



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Holmer Court

**Attwood Lane
Holmer
Hereford
Herefordshire
HR1 1LJ**

Lead Inspector
Philippa Jarvis

Unannounced Inspection
9th & 10th February 2009 08:45a

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Holmer Court
Address	Attwood Lane Holmer Hereford Herefordshire HR1 1LJ
Telephone number	01432 351335
Fax number	
Email address	showard@ashberry.net
Provider Web address	
Name of registered provider(s)/company (if applicable)	Ashberry Healthcare Ltd.
Name of registered manager (if applicable)	Ann Comer
Type of registration	Care Home
No. of places registered (if applicable)	32
Category(ies) of registration, with number of places	Dementia - over 65 years of age (32), Old age, not falling within any other category (32)

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 9th January 2008

Brief Description of the Service:

Holmer Court is a large Georgian house with modern extensions, situated on the outskirts of the city of Hereford. It is registered to accommodate up to 33 older people whose care needs may arise from frailty due to the ageing process or a dementia illness. All rooms are single, apart from one, which is shared by two people. Twenty rooms have en-suite facilities. There are a range of communal rooms, a new conservatory and good-sized gardens that are accessible for service users.

Ashberry Healthcare Ltd bought the home in July 2006.

The current weekly fees are between £480 and £505 a week.

SUMMARY

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

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

We spent a day and a half at Holmer Court where we talked with people who use the service, their visitors, the manager and some staff. We also looked at some records, including some that relate to the care of people who live in the home.

The service completed an Annual Quality Assurance Assessment (AQAA) form before we visited. This is a self-assessment that focuses on how well the service is meeting the outcomes from the national minimum standards. We used this information in planning the inspection and some of the manager's comments are included in this report.

We also received some completed survey forms from people who live in the home, from staff and from health and social care professionals who work with the home. The information from these helps us to understand how well the home is meeting the needs of the people who live there.

What the service does well:

Holmer Court provides a homely and friendly environment for people to live in. There is written information available to help people decide whether the home provides the right facilities and environment for them to move in. The home welcomes visits from prospective residents and their families to help them make up their minds. Visitors are welcome to visit the home at any reasonable time.

Residents were well presented and their personal appearance was clean and suitable. We found that the way the home meets people's health care needs is well developed and visiting professionals are confident that their health care needs are met. Care is taken to ensure safe management of their personal monies.

The home provides a varied menu of nutritious home-cooked food. The home has achieved a rating of "very good" for food safety from the local Environmental Health Department.

Staff are kind and respectful and people who use the service speak highly of the way that the staff care for them. There are sufficient staff, care and ancillary, on duty both day and night to ensure that the needs of the people living Holmer Court can be met. Staff working in the home, including care and ancillary staff, are encouraged to take formal training in working with people with dementia illnesses. This helps to make sure that all people in contact with the residents understand issues relating to dementia and how to deal with them. Staff recruitment is carried out in a way that helps to ensure suitable people are employed to work with the residents.

The home is well maintained and provides a homely, comfortable, clean and hygienic environment for people to live in. The gardens are enclosed and provide a pleasant and safe environment for people who like to go outside. Care is taken to prevent the spread of infection in the home.

The management of the home promotes the health and well-being of the people who live there. There are regular checks, tests and servicing of equipment and facilities.

There is a clear complaints procedure displayed in the hall and available for people who live in the home and their families to use.

What has improved since the last inspection?

The manager is now registered with us, The Commission for Social Care Inspection. She has also appointed a deputy manager to take responsibility for the running of home in her absence. There have been a number of staff changes but there is now a stable staff team.

The home has improved its methods of keeping a record of the daily personal care that the residents have received. They are also more careful to record peoples' weight on a monthly basis.

An activities organiser has been appointed and there is now a daily programme of activities. Many residents appreciate these.

Some changes have been made to the premises. A conservatory has been built, a new entrance created for visitors to the home, which is close to the

manager's new office and there has been continued upgrading of rooms when they become available. A new bedroom has also been created.

What they could do better:

Whilst the home carries out an assessment of peoples needs before they move in to the home this could be undertaken to a higher standard, which provides more detail so that it forms the basis of an initial care plan. The care plans continue to need development so that they provide clear guidance about how the carers should work to meet each persons care needs in a way that is individual to them. They also need to ensure that care plans and risk assessments are reviewed regularly and updated so that the guidance in the care plans is up to date. The home needs to find a way to ensure that the daily recording is more comprehensive.

We had some concerns about the management of external applications to peoples skin and have made a requirement about this.

Whilst there is a programme of staff training which has been ongoing over the last year there remain some areas of training that some staff need to complete to help ensure the health and safety of the residents. This includes aspects such as first aid and, moving and handling and fire safety.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

CONTENTS

Choice of Home (Standards 1-6)

Health and Personal Care (Standards 7-11)

Daily Life and Social Activities (Standards 12-15)

Complaints and Protection (Standards 16-18)

Environment (Standards 19-26)

Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

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.

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

1,3 & 5.

Quality in this outcome area is **good**.

There is written information available to help people decide if they wish to move into Holmer Court. They are also welcome to visit the home to help them make up their minds about whether it is the right home for them to live in.

This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

We received surveys from ten residents in the home and seven of these told us that they had been given enough information to help them make a decision about whether they wished to live in Holmer Court. The home has a brochure pack that is sent to people who are expressing an interest. This provides them with information about the home and details about the fees. The manager told us that people are invited to look round and spend some time in the home

before they come to live there. In addition there is a Service User Guide, which provides more information, and we saw a copy of this in each bedroom that we visited.

We found a care needs assessment in each file that we examined. The format for this covered the areas set down in the national minimum standards and had been completed before the person was admitted. We found the content of the information limited. In the AQAA, the home told us that this is carried out in the persons own home with family members and social workers present if possible.

A visitor to the home told us that they had been able to look round before their mother had been admitted and that they had been made very welcome. We were told that prospective residents are invited to come and look round and to spend the day in the home so they can see whether they think the home is suitable for them. When people move in it is always on a month's trial basis so that they can decide whether they like Holmer Court and the home can confirm that they can meet their needs.

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.

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

7, 8, 9 & 10.

Quality in this outcome area is **adequate**.

People living in Holmer Court feel well looked after by the staff and have their health care needs attended to. The care planning practice that underpins the provision of reliable and consistent care needs to continue to develop. This will help to ensure people's care needs are fully identified and appropriate guidance provided for care staff at all times.

This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

We looked at the files for three people who live in Holmer Court. They each contained a plan of care. We found that the guidance in the care plans was limited and not well personalised. For example two files we read said that the resident needed one carer to assist them with personal care but gave no indication of type of assistance needed. We did not find evidence that people are consulted about the way that their personal care is delivered.

The AQAA indicated that the plans are audited on a monthly basis. We did not find evidence that the plans are reviewed monthly and the guidance provided in some areas was out of date. For one resident the care plan, which was some months old, said she had no pressure sores although this resident did have one. The care plan also gave no guidance as to the management of this residents pressure area care needs. In practice the home had actually taken appropriate steps to manage this including use of pressure relieving equipment, involvement of the district nurse and regular moving and turning. There were risk assessments in the files but there was lack of information about when they had been written or whether they had been reviewed.

We found that the daily recording was supposed to be done on the back of the care plan but frequently the only place where events were recorded was in the handover notes, where information about all residents was detailed and was therefore not held in a way that was confidential to them as an individual. The detail was limited. We sat in on a handover between staff and found that the information exchange was verbally well detailed with care being taken to ensure that staff knew what had happened to each individual resident since the last shift that they were in the home.

The home is visited weekly by a GP who sees all residents in need of attention at that time. The home is also able to contact the persons own GP at other times. We were able to speak with the visiting GP and a visiting district nurse both of whom confirmed their satisfaction with the approach of the home to the management of the health care of the residents. In their surveys three visiting professionals confirmed their confidence in the approach of the home to meeting peoples needs.

We looked at some aspects of the management of the administration of medication. The home uses a separate notebook to record the application of creams to residents. We found that there were times when cream should have been applied but a record had not been made of this activity, so we could not confirm that this had happened. We looked at the file for one person where particular skin care problems had been identified but there was no guidance about this in her plan of care or evidence of regular application of the cream. A visiting pharmacist came to carry out an audit of practice in the home whilst we were inspecting and reported his satisfaction with the standards in place. When looking round the home we saw tubes of prescribed cream in a resident's room. This was not stored safely and therefore posed a potential risk.

The residents were all well presented throughout the day. Their clothes and personal appearance was clean and suitable. The home keeps a record of the personal care provided for each person so that it is possible to confirm when they last received attention.

We saw that the staff treated residents with kindness and respect throughout the inspection. We spoke with residents and their visitors and they told us that they found the staff very helpful.

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.

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

12, 13, 14 & 15.

Quality in this outcome area is **good**.

The home provides a range of activities for people to take part in. There is a varied range of nutritious food provided for the residents.

This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

There is a member of staff with responsibility for arranging activities and a programme of in house activities and external events is displayed in the entrance hall. There is also a display of photographs of some events that residents have taken part in. The organiser has not yet taken training in provision of activities but is hoping to do so. In their surveys most residents told us that there are always activities, although two said these were only sometimes available. A health care professional also commented on this area of practice, "Always ensure they have activities on offer, Mon-Friday." The home have regular outside entertainers who come in and they try to involve families on these occasions.

The home has a form that it gives to families so they can provide them with information about the person's family background and preferred interests and activities. Further good practice would be for the home to develop the care plan to include information about each person's preferences so that carers are provided with guidance about how to meet their needs in this area, even if it is only about preferred television programmes. The home keeps a record of activities that each person has taken part in. Those we read showed no evidence of one to one opportunities. The home accommodates a several people with dementia illnesses and staff would benefit from training in the provision of activities for people with these illnesses.

There is a large enclosed garden that is a particular feature of the home and enjoyed by residents. Some had been out in the recent snow and there were photos on display of residents building snowmen. The maintenance man told us that he has plans to create raised beds so those with restricted mobility can garden there easily if they wish.

Visitors feel welcome at Holmer Court and say they can visit there at any time. They said that the home communicates well with them and that the manager is always approachable to talk about any issues.

The menus are displayed in the dining room and show that the meals are based on traditional home cooking. We spoke to the cook and she told us that she has trained in the dietary needs of older people. She demonstrated an understanding of their dietary needs and how to promote healthy eating. There was a bowl of fresh fruit available close to the dining room for people to help themselves. Those spoken with and those who sent surveys told us that they enjoyed the food provided. There is a choice of food at breakfast including cooked items. There is no choice at lunchtime although residents can request an alternative to the main meal if they prefer. Three courses are provided at teatime for residents to choose from; one of these is always a home-prepared soup, which appeared very popular. There are a number of residents who have a soft diet or who need assistance. We saw that this was provided discreetly. The meals we saw looked appetising and the dining room environment was pleasant and well presented. Drinks were provided at regular intervals throughout the day. The home carries out a nutritional assessment on each resident. Care needs to be taken that these are reviewed on a regular basis. They are careful to take peoples' weight each month and a record is kept of this. At the last food hygiene inspection from the environmental health department food safety in the home was awarded a four star rating of very good.

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.

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

16 & 18.

Quality in this outcome area is **good**.

Residents and relatives know how to raise any concerns and feel confident that the staff will listen to them and take any necessary action to put things right. There is a safeguarding policy in place and staff have received training in how to help protect residents from risk of harm or abuse.

This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

Each resident is given information about the homes complaints policy and there is also a copy by the front door. There is also a book in which visitors to the home can record both positive and negative comments. Those we read were all positive about recent entertainment in the home over the Christmas period. In their surveys eight to of eleven of the residents all said they would know how to make a complaint. The home has not received any complaints during the last year and no one has contacted us with concerns about the care of the residents. Visitors spoken with said they would have no hesitation raising concerns with the manager but that they had not had any need to do so.

The home ensures that staff receive training in how to protect vulnerable people from abuse. Staff we spoke to said they would not hesitate to report to

the manager if they thought that someone was being abused or neglected. The home has a whistleblowing policy.

We examined three staff files and found that the recruitment had been carried out in a way that ensured appropriate safeguards were in place to help prevent the home from recruiting staff who were unsuitable to work with vulnerable people. Another service had raised concerns with us the Holmer Court has not itself always provided references in a timely manner to assist their recruitment process.

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.

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

19 & 26.

Quality in this outcome area is **good**.

The home provides a homely and comfortable environment for the people who live there, where there is continued attention to upgrading the premises. It is kept clean, warm and hygienic.

This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

The home is situated on the outskirts of Hereford city. The front of the building is on the roadside and car access is unsightly. Consideration is being given to upgrading this area. There are large, accessible and secure gardens to the rear. These form a particularly pleasant feature of the home.

We looked round some areas of the residents' accommodation within the home and found that it was well maintained, warm, clean and smelled fresh. Residents and their visitors confirmed that the home was always kept clean. There are domestic staff on duty each day. The domestic we spoke with expressed the view that they are able to keep the home clean and fresh with the level of staffing that they have in place.

We found that there has been continued upgrading to the premises. In the AQAA the home reported that it is continuing to upgrade all areas of the home and that there is a programme for renewal of furniture and bed linen. The home has recently built a conservatory that provides an extra room that is valued by visitors when they wish to speak more privately or for small parties to celebrate a special occasion. There was no call bell in this room for people to summon assistance in the event of need. The communal rooms are bright and pleasant. There were no lamps to provide backlighting to aid residents vision for reading, knitting etc.

The office has been relocated and there is now a well-presented reception area. There is a full time maintenance person who deals with routine maintenance as well as ongoing repairs. Bedrooms are redecorated each time they become available.

All but one bedroom is for single occupancy. We looked in some bedrooms and found that these were well personalised to the residents choice and provided a comfortable individual room for them. The home aims to provide smart door signs in large print for each person to help them identify their room.

The shared bathrooms and toilets that we inspected were all clean. They had grab rails, bath hoists and some had space for disabled access. They were all fitted with paper towels and liquid soap and alcohol gel, which is good infection control practice. We could not see a thermometer in one bathroom but we did see a record of the temperature of the bath water. Water temperatures are regulated, regular checks are undertaken and a record kept of these. In addition all the radiators we saw were guarded or have a low surface temperature. In the recent upgrading the home removed one of the toilets that was close to the communal rooms. At one point we saw that someone had to queue to use a toilet. Consideration should be given as to whether additional toilet facilities can be provided in proximity to the communal areas.

When we arrived in the morning we saw that there were items of dirty clothes and linen on the floor of the laundry. This constituted an infection hazard. Later in the day all dirty laundry was in containers. A number of staff have attended training in infection control. The laundry is internal within the home and is hot and steamy for people to work in.

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.

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

27, 28, 29 & 30.

Quality in this outcome area is **good**.

There are sufficient staff to meet the needs of the people who use the service and people can be confident that they are kind and caring. Staff receive training but there are some shortfalls in health and safety related training that might place residents at risk of harm.

This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

Staffing rotas showed that there were clear staffing arrangements in place. On the day of inspection there were five care staff on duty in the morning, four in the afternoon and three overnight. At all times one person was designated at a senior level. In addition there was a cook, kitchen assistant and four housecleaning staff. The manager, administrative assistant and maintenance man were also on duty. People who use the service told us that most of the time there were staff available to assist them and the staff also said that they thought the staffing levels were satisfactory to meet the needs of the residents.

We talked to members of the staff team and they told us that they enjoy working in Holmer Court. The residents and their visitors told us that they liked the staff and that they found them kind and helpful.

We examined three staff files. These showed that the recruitment procedures were appropriate and that the right checks and references were taken up before staff started to work with the residents. This helps to ensure that unsuitable staff are not employed at the home. In the AQAA the manager told us that she would like to recruit more male carers so that male residents can request same sex care.

After recruitment new staff follow a structured induction programme. We were told that this follows the expected standards. New staff also undertake a period of shadowing the work of experienced staff so that they get to know the residents and how to meet their care needs. We did not see evidence that staff had completed their induction training or of the shadowing that they had completed. We spoke to a new staff member and she told us that she found the support and guidance that she received at this time was appropriate. There is also a staff training programme that sets out the training the home expects all staff to complete. Whilst there has been a significant amount of staff training that has taken place there are some gaps that need to be addressed. For example not all staff have received the expected training in fire safety, first aid and moving and handling. These are key areas and shortfalls in staff knowledge could place the residents at risk.

The home tries to ensure that all staff train in dementia so that they understand how to meet the needs of the people living there. The manager is hoping to take a diploma in dementia care.

In the AQAA the home indicates that it intends that all staff will have or be working towards an NVQ relevant to their skill needs during the next 12 months.

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.

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

31, 33, 35 & 38.

Quality in this outcome area is **good**.

The home is managed in a way that promotes the health and well-being of the people who use the service.

This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

The manager has been registered in this capacity since the last inspection. She has taken appropriate training in management and care to equip her for this role. She has also appointed a deputy to support her and to take charge in her absence. Together with team leaders to lead each shift there is an appropriate senior team in the home. They are supported by the Operations

Manager for Ashberry Care Ltd, who visits on a regular basis and who writes a report each month to report to the board on how the service is performing. Copies of this are held in the home.

The manager demonstrated that she has the knowledge and understanding to manage the issues affecting the people who use the service.

The home carries out quality monitoring by sending out surveys to three residents and three staff four times a year. They audit the information they receive. We read the last set of forms that were returned and they were positive. The manager also audits other practices/occurrences in the home for example there is a monthly audit of the accident log.

There is an administrative assistant. She showed us that personal monies for the residents we case tracked were dealt with accountably and there were full records to demonstrate this. Residents' monies have been consistently managed carefully within the home and this system now in place creates an improvement to a previously accountable system. The home does not encourage residents to keep money on the premises and their representatives are sent an invoice for items purchased on their behalf.

There is some staff supervision taking place and staff have received annual appraisals. We saw records of this in the files we examined. There were also records of the supervisory process that is continuing to develop.

Equipment in the home is regularly serviced and the home employs a maintenance man to carry out minor repairs. He also deals with routine health and safety checks and tests. We examined some records, such as the fire log and checks on water temperatures and found that they had been done regularly for the home to confirm that these aspects of the service were safe for residents.

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	3
2	X
3	2
4	X
5	3
6	X

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

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	4
14	3
15	3

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

ENVIRONMENT	
Standard No	Score
19	4
20	X
21	X
22	X
23	X
24	X
25	X
26	3

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

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	3
34	X
35	4
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	OP7	17(1)	The home must set up a system where significant daily occurrences for people who live in the home are recorded. This must be reliably recorded each day in a way that keeps each persons information confidential. This will provide clear information for the home to refer to.	28/02/09
2	OP9	13(2)	The home must ensure that prescribed creams are applied and that the application is recorded on each occasion. This will ensure that people who live in the home are receiving the treatment they need.	28/02/09
3	OP9	13(2)	The home must ensure that all prescribed medication, including creams, is safely stored. This will help to prevent the risk of them being used or ingested inappropriately by people living in the home.	28/02/09
4	OP30	13(4)	The home must ensure that there is a member of staff trained in First Aid who is on duty at all times. This will ensure that people who use the	30/03/09

			service receive appropriate attention in the event of an accident.	
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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	OP7	Care plans should be reviewed by care staff at least monthly, and updated, so that they reflect peoples changing needs and provide up to date guidance to staff about the care to be provided.
2	OP7	Care should be taken to ensure that the guidance provided in care plans is well personalised and precise enough, so that staff have clear information about what they need to do to provide the right care.
3	OP9	The home should consider whether to reinstate formal administration of medication charts for the application of creams. This will help to create a record that will reliably inform the service that the application has been made on each occasion.
4	OP30	The home should have a system of training set up so that it ensures that all staff receive the training they need in a timely manner to ensure they are able to deliver safe and appropriate care.

Commission for Social Care Inspection

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