

Key inspection report

CARE HOMES FOR OLDER PEOPLE

The Limes

**High Street
Henlow
Bedfordshire
SG16 6AB**

Lead Inspector
Mrs Louise Trainor

Key Unannounced Inspection
21st August 2009 08:40

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

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

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

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

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

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

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SERVICE INFORMATION

Name of service	The Limes
Address	High Street Henlow Bedfordshire SG16 6AB
Telephone number	01462 811028
Fax number	01462 811028
Email address	info@limescarehome.co.uk
Provider Web address	
Name of registered provider(s)/company (if applicable)	The Limes Care Home Ltd
Name of registered manager (if applicable)	Mrs Joan Wilkinson
Type of registration	Care Home
No. of places registered (if applicable)	24
Category(ies) of registration, with number of places	Dementia (24), Mental disorder, excluding learning disability or dementia (24), Old age, not falling within any other category (24)

SERVICE INFORMATION

Conditions of registration:

1. The maximum number of service users must not exceed 24
2. The home shall accommodate persons of either sex.
3. No one falling into the category of MD (age range over 65 years) may be admitted into the home where there are already 3 persons of category MD (age range - over the age of 65 years) accommodated within the home.
4. No person aged under 45 years of age who falls within the category of DE may be admitted to the home.

Date of last inspection 29th October 2008

Brief Description of the Service:

The Limes is a privately owned residential care home, providing care for 23 residents who have physical and mental health needs. The property is situated within the village of Henlow on the High street.

It was built in 1840 and has been sympathetically converted by the proprietors to retain much of its original character and charm. In 2001 a further large extension was added to increase the registered accommodation to its present occupancy. Bedrooms located on the upper floor of the original house are accessed via staircases and a chair lift; bedrooms in the extension are accessible via a shaft lift.

There is a large well-maintained enclosed rear garden and car parking is available at the front of the home.

The fees for this home vary from £485.00 per week, to £800.00 per week, depending on the funding source.

SUMMARY

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

The quality rating for this service is **1 star**. This means the people who use this service experience **adequate** quality outcomes.

This inspection was carried out in accordance with the Care Quality Commission's (CQC) policy and methodologies, which requires review of the key standards for the provision of a care home for older people that takes account of residents' views and information received about the service since the last inspection. Information from the home, through written evidence in the form of an Annual Quality Assurance Assessment (AQAA) has also been used to assess the outcomes within each standard. Evidence used and judgments made within the main body of the report include information from this visit.

This was the first Key Inspection for this year for this service. Regulatory Inspectors Mrs Louise Trainor carried it out on the 21st of August 2009 between the hours of 08:40 and 14:45 hours.

The home Manager / owner Mrs Joan Wilkinson and the Deputy Manager Miss Stephanie Charters were present at the home throughout the inspection to assist with any required information. Verbal feedback was given periodically throughout the inspection and at the end of the visit.

During the inspection the care of two people, including one recent admission to the home, were case tracked. This involved reading their records and comparing what was documented to the care that was being provided.

Documentation relating to: staff recruitment, training and supervision and medication administration, complaints, quality assurance and health and safety in the home were also examined.

We also had a tour of the premises and spent some time in the communal areas of the home, talking to the residents and staff and observing the care practices and interventions that were carried out during this six hour inspection

We would like to thank everyone involved for their support and assistance during this visit to the home.

What the service does well:

The home understands the importance of having enough information when choosing a care home. Pre Admission documentation was in place, and appropriately completed.

The complaints procedure is easily accessible to everyone living in the home. Staff working at the home understand the procedures for safeguarding, and know when incidents need to be reported externally.

Residents in this home are involved in meaningful daily activities and have the opportunity to join in local community events.

People are encouraged to make personal choices about their daily lives.

This home provides a clean, comfortable and homely environment for the people who live here.

This home 'employs' the Skills for Care Induction programme, which ensures that staff are assessed as competent in a range of basic skills relating to care during their initial / probationary period of employment.

In addition staff in this home have a rigorous training programme. This consists of some distance learning programmes, some delivered by external trainers, and some in house training that is incorporated into their day to day care practices.

Accidents and incidents are being recorded and reported appropriately, and where necessary safeguarding referrals are being submitted.

What has improved since the last inspection?

There were pre admission assessments in place in each file, these documents were dated and signed, so it was clear that they had been carried out in advance of the admission.

The management in this home monitors the quality assurance, by using questionnaires that are given to the residents, their representatives and outside health professionals to complete.

What they could do better:

The manager is aware of the importance of record keeping in the home. However gaps in documentation, indicates that auditing process require improving.

There are some gaps in documentation, particularly care plans, and details about how care should be delivered are not always clear.

Medication records are generally in order, contain the required entries and are signed appropriately by staff. Internal auditing could be improved.

The service has a recruitment procedure that meets statutory requirements and NMS, and there are records to support this. The training programme in this home meets with NMS and is person centred, however this is not always reflected in care delivery.

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

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

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

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

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

This is what people staying in this care home experience:

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

1, 2, 3, 4, 5, 6

People using the service experience **good** quality outcomes in this area.

The home understands the importance of having enough information when choosing a care home. Pre Admission documentation was in place, and appropriately completed.

We have made this judgement using a range of evidence, including a visit to this service.

EVIDENCE:

There is a combined Service User Guide and a Statement of Purpose in place for this home. This document is held electronically and reviewed at regular intervals, to ensure information is up to date. It is then issued to people as they enquire about the home.

We viewed the files of two residents in the home. There were pre admission assessments in place in each file, these documents were dated and signed, so it was clear that they had been carried out in advance of the admission. They contained sufficient information so that the home could be sure they could meet the individual's needs.

There had been changes to some of the homes registration details since the last inspect. A new Care Quality Commission Certificate was displayed in the entrance to the home.

This home does not provide an intermediate care service.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

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

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

This is what people staying in this care home experience:

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

7, 8, 9 ,10, 11

People using the service experience **adequate** quality outcomes in this area.

There are some gaps in documentation and in particular details about how care should be delivered are not always clear.

Medication records are generally in order, contain the required entries and are signed appropriately by staff. Internal auditing could be improved.

We have made this judgement using a range of evidence, including a visit to this service.

EVIDENCE:

During this inspection we looked at the personal files of two residents in detail, and at specific care plans relating to another resident.

All the files contained care plans that clearly identified the individuals needs, however they would benefit from more specific 'care instructions' to promote a continuity of approach in care, and more regular reviews to ensure that the

changing needs of the residents are addressed efficiently and effectively by all staff.

The first file that we looked at in detail contained a pre admission assessment that had been completed on the 20/09/08, prior to the admission on the 20/10/08. It included a photograph and personal description of the individual. This document identified that this person has a diagnosis of vascular dementia, mobilises and eats independently, but needs assistance with personal care tasks such as cleaning teeth, and needs two care staff to assist due to his unpredictable mood changes.

It identified that he has a tendency to wander and for this reason a 'wander mat' was used prior to admission.

Likes and dislikes of activities and hobbies were included in this profile and a dependency rating level identified.

Overall this gave a good basic description of needs, however care plans generated from this profile had not been kept under review and therefore did not reflect his present needs. For example a nutrition assessment which had been reviewed the week prior to this inspection identified the need to have food cut up, and have assistance with feeding. This had not been updated in the care plan.

Care plans for mobility and personal hygiene had been reviewed in January 09 and then not again until August 09, a care plan for Dementia had been reviewed in September 08 and then not again until July 09.

There was a 'slips trips and falls assessment' in place, which did not mention the use of a 'wander mat' or similar aid. However there was no evidence, such as identified falls or weight loss which may suggest omissions in the care delivery.

Key worker reports were not being completed regularly by all Key workers, and there were gaps in some of the daily reports.

The second file that we inspected was for a resident with dementia, who is nursed in bed, has a catheter in situ and needs assistance in all areas of care. Fluid charts and turn charts were in place and were being appropriately completed. However we suggested that the fluid monitoring charts should be reviewed so that each sheet identified intake and output for just one day, and the total input and output identified every 24 hours.

There was a care plan for a supra pubic catheter in place, however this was not being reviewed regularly and did not identify when the catheter was last changed, for example the daily notes on the 11/08/09 identified that the district nurse had been in "and done catheter instulation". It was not clear what this meant and was not reflected any where in the care plan.

Similarly to the other care file, daily records were not completed sufficiently. For example on the 03/08/09 the notes read "GP called because sounded chesty". There was no further record made until 10/08/09.

There was a record in April 09 which stated. "Permission being sought to syringe fluid as he will not drink anything". This had not been reviewed or updated with a decision since that time.

We visited this resident whilst he was having his lunch. The carer clearly knew this resident's needs well and was interacting well with him. He was eating and drinking.

Although we appreciate the outcomes for these residents was not being adversely affected at present, we discussed the matter with the manager and her deputy, and stressed the importance of making sure this documentation is completed appropriately.

We believe that since the last inspection the standard of the record keeping has dropped. We appreciate that this maybe due to staff changes; however this must be addressed immediately to avoid any further decline. We spoke with one senior carer who is working on care plans at present. He is keen to improve this area of his work.

During this inspection we looked at the Medication Administration Record (MAR) sheets for all the residents in this home.

Medication is dispensed to this home using the Monitored Dosage System (MDS) which is dispensed in blister packs each month.

Each resident has a personal profile attached to their MAR sheet which identifies any allergies.

The MAR sheets were tidy and well organised, and generally well completed with signatures and omission codes appropriately.

All stock dispensed in blister packs reconciled with records accurately.

Our main concern was relating to 'as required' medication, such as paracetamol, which was prescribed on a variable dosage. Staff are not always identifying what dosage is being administered therefore reconciliation of these stocks was not always possible.

Staff are also failing to complete the reverse of the MAR sheets, which would also assist with auditing these 'as required' stocks.

We discussed this matter with the manager and her deputy, and the immediate decision was made to increase their audit system to weekly, for an interim period, until this issue is resolved.

We also observed one resident being left by a carer, with a mouthful of tablets to chew, and no drink. This was brought to the attention of the manager to address with the individual carer concerned.

Controlled Drugs (CD) s are appropriately stored and recorded in this home. Stocks reconciled correctly.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

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

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

This is what people staying in this care home experience:

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

12, 13, 14, 15

People using the service experience **good** quality outcomes in this area.

Residents in this home are involved in meaningful daily activities and have the opportunity to join in local community events.

People are encouraged to make personal choices about their daily lives.

We have made this judgement using a range of evidence, including a visit to this service.

EVIDENCE:

This home offers a wide variety of activities which are displayed on a programme in the entrance hall. This identified that there was an activity planned for most days and for some days more than one. For example one morning some residents went for a coffee and shopping to Letchworth, in the afternoon others went for a coffee and shopping to Biggleswade, while those that remained at the home were entertained with board games and bingo.

Other activities included massage, cooking, fishing and pub lunches and cinema trips to name but a few. On the day of this inspection a small group of residents went off to a local pub in the afternoon. This is a regular trip, where they put on music, those that wish to have a dance, and others just enjoy a drink and the general social event.

Throughout the home there were collages, photographs and photograph albums of the recent activities and outings.

Earlier this year residents had been involved in preparing the hanging baskets that decorate the outside of the house, and one resident has been doing local gardening work to earn himself 'pocket money'.

He also enjoys doing work with old furniture.

Since the last inspection one of the manager's sons has taken on the role of chef for which he has had appropriate training.

Menus are varied and include fresh vegetables, often home grown.

There was a sign in the dining rooms reminding people that they only had to ask if they fancied something different and the cook would be pleased to serve it.

We observed the midday meal service which included a traditional fish and chip dinner followed by a home made chocolate pudding with cream or custard.

The food looked, smelt and tasted delicious, and residents clearly enjoyed it.

During this inspection we saw a new laptop computer being delivered to the kitchen area.

The manager told us this is going to be used purely for kitchen purposes such as stock control, ordering and audits.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

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

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

This is what people staying in this care home experience:

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

16, 18

People using the service experience **good** quality outcomes in this area.

The complaints procedure is easily accessible to everyone living in the home. Staff working at the home understand the procedures for safeguarding, and know when incidents need to be reported externally.

We have made this judgement using a range of evidence, including a visit to this service.

EVIDENCE:

This home has a complaints policy, which is easily accessible to residents and visitors to the home. It details expected timescales for responses, and guidance for any complainant that remains dissatisfied with investigatory outcomes.

We viewed the complaints and compliment files.

The home had not received any complaints since the previous inspection. There were however numerous cards of thanks.

Safeguarding issues were also clearly recorded and reported appropriately. Documentation indicates that the manager liaises with the safeguarding team as and when necessary and they are also embracing the Mental Capacity Act including the Deprivation of Liberty, liaising with the local expert in this field.

Since the last Key Inspection, the manager has made two safeguarding referrals relating to staff in the home. These have been managed appropriately. There was clear records and documentary evidence to support this.

Environment

The intended outcomes for Standards 19 – 26 are:

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

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

This is what people staying in this care home experience:

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

19, 20, 21, 22, 23, 24, 25, 26

People using the service experience **good** quality outcomes in this area.

This home provides a clean, comfortable and homely environment for the people who live here.

We have made this judgement using a range of evidence, including a visit to this service.

EVIDENCE:

This home provides a clean and comfortable environment for the people who live there.

Since our last inspection many areas have been redecorated, such as stairways and corridors painted or repapered leaving it looking clean and bright. The old office at the front of the building on the ground floor has been refurbished to provide a large single room with en suite facilities. Other

bedrooms had been redecorated and had new flooring laid. There is an ongoing decorating / maintenance programme in place and since the last inspection decorating on the first floor had been completed, and work in the new wing was just commencing.

We were also informed that there are plans to fit wet rooms into all en suite areas and an under floor heating system in the near future.

Bedrooms have numbers and, or nameplates on them, and some also have pictures that are reflective of individual's past. These aid some of the residents with dementia to locate their rooms more easily. Residents have signed a consent form to indicate that they are happy to have their names on the doors. Individual rooms are decorated and furnished to personal tastes, and the communal day areas are spacious and comfortable.

We visited a double room on the first floor, and although there was a privacy screen in the room, because of the way it was being stored, we are unsure if it is being used appropriately to promote the privacy of the two ladies who share this room.

We reminded the deputy manager that this must be used.

The gardens as usual at this home were well tendered and tidy; however the lower end of the garden, beyond the gate, is presently out of bounds to unaccompanied residents whilst an old shed and greenhouse are removed to make way for new facilities.

There are also plans to put a bridge structure in place to enable more residents to enjoy the large fish pond with its' Koi Carp and other 'pond life.'

Staffing

The intended outcomes for Standards 27 – 30 are:

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

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

This is what people staying in this care home experience:

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

27, 28, 29, 30

People using the service experience **adequate** quality outcomes in this area.

The service has a recruitment procedure that meets statutory requirements and NMS, and there are records to support this.

The training programme in this home meets with NMS and is person centred, however this is not always reflected in care delivery.

We have made this judgement using a range of evidence, including a visit to this service.

EVIDENCE:

This home is presently well staffed. The day shifts are covered by three care staff, the manager or her deputy, a cleaner, a chef and, or a kitchen assistant and a maintenance worker. The night shift has two care staff on duty with the manager or a senior member of staff on call.

During this inspection we looked at four staff files.

There was evidence that the recruitment policy is being followed appropriately. They all contained fully completed application forms, interview notes, health questionnaires, Criminal Record Bureau and POVA first checks, various forms of identification including birth certificates, driving licenses, passports and

utility bills. Two references from appropriate sources, and terms and conditions of employment.

This home 'employs' the Skills for Care Induction programme, which ensures that staff are assessed as competent in a range of basic skills relating to care during their initial / probationary period of employment.

In addition staff in this home have a rigorous training programme. This consists of some distance learning programmes, some delivered by external trainers, and some in house training that is incorporated into their day to day care practices.

We looked at the training record for one particular member of staff. As well as mandatory training such as Moving and Handling, Fire, Food Hygiene and Safeguarding, there was evidence of more specialist training, such as Dementia, Mental Capacity Act, Deprivation of Liberty, care planning and bereavement, plus evidence that basic skills such as shaving a client, waking a client, communication and putting hair rollers in were being addressed.

It was therefore a little disappointing that while observing care practices during this inspection, we observed two staff attempting to 'move' a resident from one room to another in a rather undignified fashion, which involve trying to get her to walk whilst she was bent double and not cooperating. With the intervention of the deputy manager this resident was assisted into a wheelchair, which looked uncomfortable and unsafe due to her bent stature. No safety lap belt was used.

We also saw other people being manoeuvred in wheelchairs without foot plates or lap belts, and we witnessed one resident being left with a mouthful of tablets to chew, without a drink. The carer had disposed of the drink in a nearby plant. Although this resident did eventually manage to swallow all his tablets, it was neither a pleasant or safe way to be expected to take them without sufficient fluids.

This matter was brought to the attention of the manager during the inspection. Although we appreciate that sometimes residents do not always co operate with the care they are receiving, staff must remember they have a duty to deliver care safely and in a dignified way.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

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

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

This is what people staying in this care home experience:

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

31, 32, 33, 34, 35, 36, 37, 38

People using the service experience **adequate** quality outcomes in this area.

The manager is aware of the importance of record keeping in the home. However gaps in documentation, indicate that auditing processes require improving.

We have made this judgement using a range of evidence, including a visit to this service.

EVIDENCE:

Since the last inspection there have been changes in the ownership of the home. The manager is now the sole owner, and she is supported by two sons and her daughter who also play a significant role in this family run business.

The manager and her deputy were both present throughout this inspection. Over the past few months they have worked hard to raise standards in this home however there are still gaps in documentation which must be addressed, this includes in particular the reviewing of care plans. We would expect this to have been identified through the homes internal audit processes. Both have a very positive outlook on the future of the home and were aware that this is an area which needs further attention.

We looked at health and safety documentation, including the fire log and maintenance records. There was evidence to indicate that fire call points and the emergency lighting were being tested on a regular basis, fire equipment is being checked, nurse call systems checked and maintenance issues are being addressed in a timely fashion.

We were a little concerned to find that the fire gate on the first floor had been painted shut. Although this was resolved as soon as we identified it, we believe this should have been identified during a routine check on completion of decorating.

Supervision records were examined, and indicated that staff are receiving regular 1:1 sessions with their line manager. However generally the files indicated that each supervision session is directly related to one particular area of care. For example, in one staff file, it identified July 09 was relating to the whistle blowing procedure, and April 09 to the use of slide sheets. We discussed this with the manager, and suggested that the supervision time should also be used to address more general topics and concerns of either the supervisor or the supervisee, such as performance, team dynamics or sickness.

Accidents and incidents are being recorded and reported appropriately, and where necessary safeguarding referrals are being submitted.

The management in this home monitors the quality assurance, by using questionnaires that are given to the residents and their representatives to complete.

They are presently awaiting the return of questionnaires from outside professionals as part of their quality assurance process, this is work in progress, as is the annual summary report.

Although the home does hold personal funds for five residents in this home, we did not inspect these records during this inspection, as at the previous inspection they were accurate, as were the invoicing procedures. For each of these five residents there is a legal representative who liaises with the home annually to audit accounts and processes.

The home also keeps small amounts of 'pocket money' for a number of the other residents.

We looked at the records for six of these residents. The accounts were all in order, with receipts to support transactions, clearly signed and dated.

All funds corresponded with the records.

SCORING OF OUTCOMES

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

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

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

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

CHOICE OF HOME	
<i>Standard No</i>	<i>Score</i>
1	3
2	3
3	3
4	3
5	3
6	N/A

HEALTH AND PERSONAL CARE	
<i>Standard No</i>	<i>Score</i>
7	2
8	2
9	2
10	2
11	3

DAILY LIFE AND SOCIAL ACTIVITIES	
<i>Standard No</i>	<i>Score</i>
12	3
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
<i>Standard No</i>	<i>Score</i>
16	3
17	X
18	3

ENVIRONMENT	
<i>Standard No</i>	<i>Score</i>
19	3
20	2
21	3
22	3
23	3
24	3
25	3
26	3

STAFFING	
<i>Standard No</i>	<i>Score</i>
27	3
28	2
29	3
30	2

MANAGEMENT AND ADMINISTRATION	
<i>Standard No</i>	<i>Score</i>
31	2
32	2
33	3
34	X
35	3
36	2
37	2
38	2

Are there any outstanding requirements from the last inspection? No

STATUTORY REQUIREMENTS

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

No.	Standard	Regulation	Requirement	Timescale for action
1.	OP7	15(2)	People who live in this home must have care plans that give a clear instruction of the care required, and are reviewed on a regular basis to reflect changing needs efficiently and effectively.	30/09/09
2.	OP9	13(2)	People who live in this home must have medication record sheets that identify exactly what medication has been administered.	30/08/09
3.	OP38	17(1)(a)	The registered person must ensure that all records specified in Schedule 3 are present and up to date for all the people who live in this home.	30/09/09
4.	OP37	14(2)	People who live in this home must have risk assessments that are regularly reviewed to identify any changes in the level of risk.	30/09/09

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	OP30	The registered person should consider how to monitor the care practices of all staff within the home, and identify how she is addressing areas where poor practice has been identified.



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