

Key inspection report

CARE HOMES FOR OLDER PEOPLE

Lee Mount Residential Home

**32 Lee Mount Road
Lee Mount
Halifax
West Yorkshire
HX3 5BQ**

Lead Inspector
Mary Bentley

Key Unannounced Inspection
19th August 2009 09:30

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.

Reader Information

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SERVICE INFORMATION

Name of service	Lee Mount Residential Home
Address	32 Lee Mount Road Lee Mount Halifax West Yorkshire HX3 5BQ
Telephone number	01422 369081
Fax number	
Email address	cjsingh76@hotmail.co.uk
Provider Web address	
Name of registered provider(s)/company (if applicable)	Lee Mount Healthcare Ltd
Name of registered manager (if applicable)	Manager post vacant
Type of registration	Care Home
No. of places registered (if applicable)	25
Category(ies) of registration, with number of places	Dementia (7), Old age, not falling within any other category (25)

SERVICE INFORMATION

Conditions of registration:

1. 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
2. The maximum number of service users who can be accommodated is: 25

Date of last inspection 5th March 2009

Brief Description of the Service:

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 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 in March 2009 were £356.00 and £373.00 per week. 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 the inspector found during the inspection.

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

Since the last inspection in March 2009 we have received some concerns about the service. This inspection took place to assess the quality of care provided to people living at the home. The inspection process included looking at the information we have received about the home since the last key inspection, as well as an unannounced visit to the home.

The inspection was carried out by two inspectors between the hours of 09.30 and 5.00. During the visit we talked to people living in the home, visitors, staff and management. We looked at various records including care records and staff files and we looked around the home.

We did not ask the home to complete a self assessment form and we did not send surveys to people using the service.

Since the last inspection there has been a change of management at the home. The manager who was in post in March has left and a new manager has been appointed. He had been in post for approximately four weeks when we visited.

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 services 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 service 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 home provides a variety of social activities for people to take part in and is continuing to look at ways of improving this aspect of the service.

People told us the food is good and they enjoy it.

The home has been awarded a 4 star rating (the highest is 5) by Environmental Health for its standards of food safety and hygiene.

What has improved since the last inspection?

There was one requirement at the last inspection and this has been dealt with.

The new manager has identified areas where improvements are needed and has put an action plan in place. He has started to make some improvements, for example he has put fresh flowers and music in the entrance to make the home more welcoming. He has identified members of staff to be part of the management team to support the introduction of changes and to make sure there are clear lines of accountability.

What they could do better:

The home must carry out a detailed assessment of people's needs before they move in. This is to make sure they have the right resources and skills to meet people's needs and so that people can be confident the home will be able to meet their needs.

More care should be taken with the medication records to reduce the risk of mistakes and make sure people get their medicines as prescribed.

There must always be a member of staff who has been training in the safe management of medicines on duty. This is to make sure people can have their medicines at the times they are prescribed and can have medicines that are prescribed on an "as required" basis when they need them.

People's personal clothing should be clearly identified so that people can be confident they are wearing their own clothes.

The home must make sure there are always enough suitably trained staff on duty to meet people's needs. This includes making sure that when the acting manager is not on duty there is a designated senior carer to take charge of the home.

The refurbishment of the environment must continue to make sure the home provides a pleasant and suitable equipped place for people to live.

The acting manager should apply for registration with the Commission so that people can be confident the home is run by a suitable person.

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 INSPECTOR FINDINGS

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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 & 3. Standard 6 does not apply to this service.

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

People's needs are not always assessed before admission; therefore the home may not be able to meet people's needs when they have moved in.

EVIDENCE:

In one person's care records there was no evidence that the home had carried out a pre admission assessment. The owner confirmed that no pre-admission assessment visit was made to see this person before they moved in. The person's relatives had just contacted the home requesting a placement and had brought them to look around. The assessment of needs completed by the social worker was received by the home before admission. It is essential that the home carry out a full pre admission assessment before new people move

in. This is to make sure the home has the correct resources to be able to meet the person's needs when they move in. This was discussed during the visit.

The acting manager told us he is in the process of updating the Service User Guide to make sure people have accurate and up to date information about the range of services provided by home.

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

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

Overall people's personal and health care needs are met and this is reflected in the care records. However, more attention must be given to making sure that people's medicines are managed safely and to making sure that people's dignity is maintained.

EVIDENCE:

We looked at two people's care plans. The care plans in place are generally completed to a good standard; they are person centred and give staff clear guidance on how to meet people's needs.

Risk assessments are in place for areas of potential risk such as falls, nutrition and pressure sores. We saw evidence that people living in the home have

access to a range of NHS services for example GPs and district nurses and are supported to attend hospital out patient appointments. Visitors told us they are satisfied with the home and feel their relatives are well cared for.

In one person's records we saw there was a care plan and risk assessment in place to manage his challenging behaviour, which gave advice on observing for triggers that may start the behaviour and diversionary techniques which may be used to defuse situations.

We saw that since admission there have been several review meetings held with the social worker and other healthcare professionals to discuss his challenging behaviour. The reports are well documented and show that the home is seeking support and advice from other professionals involved in his care.

The manager confirmed that the social worker is currently trying to get funding for an extra 14 hours care per week to ease the situation. However, it is difficult to see how an extra two hours per day will ease the situation when the person's behaviour is so unpredictable.

On discussing this person's challenging behaviour with the staff on duty they were divided about their ability to care for him on a long term basis. Some staff felt that his behaviour is what you would expect from someone with dementia and staff should just get on and deal with it. Other staff were clearly not happy about the level of physical and verbal aggression he displayed and were concerned for other people living at the home and for themselves.

A discussion was held with the acting manager and provider about this and it was agreed that the situation would be reviewed to make sure that the placement was right both for the person involved and other people concerned.

In another person's records we saw that that some aspects of his behaviour were causing concern. These concerns were clearly documented and showed evidence that the home is seeking advice from other social care professionals on how to reduce the risk.

The home uses a monitored dosage system of administering medication (blister pack). The medication systems in place are generally safe and the MAR (Medication Administration Record) sheets were signed or coded appropriately. However, in three instances the stock control figures for "as required" medication was wrong and six Paracetamol tablets (500mg) were found in a container in the drug trolley. In addition, a box containing 95 Codeine Phosphate tablets prescribed for a person living at the home but discontinued some time ago were also found in the drug trolley. The medication was not recorded on the MAR sheet. A senior carer confirmed that this medication should have been returned to the chemist but had been overlooked. There

were also some controlled drugs which should have been returned to the chemist for safe disposal.

Staff must therefore be more vigilant when managing medication so that people living at the home can be confident that their medication is being stored, administered, and disposed of appropriately.

Only senior care staff that have undergone training are allowed to help people with their medicines. One of the senior care staff on night duty has left and on certain nights of the week there is no one on night duty trained to help people with their medicines. This means that people that on these occasions people are given their night medication before the day staff go home which may not be appropriate to their needs. It also causes problems if people want medication during the night because they have to wait for the "on call" senior carer to get to the home. The acting manager told us he was in the process of recruiting a new senior carer for night duty to resolve this problem.

When we looked around the home we saw that some people's personal clothing was not named. This means that people may not always get their own clothes to wear and this comprises people's dignity. This was discussed with the acting manager. He told us he had already identified this and had purchased labels to make sure everyone's personal clothing is clearly named.

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. 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.

People enjoy their meals.

EVIDENCE:

There is a list of weekly activities on display within the home. Activities include reading, board games, music and movement, memory cards and films shows every Saturday and Sunday afternoon.

The provider confirmed that the home had recently established a good relationship with a local junior school (before the new manager started) and some pupils had spent an afternoon at the home, entertaining and spending

time with the people living there. The home is now looking to contact other community groups in the area with a view to giving people living at the home more opportunities to join in community based activities.

When we were looking around the television was on in one of the lounges with the volume turned down and there was music playing. This can be confusing for people as the music and images do not relate to each other. We talked to the acting manager about this and he turned off the television.

During the course of the visit we had the opportunity to have a brief discussion with the cook. He had a good understanding of people's dietary needs and catered for them accordingly. The manager and cook are currently looking at introducing a new menu taking into account people's likes and dislikes. We talked to the cook about the presentation of food for people who require a pureed diet. He agreed to puree each component of the meal separately. This will help people to enjoy the different tastes and textures of different types of food.

We had lunch with people in the main dining room and the food served was good both in quality and presentation. People told us they enjoy the food. People's relatives are able to have meals at the home; one person told us she has lunch with her husband twice a week.

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

There are suitable systems in place to make sure that complaints are taken seriously and acted on and to make sure that people are protected.

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 home told us they have had 2 complaints since the last inspection in March 2009. The complaints and the outcome were recorded.

The acting manager told us he is familiarising himself with the local safeguarding procedures. The local authority provides training for home managers on safeguarding and he told us he is booked to attend this.

We received some concerns about the service since our last inspection. The acting manager is working with the local safeguarding unit to address these concerns.

Staff working in the home have received training to make them aware of their responsibility to make sure people are protected.

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, 24 & 26

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

The home is clean and comfortable. However, improvements are needed to make sure it provides a pleasant and suitably equipped place for people to live.

EVIDENCE:

The home was clean when we visited and with the exception of one bedroom was free of unpleasant odours.

The communal rooms are in need of refurbishment. They are decorated in dark colours which combined with the low ceilings makes them feel slightly

claustrophobic. The acting manger told us he had already identified this and was working on an action plan with the owner. In both lounges the chairs are arranged around the wall which creates a somewhat institutional environment and does not encourage social interaction. This was discussed during the visit. The lighting in some of the communal rooms, particularly the middle dining room is inadequate. One person living in the home commented on the poor lighting in the dining room. This was discussed during the visit.

The home has a designated smoking room. This room is in need of decorating. The floor covering is covered in cigarette burns and there were no metal ashtrays. This was discussed during the visit. The owner confirmed that a heat detector is fitted in the smoking room.

The home has an enclosed yard at the back. There are a few old pieces of garden furniture and other items around but generally the area is in a state of neglect. General waste and clinical waste bins are stored in this area and there is also a green house. The grounds are secure with a high fence surrounding the entire building. This in part contributes to the lounges being dark as the fence is close to the building at the front of the property.

The surface in the yard is uneven and therefore it is not safe for people to walk around unaccompanied. This needs to be dealt with so that people are able to be outside without staff if they want to.

When we looked around we identified some maintenance issues and these were discussed. For example the fan in the ground floor bathroom was broken and the radiator guard was loose. More attention should be given to making sure that maintenance work is carried out to an acceptable standard, for example in one of the lounges we saw that expanding foam had been used around a socket and was left exposed.

The door at the top of one flight of stairs opens with a weight and pulley mechanism. This makes the door very difficult to open and if the door is let go before it has been secured it slams shut with some force. This could cause a serious injury to anyone standing in the doorway. This was discussed with the owner and he agreed to rectify it immediately.

People's bedrooms are suitably equipped and we saw that most people have personal belongings such as ornaments and photographs in their rooms. Locks are fitted to the bedroom doors and the acting manager told us that people can have a key if they choose to. The bedrooms are kept locked during the day. The acting manager said this has been agreed with people living in the home and/or their representatives and is to prevent people wandering in and taking or disturbing people's belongings. The home does not have a master key to give staff access to rooms in an emergency. There is a spare key for each room but this means staff have to go to the office to get the spare key. This is not acceptable as it could cause unnecessary delay in the case of

emergency. The acting manager said he had spoken to the owner about providing a master key.

There are call bells throughout the home in toilets, bathrooms and bedrooms. However, we did not see any with leads attached; this means that if someone fell they would be unlikely to be able to reach the call bell to summon help. This was discussed during the visit.

We identified some concerns about the systems used to reduce the risk of cross infection. For example incontinence products are not being double bagged for disposal and there were no red bags to separate contaminated laundry. This was discussed and the acting manager said he would deal with it.

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

There are not always enough suitably trained staff on duty to meet people's needs.

People are protected because the home carries out all the required checks before new staff start work.

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 was no housekeeper on duty. The home told us there are usually 3 care staff on duty during the day and 2 at night.

The duty rotas have been changed and now show the actual hours worked which make them easier to understand. The duty rota for the Saturday following our visit, 22/08/09, showed that there were only going to be two care assistants on duty all day. There was no senior carer on duty at all on that day. A senior carer told us she was going to come in to give out the

medication and the manager confirmed that he was still trying to cover the afternoon shift. The rotas also showed that on some nights there is no senior carer on duty. The acting manager told us he is in the process of recruiting a new senior carer for night duty; he is waiting for all the pre-employment checks to be completed.

A discussion was held with the manager regarding maintaining at least minimum staffing levels and making sure that there was a senior carer on duty at all time when the manager is not in the home.

We looked at the file of one new member of staff. This showed that all the required checks, including two written references, PoVA (Protection of Vulnerable Adults) and CRB (Criminal Records Bureau) checks had been completed before the person started work.

The acting manager told us he is a qualified trainer. He is introducing a new induction programme for new staff which will meet the Skills for Care Standards. These are nationally agreed standards designed to make sure new staff get the knowledge and skills they need to care for people properly. He said he will be reviewing the induction training for existing staff.

The acting manager said he is in the process of developing a training matrix so that he can identify what training staff have had and what they need. For that reason we were unable to confirm the numbers of staff who have achieved an NVQ (National Vocational Qualification) at level 2 or above.

The acting manager has started to have supervision meetings with staff so that he can identify what training and support they need.

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, 33, 35 & 38

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

More needs to be done to make sure that people experience good quality outcomes across all areas of the service and the new manager is clearly committed to achieving this.

EVIDENCE:

Since the last inspection in March 2009 the home has appointed a new manager. He had been in post for 4 weeks when we visited. This is his first position as a home manager however he has several years experience caring for older people and people with dementia. We discussed the need for him to

apply for registration with the Commission so that there is someone legally responsible for the day to day running of the home and so that people know the home is being managed by suitable person.

The home has not had a registered manager since July 2008. They have had a succession of managers come and go and this has been unsettling for people living and working in the home. It is hoped the new manager will give the home some stability and provide clear leadership which will enable the home to move forward and improve outcomes for people.

Staff and people spoken with said that the manager was approachable and things had improved since he had arrived.

The main and only office space in the home is situated in the main entrance hall. The space is very limited and as this is the only way into the home there is a constant flow of visitors passing through this area. The acting manager confirmed that it was a difficult situation but the only alternative is to move the office to the lower ground floor, which he was reluctant to do.

The home had a meeting for people using the service in February 2009. The acting manager told us he is planning to have meetings with people using the service but has not yet organised these.

When we visited in March 2009 we found that the home had sent surveys to people using the service. The manager at that time planned to analyse the responses and give feedback to people about the comments and suggestions made. This was not discussed during this visit.

At the inspection in March 2009 the home told us they hold small amounts of money for people. Records are kept of all transactions and receipts are obtained for all purchases made on people's behalf. This was not looked at during this visit.

We looked at a selection of maintenance records and they showed that equipment and installations are maintained and serviced at the required intervals.

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	
Standard No	Score
1	2
2	X
3	2
4	X
5	X
6	N/a

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	3
9	2
10	2
11	x

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	x
18	3

ENVIRONMENT	
Standard No	Score
19	2
20	2
21	x
22	x
23	x
24	2
25	x
26	2

STAFFING	
Standard No	Score
27	2
28	2
29	3
30	2

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	2
32	x
33	3
34	x
35	3
36	x
37	x
38	3

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.	OP3	14	<p>A comprehensive assessment of people’s needs must be carried out before they move in.</p> <p>So that the home can demonstrate it has the right skills and resources to meet people’ needs and so that people can be confident the home will be able to meet their needs.</p>	13/11/09
2.	OP9	13(2)	<p>There must be suitable arrangements in place to make sure medicines are managed safely. This includes</p> <ul style="list-style-type: none"> • making sure there is always a trained person on duty to help people with their medicines • making sure that records are up to date and accurate and • making sure that medicines that are not longer in use are disposed of promptly. 	13/11/09
3.	OP19	13(4)	<p>Appropriate action must be taken to provide an alternative method of opening and closing the door at the top of the stairs referred to in the main body of</p>	16/10/09

			this report. This is to reduce the risk of injury.	
4.	OP19	23	The Commission must be provided with a detailed plan, including timescales for the refurbishment of the building. To make sure people are living in a pleasant and suitably equipped environment.	13/11/09
5.	OP27	18	There must always be enough suitably trained and competent staff on duty to meet people's needs.	16/10/09

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.	OP10	People's personal clothing should be clearly identified to make sure people can wear their own clothes.
2.	OP19	Call bells should have leads attached so that people can have easy access to them in case of emergency.
3.	OP24	A master key for the bedroom doors should be available so in the case of an emergency staff can get access to rooms without undue delay.
4.	OP26	More attention should be given to making sure that control of infection procedures are followed to reduce the risk of cross infection.
5.	OP31	The acting manager should apply for registration with the Commission within 6 months of his appointment so that people can be confident that home is managed by a suitable person.
6.	OP33	The home should continue to provide the Commission with updates on their progress on improvements to the service.



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