

Key inspection report

Care homes for older people

Name:	Lee Mount Residential Home
Address:	32 Lee Mount Road Lee Mount Halifax West Yorkshire HX3 5BQ

The quality rating for this care home is:	zero star poor service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
Lynda Jones	1 3 0 4 2 0 1 0

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

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

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

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

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

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

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

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

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

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

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Lee Mount Residential Home
Address:	32 Lee Mount Road Lee Mount Halifax West Yorkshire HX3 5BQ
Telephone number:	01422369081
Fax number:	
Email address:	cjsingh76@hotmail.co.uk
Provider web address:	

Name of registered provider(s):	Lee Mount Healthcare Ltd
Name of registered manager (if applicable)	
Manager Post Vacant	
Type of registration:	care home
Number of places registered:	25

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	7	0
old age, not falling within any other category	0	25

Additional conditions:

The maximum number of service users who can be accommodated is: 25

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, Dementia - Code DE

Date of last inspection									
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Brief description of the care home

Lee Mount is a care home providing personal care and accommodation for up to twenty five older people. Within this overall total, the home is registered to provide care for seven people with dementia. The home is in the Lee Mount area of Halifax, approximately two miles from the town centre and can be easily reached by public

Brief description of the care home

transport. There are some local shops and other amenities nearby. The home has been converted into one large house from four terraced properties. There is a small garden at the front of the house. All of the bedrooms are single, seven have en suite facilities. Eight bedrooms are on the ground floor; the remainder are at first floor level, which can be accessed by a passenger lift. There are three lounges and a dining room on the ground floor. The home provides care and support, all meals and snacks and a laundry service. The fees from April 2010 are between £368 and £385. The higher fee is for people with dementia. People pay for their own personal toiletries, hairdressing and chiropody. Please contact the home for information on the current range of fees.

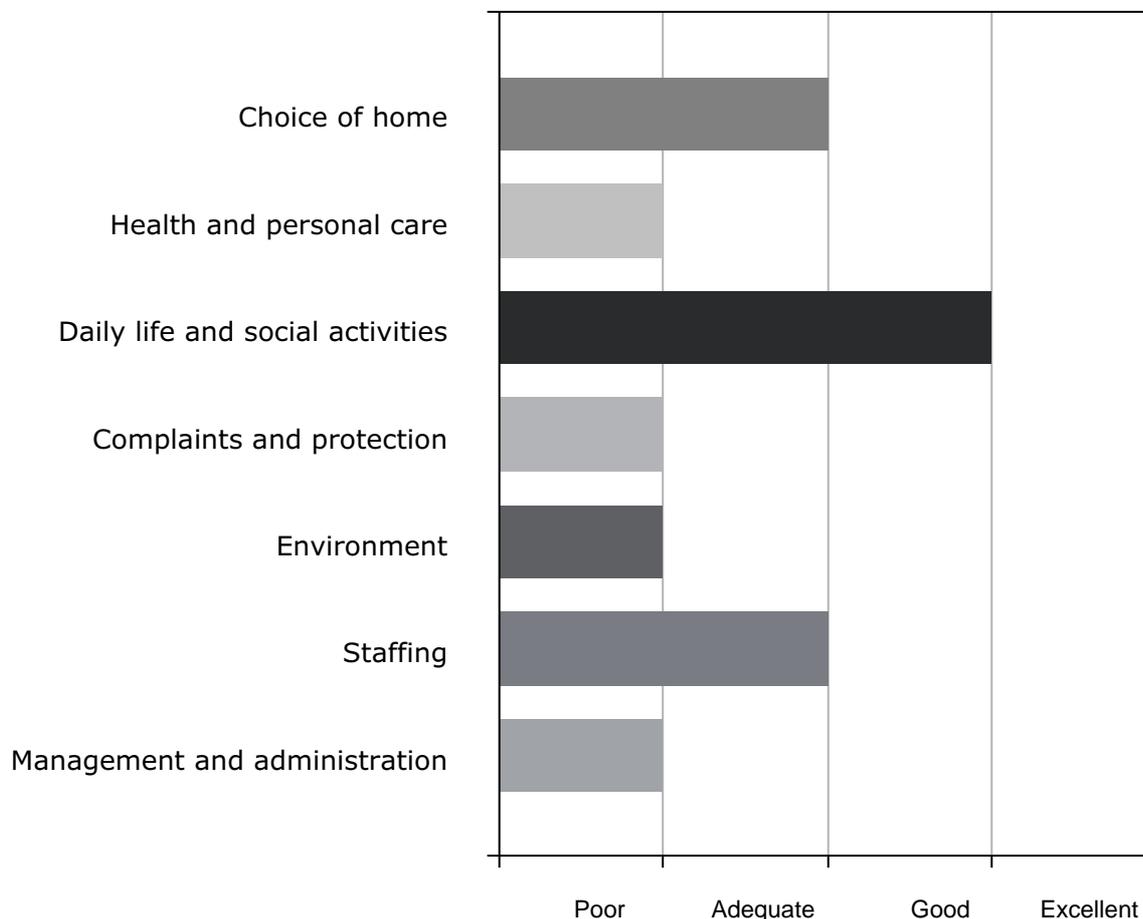
Summary

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

The quality rating for this care home is:

zero star poor service

Our judgement for each outcome:



How we did our inspection:

This inspection was carried out to assess the quality of care provided to people living in the home.

The inspection process included looking at the information we have received about the home since our last key inspection as well as a visit to the home. Two inspectors carried out the visit over one day and it lasted for approximately 7 hours. We talked to staff on duty, the management team and people living there. We also looked at various records and looked round the building.

We received eight surveys from people living there, some were completed with the help of relatives. Eight surveys were sent back to us by staff. Their comments have been used in this report.

We have reviewed our practice when making requirements, to improve national

consistency. Some requirements from previous inspection reports may have been deleted or carried forward into this report as recommendations, but only when it is considered that people who use the service are not being put at significant risk of harm. In future, if a requirement is repeated, it is likely that enforcement action will be taken.

What the care home does well:

The home has a relaxed and friendly atmosphere. Staff have a good rapport with the people who live in the home and their relatives. Visitors are welcomed at any time and are able to have meals with their relatives.

The staff know people very well, they spend time talking and sitting with them, using their knowledge of people's interests and hobbies to engage them.

A variety of activities are provided which people can take part in if they want to.

People told us they like the food, they said there is plenty of variety on the menu.

Some relatives completed surveys on behalf of people living at the home and these are some of their comments:

"They provide love and understanding, they are always there when needed"

"The residents are clean and happy"

"It's friendly with a caring homely atmosphere"

What has improved since the last inspection?

The outside area at the back of the home is being levelled and paved so that it is safe for people to use in the good weather.

The doors at the top of the stairs have been made safer for people to use.

Decorating is in progress which is making the home look a lot brighter.

What they could do better:

Staff must make sure that important information gathered during the initial assessment is incorporated into the care plans and used. This will help staff to support people to retain some of their independence skills.

Whenever there is an indication of risk, steps must be taken to put a management plan in place showing what staff must do to make sure people are safe.

Medication records must be improved so that all medication coming into the home can be accounted for.

People are entitled to expect to live in pleasant, clean and hygienic condition at all times. There needs to be a system in place to make sure that standards of cleanliness and hygiene are monitored on a regular basis.

All staff must be thoroughly checked before they start work in the home to protect people living there by making sure prospective employees are suitable to work with vulnerable individuals.

Receipts must be obtained for all purchases made on behalf of people living there so

that all expenditure can be accounted for.

The home needs a registered manger so that there is someone legally responsible for running the home on a day to day basis.

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

Staff do not always work with the information contained within the pre admission assessments and this can lead to people losing some independent living skills.

Evidence:

There is a service user guide which people can take away which gives information about the home and the service provided. In the surveys seven out of eight people told us they were given information about the service before they moved in.

The acting manager and home owner said that before people are offered a place at the home, they would visit them to make an assessment of their care needs. This is to make sure that staff at the home have the skills needed to meet their individuals needs.

We looked at two assessments for people who had moved in recently. We could see that some information had been gathered before they moved in but we were

Evidence:

concerned that this information had not been used in the general care plan. For example, we saw evidence of a relative providing information about one persons ability to dress themselves, about the sort of prompts they need to use the toilet and about their proneness to falls. None of this information had been included in the care plan. This means that assessment information is not being used to assist people to retain the skills and independence that they have.

We also read about a person whose health and safety would be at risk if he left the home unaccompanied. This important information had not been included in the care plan.

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

People's care is not always planned for properly this means that people are at risk of not having their needs met.

Evidence:

In the surveys people told us they were receiving the care and support they required. Most people said the staff were around when they were needed.

We looked at care plans for four of the people living at the home. Two people had lived there for some time, two had moved there in the last two months.

The care plans for two people who have lived there for some time contained good information. Risk assessments had been completed appropriately; there is evidence that they have access to a range of NHS services for example GPs and district nurses, and are supported to attend hospital out patient appointments. We could see from the records that the plans are being reviewed regularly and updated when any changes occur. The staff know these people very well, they are familiar with their daily routines and their lives are fairly settled at Lee Mount.

Evidence:

The other two plans that we looked at were incomplete and evidence indicates that the health, personal care and safety needs of these people are not being met.

On admission a relative told staff about one person who required prompting to use the toilet. When we looked at their care plan written after this person had been at the home for six weeks, there was no continence plan in place. We saw incontinence pads in this person's wardrobe and staff confirmed they were in use but nothing had been recorded about the type of pads and frequency of usage. With no plan for staff to evaluate, there is no guarantee that person's needs are being met.

We read information provided by a relative about a person who is prone to falls. The falls risk assessment completed by staff indicates that this person is at high risk of falling but there was no plan in place to manage the risk.

The records show that one person hits out when personal space is invaded by staff assisting with personal care. There is evidence in the records to show that this pattern of behaviour is often repeated. When we talked to two of the staff on duty they spoke confidently about the strategies they use to avoid confrontation when they assist this person. None of this information is recorded in the care plan which means that there is no agreed strategy for assisting this individual, therefore this person's personal care may not be being delivered with any consistency.

A pressure ulcer risk assessment we looked at indicated that one person was at risk of developing an ulcer but there was no risk management plan to show what action staff need to take to reduce this risk.

In another assessment, a person was identified as being at risk if he left the building unaccompanied. The assessment clearly states that this person would wander off if the external doors were left open. There was no evidence of a plan to reduce the risk of this happening. Seven days after moving in, this person was placed at serious risk of accident and injury when he went out of the home alone. Staff were not aware he had left the building. Having crossed a busy main road and walked a considerable distance from the home, the staff were alerted by a member of the public. The risk management plan was eventually written four days after this incident.

People are not always treated with the dignity and respect they are entitled to expect. These are some of the things we saw. During the visit we pointed these things out to the owner of the home:

Evidence:

In one bedroom two chests of drawers had large labels stuck on the outside listing the contents. When we asked what this was for we were told clothing and underwear had been mixed up by staff and the labels were there to remind them where to put things. This is poor practice and it shows a lack of respect for the occupant of the room. We suggested that the acting manager should take this matter up with the members of staff concerned, rather than resort to labelling the drawers.

People's clothing is not looked after properly. Clothing had been put away untidily in drawers and some of the items wardrobes were not hung up properly which meant that skirts and cardigans were being pulled out of shape.

When we looked round the home we noted that there was an electric shaver in one bedroom. It needed an adaptor plug so that it could be used but we were unable to locate one. We asked the home owner about this and we were told it didn't belong to the occupant as he had a wet shave. However, this person clearly used to use the shaver as it was labelled with his name. There was no evidence that this individual had ever been asked about his preference for shaving as there was nothing recorded about this in his care plan.

In one of the plans we looked at we did not think the scoring on a falls risk assessment and moving and handling risk assessment was accurate. We discussed this with the acting manager at the end of the inspection and asked her to check the records.

We looked at systems for receipt, storage and administration of medication. These are the points we fed back during our visit:

We noted that one person who has administered medication is not on the list of staff authorised to do so.

There are no medication care plans to provide staff with information about what the various types of medication is for and no information about how people prefer to take their medication.

Staff must make sure that they record the date that medication is received on the medication administration records (MAR) sheet. Medication should be booked in and signed for by two staff.

One person is prescribed a nutritional supplement drink once a day, according to the records this has not been given.

Evidence:

Staff must make sure they use the codes on the MAR sheets correctly.

The temperature of the medication fridge must be monitored and corrective action taken if the temperature is above recommended levels. The recordings we looked at were above recommended levels but no action had been taken.

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.

The staff make time to talk to people and they respect their preferred routines.

People are offered a choice of meaningful daytime activities that suit their interests and capabilities.

Evidence:

The staff at the home are very friendly and they make visitors to the home very welcome. They know the people living there and their families well. They have a good understanding of people's preferred routines and likes and dislikes. We noted that this information is recorded in the care plans, it is important for all staff to know so they provide activities that fit in with people's hobbies, interests and abilities.

We observed the staff at work throughout the day, they provided various activities such as skittles and an arts and craft session that people enjoyed and held their interest.

In one lounge people preferred to listen to music. The staff knew what people liked to listen to and they ensured that everyone had a say in which CD was played.

Evidence:

In the second lounge people were actively watching TV in between activities. In addition, staff also spent time talking and looking through illustrated books with people, using their knowledge about individual interests in their selection of books.

Tea and biscuits were served mid morning and mid afternoon and lunch was served in the dining room. In the surveys, people told us they enjoyed the meals provided, one person said "They make sure I have enough to eat and drink" another said they would like some music on at meal times.

At lunchtime the tables were set with place mats, serviettes and condiments were available. The cook was talking to people in the dining room and staff were on hand throughout.

Although people said they enjoyed the food, the mealtime was over quickly and it was not much of a social occasion. One member of staff stood up for the entire time and did not talk to the person she was assisting with their meal. The person being assisted was falling asleep but no attempt was made to engage her or talk about the food. This is poor practice and we fed our observations back to the management team at the end of our visit.

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

People are not being kept safe from harm because important information about individual risk is not always well managed.

Evidence:

Information about the complaints procedures is included in the Statement of Purpose and Service User Guide and people are given copies of these when they move in. Information is also displayed in the home.

The owner of the home told us no complaints have been received since the last inspection.

Staff working in the home have received training to make them aware of their responsibility to make sure people in their care are protected. However, we have concerns that people are not always being protected fully. Earlier in this report we referred to an incident which involved a vulnerable individual leaving the home and being at risk of harm. In the initial assessment of this person's needs the records indicate that he would leave the building if the external doors were left open. There was no management plan in place to indicate what action staff needed to take to reduce the risk of this happening. One evening, staff accompanied this person to his room after tea and assumed he stayed there but he left the building through the rear gate which had been left open all day. He returned safely to the home after staff were alerted by a member of the public.

Evidence:

We were notified about this incident but the notification did not contain sufficient detail. The record only told us that someone had left the home but had returned safely.

Because of the lack of information in the notification we decided to look at the records of this incident during the visit.

The record of homes investigation into this incident is inadequate. There is insufficient detail in the report about the circumstances leading up to the incident and the risk management plan was still not put in place until four days after the incident took place.

We have informed the local authority of our findings.

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

The standard of cleanliness and infection control is poor and suggests a lack of respect for people using the service.

Evidence:

During the visit we looked round the communal areas and most of the bedrooms. We found poor standards of cleanliness and hygiene and we fed this back to the management team at the end of our visit.

Several bedroom carpets had not been vacuumed. We saw bits of tissue, crushed biscuits and stains on the carpets. We returned to some of the rooms just before we finished the visit to see if they had been cleaned during the day but there was no sign that this had been done.

Items of furniture such as bedside cabinets, chests of drawers, shelves and wardrobes were sticky and covered in dust.

A empty chest of drawers on the landing was smeared with paint, covered in tea stains and had part of a cardboard box stuck to the top of it. This area is used by staff throughout the day and night but no one had bothered to remove or clean the drawers.

Evidence:

In one bedroom the door to the built in wardrobe could not be opened because it was blocked by a mat placed on the floor in front of the door. In the drawers in this room we saw various items of underwear that had been shoved untidily into them, some of the items had become discoloured in the wash, others did not appear to be clean. A stained nightdress had also been placed in the drawers for further use. The same room contained a commode with faeces on the lid. All of this indicates a lack of respect for the occupant. We asked the home owner to accompany us to the room and pointed out these issues to him. We asked him to ensure that the drawers were tidied, stained clothing removed and the room cleaned. When we returned at 2pm, the drawers had been tidied but the commode was still in the same condition.

In another bedroom, the bed had been stripped revealing a very badly stained mattress. The toilet had not been flushed, the toilet roll was empty and the toilet paper was out of reach on a window ledge. We asked the owner to remove the mattress and arrange for the room to be cleaned. When we checked at 2pm, the mattress had been removed but not yet replaced and the room was cleaner.

The upstairs shower room/toilet smelled strongly of urine. The toilet and seat was covered in faeces and the waste bin in this room could not be opened using the foot peddle. Anyone using this bin for soiled pads etc would have to open it with their hands. When we checked this area in the afternoon it still smelled and the toilet was still unclean.

Some of the bedrooms had no soap and towels in them. This had not been rectified by the afternoon despite pointing these things out to the home owner.

All of these issues pose potential cross infection risks to the people living at the home.

The lounges and dining rooms were clean, comfortably furnished and odour free.

In our last report we were concerned about the lack of safe, useable outdoor space. On this visit we noted that work has already started to make the space at the rear of the house level. A small area has been planted with shrubs and there are plans for outdoor seating and a covered area for use in the good weather. The home owner said he expects this work to be completed in about a months time.

Also in the last report we asked the home owner to look into more suitable door closures at the top of the stairs. This work was in progress when we visited.

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

Staff recruitment records must be improved to ensure that all staff are properly checked before they start work at the home.

Evidence:

On the day we visited there were 4 care staff on duty in the morning, one started at 10.00 am. The acting manager and a cook were also on duty. There domestic was also on duty between 8am and 1pm. The duty rota shows that there are always two staff on duty during the night and a senior member of staff is available on call.

The owner of the home is there most days and his wife has now taken on an administrative role at the home and expects to be there on weekdays.

There were 16 people living at the home when we visited and the home owner confirmed that staffing levels would increase as occupancy of the home went up.

We looked at the recruitment files of two members of staff. We could not find a start date for one person and we could not tell from the records what post was applied for. The interview notes indicate that the post was activities coordinator but this person was on the rota as a care assistant.

On the second file, we noted that the member of staff started work at the home two

Evidence:

months before a Criminal Records Bureau (CRB) check was received. The management team said the Protection of Vulnerable Adults (POVA) had been checked but when only one check has been obtained, new staff must always be supervised by an experienced member of the team. These checks are carried out to make sure people are suitable and to protect people living in the home. We discussed this with the management team at the end of our visit.

All of the staff have recently completed a training course on dementia care. The records show they have recently received training updates on fire safety awareness and moving and handling practices.

The records indicate that staff are receiving supervision from the acting manager.

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

The home is not being run in the best interests of the people living there.

Evidence:

We have raised several concerns throughout this report about cleanliness and hygiene, staff not showing respect for people's clothes and possessions, the state of their bedrooms, risks to their safety and healthcare needs not being met in some cases. All of these issues indicate that the home is not well managed and is not being run in the best interests of the people who live there.

There has been no registered manager at the home since July 2008 and there has been a succession of people in the post who have all left after relatively short periods of time.

The acting manager has worked at the home as a member of care staff for the last seven years. She was the deputy manager before taking up the acting manager position in March 2009. She is in the process of applying to be registered by CQC.

Evidence:

The owner of the home is there most days, he plays an active part in maintaining the building and buying provisions. He also takes responsibility for managing the money the home holds for people. We looked at a sample of these records. Several of the individual finance sheets show expenditure of £5, when we asked about this the owner told us that every few weeks one of the senior care staff goes out to buy toiletries for people. The receipts for the goods are not individual, all items are on one receipt and £5 is deducted from each person. It is unlikely that every persons toiletries cost exactly £5, some may be under and some over this amount, therefore some individuals may be subsidising others. There must be individual receipts for purchases made on behalf of each person or a means of showing by receipt exactly what has been bought and how much it has cost.

People living at the home are asked about the service. Informal meetings take place about the decoration of the home and about what is on the menu. The home owner talks to people every day when he is at the home and listens to what people have to say.

According to the AQAA all of the equipment used in the home is serviced regularly and safe for use.

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
1	7	15	Care plans must be personal to the individual and staff must follow the prescribed care. This is to make sure that people get the care they need in the way they prefer	31/05/2010
2	8	13	Risk assessments must be kept up to date and be accurate. They must show clearly what action is going to be taken in order to reduce or eliminate the identified risk. To protect people and keep them safe from harm	31/05/2010
3	9	13	Systems for managing and storing medications must be made safe. This must include recording of medication received into the home, correct recordings of administration and making sure that people are given	31/05/2010

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
			<p>their medication as prescribed.</p> <p>have been prescribed.</p> <p>To make sure that people receive their medication safely.</p>	
4	18	13	<p>Risk management plans must be in place as soon as staff are aware of risks to individual safety.</p> <p>To protect people and keep them safe from harm</p>	31/05/2010
5	19	18	<p>Systems must be in place to make that all parts of the home are clean and the risk of cross infection is minimised.</p> <p>So that people can live in a clean environment where the risk of cross infection is minimised.</p>	31/05/2010
6	29	19	<p>All staff must be thoroughly checked before they start work in the home.</p> <p>To make sure staff are suitable and to keep people safe.</p>	31/05/2010
7	35	17	<p>Receipts must be obtained for all purchases made on behalf of people living in the home</p>	31/05/2010

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
			So that there is a record of all expenditure available for audit.	

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	9	Medication care plans should be put in place that give details of how people prefer to take their medication. This will make sure all staff know about people's preferences.
2	31	The manager needs to submit her application form for registration with us. This will make sure there is someone legally responsible for the day to day management of the home.

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We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

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