but also offered the opportunity to observe staff working with residents. We checked how the previous requirements were now met.

At the time of this visit, the service accommodated 7 residents and two newly added flats were almost ready to accept new tenants.

What the care home does well:

The service revised and updated their service users' guide since the new manager came into the post, in July this year. Many positive changes had happened since this appointment.

Now some time had passed since the opening of the service, the staff learnt more individual details about service users-tenants. A senior staff member spoken to showed how much she learnt about the person she keyworked, allowing her to explore in more depth the tenant's abilities, to further promote her independence, her activities and positive engagement -the tenant now attended college - and all related in and out of house abilities.

Care plans and risk assessments were now well devised and recorded. Medication process was also improved and now operated safely and protected tenants much better.

Staff felt much better supported and with improved training much more confident in their work with tenants.

Tenants had settled in and started to explore their abilities. which for many had been suppressed before admission to this service.

What has improved since the last inspection?

Tenants - service users- started to feel the difference of living in the community against their previous lengthy hospitalised stays. Slow but steady integration was evidenced through activities outside of the home, through increased individuality and better engagement within the home in relation to cleaning, shopping and cooking.

Care plans had been updated and senior staff attended training to start writing notes and updating care plans, once the mental health enablers, with responsibility for regular re-assessment of tenants, started slowly to hand over these tasks to the team based in this home.

Mental health enablers were 4 people named by the organisation to help staff and service users in all the organisation's homes to settle in. Their gradual withdrawal from the home, but availability when needed, meant that staff started taking much more responsibility for care plans and risk assessments. The staff spoken to stated: "I would like to have more responsibilities in relation to tenants' documentation, care plans and risk assessments."The manager showed the plan for staff training that would equip them with these necessary skills.

Medication process was also improved and regular audits were introduced to ensure better protection of tenants.

Self closing devices were now installed on the doors addressed in the previous report. Hot water was now monitored and temperatures were recorded.

What they could do better:

There were still small discrepancies in how the care plan entries were made and what that actually meant for tenants. For example a plan stated that a user did not like fish, while in reality he did not like a specific type of fish, but liked the others, and the menu showed that he chose some kind of fish regularly.

The organisation would need to consider their plans to meet the standard requiring providers to offer a holiday to service users without charging them for it from their personal allowances or savings.

Medication process and records were improved, but there were still unsigned changes on medications MAR charts.

The home should introduce procedure whereby staff sign their name and surname on documents, as the records of tenants' individual possessions were signed only by first name.

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

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

This is what people staying in this care home experience:

Judgement:

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

The home provided appropriate information about the home for the relatives and supporters of tenants - service users - with very limited verbal abilities. The home was able, with its working practices and provisions, to meet the needs of residents.

Evidence:

The manager reported that the statement of purpose and the service users' guide were updated since her appointment in July, to accurately present the home and provisions.

Assessment of needs on admission was carried out by the manager. The records of these assessments were archived and kept separately from the main blue working file. Two main files were checked, one for the case tracked tenant and the other for the tenant observed during the site visit as she was getting staff support.

A senior worker talked in detail about the tenant she key-worked. The staff explained that she knew the tenant very well, including her abilities, limits and likes and dislikes. A mental health enabler, a member of the specialist team set to assess and review tenants by the organisation, also talked about the tenant.

Both staff members explained the tenant's special needs, showing that they were fully

Evidence:

aware of the needs and how to meet them. Records and staff statements demonstrated how the tenant's needs were met.

Encouragement worked well and motivated the tenant to enroll onto a computing course at the local college.

Measures introduced to reduce the self induced sickness for another tenant worked so well, not only reducing these episodes, but also enabling her to take part in everyday tasks in the home.

A letter from the parents of another tenant stated: "When we all visited him last Saturday, we found him at his best since living at Heathers. keep the good work up and thank you."

Although the majority of tenants had communication difficulties, the staff were able to maintain effective communication with all of them. One tenant used limited Makaton, a type of sign language, and held a sign book with her. The other used her voice to express what she wanted and staff knew what each sound meant.

One of the case tracked tenants came in originally for respite care and the staff knew much about her at the time of her admission. She, also had an opportunity to explore and the home, prior to her permanent admission, making it possible for her to choose the home.

Individual needs and choices

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

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

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

This is what people staying in this care home experience:

Judgement:

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

The home encouraged and promoted tenants' involvement in life in the home and in their care planning despite the tenants' limited verbal abilities. Good records, care plans, risk assessments and other documents clearly described tenants' goals and aims and promoted their rights.

Evidence:

Two tenants' files were checked. Both contained detailed descriptions of their needs and ongoing assessments as well as their aims and goals. Risk assessments were called risk reduction plans, as they clearly addressed which actions reduced risks. Risk assessments were drawn up for individual activities, such as going shopping, going swimming, going to the pub, or risks in different forms of transport.

Initially all assessments and risk assessments were drawn up by the mental health enablers, the team of four specialist workers designated by the organisation for these tasks. Although they initially wrote care plans from their assessments, they were planning to offer on-call support to tenants and staff for the future, which staff in the home will eventually take over. A senior staff member spoken to stated: "I am looking

Evidence:

forward to starting to write care plans and risk assessments."

One of the files showed that a Mental Capacity Assessment was conducted to establish the tenant's ability to make decisions and where others had to do it for her. This assessment showed the need for finances to be decided on her behalf and Social Services were engaged to do this. However, she was still given some personal allowance money to spend as she liked, but with a limited daily amount.

One of checked files contained the tenants' signatures confirming that they were involved in the care planning process.

The files also contained instructions for staff on how to deal with challenging behaviour and to reduce the impact of it on tenants and staff. The small number of recorded and reported incidents also confirmed that tenants were well looked after and protected by staff that knew them and supported them with minimal restrictions. A tenant's decision to attend a course at college showed how tenants were encouraged to express themselves and to use their abilities. Another example was observed when the tenant went for a walk with a staff member, sat on the floor for a short time, communicated with staff with her loud noises, but stood up with staff support and carried on for the planned walk.

None of the tenants had the ability to fully control their finances, but they all could decide how to spend their personal allowances. One of the tenants was saving for a holiday. Social Services were the appointee for half of the tenants, while the organisation was appointee for the other half. All records regarding finances and expenditures were accurately recorded and signed by two staff. The records were audited weekly and checked by the organisation monthly, offering good financial protection to tenants.

Weekly tenants meetings provided an opportunity for them to express their views on running the home.

very good risk assessments and measures to reduce risk were recorded in tenants' files. The mental health enabler explained how risk taking was promoted and created new opportunities for tenants. Recently two tenants started going shopping together accompanied by three staff members.

Lifestyle

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Daily life was organised according to tenants' abilities, likes, preferences and goals to develop their autonomy and independence as far as possible, even when some level of risk was present, but there were measures in place to protect them.

Evidence:

After being institutionalised in hospital settings before moving to the Heathers, all tenants enjoyed a sense of community in the home. Integration in the community was achieved through increased number of activities, so that one tenant attended college, 3 were involved in farming within the organisation 3 days a week and one was going to a day care centre accompanied by the appropriate staff.

Tenants were taken into supermarkets or local grocery shopping, to swimming and also to the local pub for a relaxing time.

One of the flats contained a number of soft toys, demonstrating the tenant's passion and showing that they were encouraged to individualise both the place where they live

Evidence:

and their lifestyle.

Another tenant had a fully structured daily programme showing activities in each hour. Some tenants had two carers with them during daily hours, other were supervised on one to one principles with doubling staff when necessary to ensure their safety while allowing them to explore new things and activities.

The case tracked tenant was cooking for herself with staff supervision.

At the time of the site visit, the organisation did not offer tenants a paid holiday funded from their basic contract price, as required by the standards. The staff member spoken to stated that her keyworker tenant had started saving for her holiday, but she would also need to pay for staff that she needed to accompany her. The staff member also stated that the tenant: "would definitely benefit from the holiday".

However, individual and small group trips were organized and offered to tenants in the home's two vehicles, a minibus and a smaller 4X4 car.

One tenant enjoyed cycling and staff used to run next to her to ensure her safety.

Staff were observed interacting and paying attention to tenants, and only 2 tenants and a number of staff were in at the time of the site visit.

Staff encouraged tenants to cook for themselves, with effective supervision and guidance, thus promoting tenants' independence. Tenants chose their menu. However, a little discrepancy in records did not fully explain the anomaly seen during the site visit. Although the preferences in records stated "does not like fish", the menu showed fish 3 times a week. The mental health enabler explained that the fish referred to in records was actually kipper. This also showed how well staff knew tenants.

Personal and healthcare support

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

People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way.

If people are approaching the end of their life, the care home will respect their choices and help them to feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

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

The home ensured good healthcare protection of residents and took into account their limited verbal abilities when engaging external health professionals.

Evidence:

Personal support was offered to each individual. Effective initial assessment, plan and programme for each tenant's individual development and sufficient, knowledgeable and organised staff made it possible for tenants to progress and express most of their abilities.

A tenant assessed as needing two female staff to help her responded better to the male staff. Her care programme was organised in such a way that she had a female and male staff with her, except when receiving personal care and when the male staff was replaced by another female.

Additional professional support was offered to tenants both internally, by the mental health enablers (usually registered mental health nurses) and externally by occupational therapists, speech therapists or other appropriate medical professionals. Designated key workers or teams also helped tenants achieve their goals. Two staff allocated to the tenant were wearing red wrist bands that helped the tenant recognise staff allocated to work with her.

Evidence:

Psychologist's visits 2 to 3 times a week also helped tenants achieve their goals. All tenants were registered with a GP. Several of them were regularly visited by chiropodists.

Medication process was improved. Now, the new supplier of medication, Boots also supplied MAR charts where records were kept. Medication prescribed on a principle "when required" was now accurately and fully recorded both on the charts and at the back of the sheet giving the reason why it was given. Two staff were signing when medication was delivered to the tenants in the home.

However, there were a few gaps on a records and some small changes on the labels were not signed.

Concerns, complaints and protection

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

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

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

The home was strongly promoting tenants' protection and ensured they were respected as individuals and supported to exercise their rights, resulting in only two complaints since the last inspection, both of whom were resolved satisfactorily.

Evidence:

The manager showed the records of complaints that illustrated that tenants were satisfied with care process, as complaints came from a neighbour about driving and from the relative of one of the tenants.

Both the senior staff member spoken to and the manager stated that they would clearly know if any tenant wanted to complain and that tenants would be able to express their dissatisfaction if they wanted.

Involvement of social services and other external health professionals also reassured the home that tenants did not have any complaints.

Staff were trained and ensured tenants' protection, following the organisation's procedures.

There were no allegations or reported cases that would require investigation of adult protection services.

Environment

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

People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. People have enough privacy when using toilets and bathrooms.

This is what people staying in this care home experience:

Judgement:

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

The environment was appropriate for the tenants needs and private accommodation in flats created an opportunity for tenants to express themselves and promoted independent living with the necessary support.

Evidence:

In their previous AQAA, a self assessment, the home reported about the environment: "By providing a high standard of accommodation we have seen that it is very conducive to the reduction of challenging behaviour and allows tenants to feel safe and secure, reducing their anxieties and allowing them to enjoy a more fulfilling lifestyle. Each unit is fully independent and is equipped to meet the needs of the individual. There is an activity room separate from the main building, set in a closed courtyard."

Two new units were added to the home since the last inspection and were of the same, good standard.

The tour of the home and visit to one of the tenants' flats also demonstrated their individuality. The tenant brought in her own living room furniture.

The position of the home in rather isolated location also contributed to better freedom for tenants, who were able to use not only premises, but the surroundings relatively freely, with staff support.

However, the list of inventories recorded in tenants' files were not all fully signed,

Evidence:

there was only a name recorded, without the surname.

The premises were clean, bright and appropriately heated on the cold day of the site visit. Each unit had a washing machine where tenants were able to wash their laundry and clothes with staff support.

Staffing

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

People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

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

This is what people staying in this care home experience:

Judgement:

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

Good, trained and experienced staff worked well to meet the tenants' needs.

Evidence:

The unique staffing structure benefited tenants to develop their skills for everyday life. The manager, two deputy managers, senior carers and support workers created the staff team. The home was also heavily supported by the organisation's team of mental health enablers, specialists, who had recently started withdrawing their constant input and were moved to "on-call" supporters. They were still coming back, as it happened, on the day of the site visit, when one of them came to conduct a tenant review.

Staff were clear of their roles, but the senior staff spoken to stated that she would enjoy widening her responsibility to the area of care planning and risk assessing, currently conducted by the mental health enablers. The manager stated that there were plans in place for this change and that staff would be additionally trained for the new responsibilities.

Staff files, three of which were checked, showed that all staff were appropriately vetted before starting work with tenants and that they received a full and detailed induction. Staff spoken to stated that the training could further improve if they could attend tenants' conditions related training rather than, as she stated "not very relevant training on epilepsy", as none of the tenants suffered from this condition. The manager presented a new training plan for the coming year that contained a lot of

Evidence:

specialist training, covering more relevant subjects.

The level of NVQ staff was fluctuating around 50% with staff turnover, but this training was promoted within the organisation.

Staff team and the atmosphere equipped staff with qualities necessary for meeting tenants' needs. Only 3 shifts were covered by bank staff, ensuring continuity of care. A separate administrator helped not only the management team but indirectly the tenants when she established a clear cleaning rota and ensured much better hygienic conditions.

All checked files contained appropriate documentation of checks carried out for new staff. The manager stated that she personally ensured that only staff with clear checks were accepted to work, after a social worker had in the past discovered a disclosure on Criminal record.

Staff spoken to confirmed that the supervision programme was much better since this manager came into post. The planned supervision programme also showed the plans for good support to staff.

Conduct and management of the home

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

People have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

This is what people staying in this care home experience:

Judgement:

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

The manager and the staff team ensured that the home was run in such a way that tenants were fully respected and protected.

Evidence:

The manager with her skills and experience contributed to the recent progress of the service. All requirements from the last inspection were met. New improved medication procedure was introduced. Better support to staff through supervision was introduced. Staff motivation improved. The manager applied to register with us, the regulators. Quality assurance was in process. The manager reported that she had just distributed questionnaires to professionals working with tenants and to tenants' relatives. Policies and procedures were reviewed and updated.

However, the "fresh" AQAA was not returned as required by us the regulators. Safe working practices were in place. Records of hot water temperatures were kept regularly, as well as fridge temperatures, thus improving food safety measures and hygiene. Fire procedures and precautions were improved as automatic door closing devices were installed.

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	14	The organisation should consider the way to respond to the tenants needs for a holiday as part of their basic contracted fee paid, as the tenants would benefit from a holiday.
2	17	Clearer details in records about food preferences would confirm tenants' choices and accurately present their likes and dislikes.
3	20	All changes on medication labels should be signed and an explanation provided who directed the change.

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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