

Key inspection report

Care homes for older people

Name:	Royd Hill Nursing Home
Address:	Royd Hill Nursing Home Sutton Lane Sutton in Craven Keighley West Yorkshire BD20 7AJ

The quality rating for this care home is:	one star adequate 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:
Bridgit Stockton	0 6 0 8 2 0 0 9

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

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

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

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

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

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

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

Copies of the National Minimum Standards – Care Homes for 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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Information about the care home

Name of care home:	Royd Hill Nursing Home
Address:	Royd Hill Nursing Home Sutton Lane Sutton in Craven Keighley West Yorkshire BD20 7AJ
Telephone number:	01535633499
Fax number:	01535636668
Email address:	roydhill1@googlemail.com
Provider web address:	www.roydhill.co.uk

Name of registered provider(s):	Royd Hill Nursing Homes Ltd
Type of registration:	care home
Number of places registered:	46

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	46	0
mental disorder, excluding learning disability or dementia	10	0
old age, not falling within any other category	0	46
Additional conditions:		
The maximum number of service users who can be accommodated is: 46		
The registered person may provide the following category of service only: Care home with nursing - Code N, 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; Mental Disorder, excluding learning disability or dementia - Code MD (maximum places 10)		
Date of last inspection	2	6
	0	2
	2	0
	0	9
Brief description of the care home		
Royd Hill is a care home providing nursing care for up to 46 service users who have general nursing care needs, dementia and mental illness and those who are terminally ill.		

Brief description of the care home

The original building, which is in stone, circa 1900 was a Mill owners dwelling and an extension was built on about fifteen years ago. The accommodation is on three floors, including the basement and there is a vertical lift to facilitate level transfer to all of them and a stair lift from the ground to first floor is also provided.

The home is located in Sutton-in-Craven and is situated in well-laid out private grounds with ample parking facilities for visitors and staff.

The fees charged on the 26th February 2009 was from three hundred and ninety two pounds seventy four pence to five hundred and eighteen pounds twenty pence.

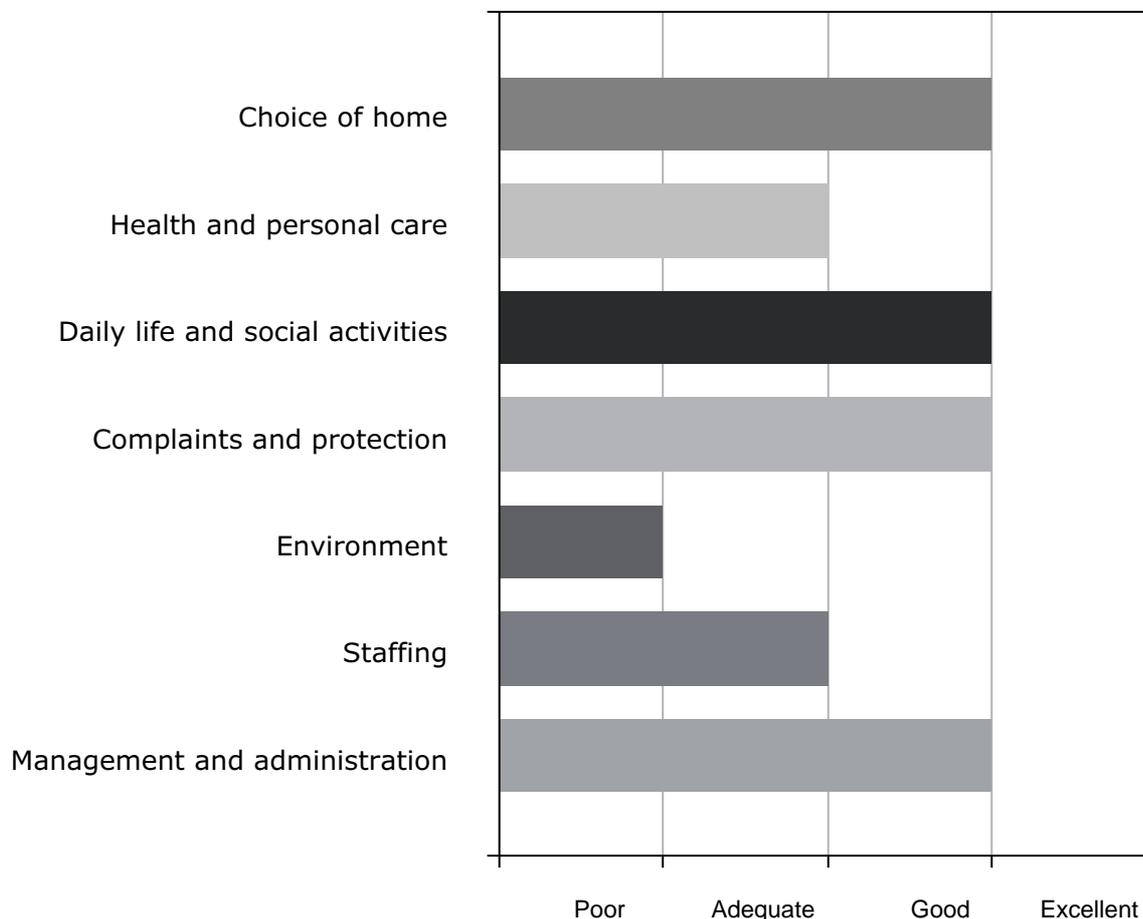
Summary

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

The quality rating for this care home is:

one star adequate service

Our judgement for each outcome:



How we did our inspection:

The purpose of this inspection was to assess the quality of the care and support received by the people who live at Royd Hill Nursing Home. Two inspectors visited the home and the inspection lasted seven hours.

The methods we used to gather information included a visit to the home, conversations with the people who live there, their relatives, healthcare professionals and the staff. Earlier in the year the home had also completed an annual quality assessment audit. This gives us a lot of information about the home, including what changes and improvements have been made since the last inspection and what is planned for the home in the forthcoming year.

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 care home does well:

People are properly assessed now before they move into the home. This is to make sure that the home has the resources, equipment and skilled staff to meet people's needs.

People told us that they enjoyed the activities that are provided at the home, the program was varied and catered for most people's interests. Activities included painting, baking, bingo, and trips out. Musical entertainers also visited the home. People told us that the food was very nice and well cooked. The menu was nutritious and there was a good choice offered to people and special diets are catered for.

The staff are properly trained in caring for people and everyone we spoke to told us that staff were very kind and compassionate.

What has improved since the last inspection?

Since the last inspection the manager has worked hard to improve the service and facilities that are offered at Royd Hill. Several bedrooms and some communal areas have been redecorated and a communal bathroom has been refurbished. Two new aquariums have been bought for people to enjoy along with a new television and DVD player for the lounge.

Peoples care plans have been reviewed and amended and risk management strategies are now recorded properly.

Staff are now recruited properly and training has been given to staff in protecting people from abuse, infection control, moving and handling and fire and rescue procedures.

The manager has introduced a quality assurance system, in which surveys are sent to people who use the service and their relatives. She told us that she listens to what people have to say about the service and acts upon suggestions that she thinks may improve the service people receive at Royd Hill.

What they could do better:

Whilst the manager has made a lot of improvements in the home further work is required in the following areas:

The manager needs to look at everyone's care plan to make sure that they give clear guidance and directions to care staff about meeting people's needs. She must review in particular the way in which wound assessment and management is recorded.

The medication recording and administration systems need to be improved, to make them accurate and to assist with the auditing of stock. Staff need further training to make sure they follow the home's policies and procedures, to ensure they know how to deal with people's medication properly and safely.

Staffing levels in the dementia care unit need to be reviewed so that people are kept safe and are properly supervised at all times.

The provider must improve the hot water system at the home to ensure that every bedroom has an adequate hot water supply.

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

People are provided with sufficient information about the home and can be confident that their needs are assessed before admission, to ensure that their care needs can be met by the home.

Evidence:

We discussed with the manager the assessment process that is used to obtain information about people who would like to live at Royd Hill. She told us that she would normally visit the person, either in hospital or at home, and carry out an assessment. The assessment helps to make sure that the home can offer the resources, staff and a safe environment for the person to be cared for properly. During the inspection visit the files of three service users were examined. All were found to contain information gathered prior to that person's admission to the home.

One person told us that the manager had visited them in hospital and had taken a brochure about the home for them to look at. Another person who had recently been

Evidence:

admitted to the home told us 'Cath (the manager) came to see me in hospital, she came to tell me all about this place.'

At the last inspection we asked that the information that is available for people to read about the home be updated and reviewed. The manager has now done this. On the whole all the information that is required was available and helps people decide if Royd Hill is somewhere they want to live. The manager needs to keep this information up to date and review it on a regular basis.

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

People's care needs are generally being met. However, care planning documentation and medication record keeping need improving further, to ensure that people's identified needs are being met and people are kept safe.

Evidence:

At the last inspection we asked the home to improve on how people's care was documented. During this visit we looked at three care plans. The recording had improved and we could see that people were in receipt of individual planned care. Staff were writing up daily events and altering the care plans when people's care needs changed, to reflect the care they were receiving. The plans still need further improvement and the manager was aware of this. For example one person had returned to the home after a stay in hospital. During the hospital admission they had developed a pressure sore. The manager reported to us that following return to the home the wound had greatly improved. Whilst the care plan contained documentation relating to the wound it had not been dated. In addition there was no record of any wound measurements which makes the progress of the wound healing difficult to evaluate accurately.

Evidence:

We looked at how people's medication was looked after by the home. In some cases the amount of tablets did not tally with what the medication administration record told us. It appears that sometimes when new tablets arrive for people the amount is not entered into the record. This makes the auditing of tablets difficult and means that the records do not reflect the correct amount of medication that is being held for the person. At the previous inspection we asked that when a person's medication is altered the person making the changes to the medication record should get these changes witnessed by another staff member to avoid errors. Staff were still altering records and not getting these changes witnessed.

Staff were seen to be treating people with respect during our visit. People's dignity was being maintained and protected. People we spoke to said that staff were kind and spoke to them 'nicely'. One person said 'they seem very willing to help me, they don't lose patience'.

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.

People's social and recreational needs are well catered for. Choice and independence is promoted whenever possible and a nutritious diet is provided.

Evidence:

The home had a warm and welcoming atmosphere when we visited. Visitors were in the home throughout the inspection. They all said how approachable and friendly the manager and staff were and that they were always made to feel welcome.

A varied program of activities is offered to people who live at Royd Hill. During the inspection some people were taking part in an organised baking session. The cook from the home was doing this activity and people were really enjoying themselves. Later in the afternoon the people who were baking cakes were seen enjoying eating them with a cup of tea. People told us they had been on boat trips and sometimes had outside entertainers at the home. One person told us that they did not like to 'join in ' activities, but that staff had taken time to find out what they were interested in and had provided them with magazines and a regular supply of books.

Everyone we spoke to said the food was lovely. One person said 'the choice is lovely, it's well cooked and I have no complaints about the food'. Another person said 'I think

Evidence:

we get well fed here'. A member of staff said 'I do think they do an amazing job with food. Home made cakes, smoothies and a very good variety'.

We observed the lunch time meal. The cook was helping to make 'shandies' for people, if they wanted one prior to lunch being served. If they did not want this an alternative of fresh juice, water, tea or coffee was offered. The tables were set nicely with fresh table linen. There was a choice of roast beef or smoked haddock for dinner, with bread and butter pudding for dessert. People could have their meals in the communal dining area, sat in the lounge area or the privacy of their own rooms if they wanted. Staff were available over the lunchtime period to assist people where necessary.

We noticed that people were asking what was for lunch and the cook continually repeated the menu choice. The manager should consider displaying the days menu on the tables, so people can decide what they would prefer to eat while sat at the table.

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

People can be confident that their concerns and complaints are dealt with appropriately and that safeguards are in place to protect them from abuse.

Evidence:

There are written policies and procedures in place to deal with complaints and the care staff we spoke to confirmed they were aware of any action that should be taken in the event of someone raising a concern. Staff knowledge of this helps to ensure that they are able to address any issues or anxieties of the residents, their relatives and visitors to the home. People who live at the home said they could speak to the manager or any of the staff if they had any concerns or complaints, no matter how small.

Staff told us that training had taken place in the protection of vulnerable adults and abuse. The manager confirmed that all staff were now trained and confident in the vulnerable adults procedures and the protection of vulnerable adults. Staff said they had confidence that the manager would deal with any safeguarding issues properly.

We looked at three personnel files and found that staff recruitment procedures were adequate and staff were employed and deployed only following the completion of appropriate checks.

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.

Whilst some work has been carried out within the home to improve the environment, further work is needed to make the home a cleaner, safer and more pleasant place for people to live.

Evidence:

During our visit we looked around the home. Several areas of the home have been repainted, including some bedrooms and some communal areas. We looked at some of the newly painted bedrooms and found that some of the painting was not well finished, cracks and holes in the walls had not been filled prior to painting and picture hooks and wardrobe restrainers had been painted over, rather than being removed and made good. The manager told us that some new carpets had been fitted and work had been carried out to clear moss and over grown shrubbery from a garden walkway. Sluice disinfectors have been installed to enable the proper cleaning and disinfecting of commode pans.

The manager told us that since the last inspection a new bathroom had been fitted. We looked at the bathroom. A high, short length bath had been installed, but was only accessible from one side. This made access very difficult for staff who were trying to assist anyone who was disabled. The walls had been tiled and the paint work refreshed. However, as with the other bathrooms at Royd Hill the space is limited and makes the working environment for staff very cramped, especially when specialist

Evidence:

equipment such as hoists may need to be used. In addition, the bathrooms were cluttered with linen trolleys, handling slings and continence aids. The manager said this was because storage at the home was limited.

On one of the units the shower tray was dirty and the privacy curtain was heavily stained, with both needed cleaning. A bath had been left with faeces smeared in it after use, although the manager got this cleaned immediately once it was brought to her attention. Some carpets needed cleaning and some needed replacing, because they were frayed at the joints and some had been cut away around fitted furniture that was no longer there. Both could potentially be a trip hazard and do not look pleasant.

On the day of the inspection each floor had a domestic assistant on duty. However, we found the units to be 'grubby', some toilet floors were sticky, surfaces had not been cleaned properly and soap and paper towel dispensers were empty. As in the previous paragraph some bathrooms were left dirty and some walls were stained.

The environmental health officer had recently visited the home and was pleased with the progress of the work the home had completed. Work has also been carried out to make the building safe where some asbestos was detected. The fire officer had also visited the home earlier in the week of the inspection and his report was pending. The manager said that the officer had given her verbal feedback, but did not think that there would be a lot of points to action from this visit. We looked at the systems in place for fire safety at the home. We found that the fire alarm was tested weekly, all fire fighting equipment such as extinguishers and emergency lighting was also tested and five members of staff had recently become appointed fire wardens at the home. All staff had received training in the fire and rescue procedures.

At the last inspection we were told that some bedrooms did not have any hot water. This is still the case in some bedrooms. One person told us 'I get a shower when there is enough hot water. The staff bring me a bowl of hot water on a morning so I can have a wash. No matter how long you run the hot water tap it is always cold'. This is unacceptable and people should have access to hot water to wash when ever they want. The manager confirmed that there was still a problem with the hot water in four bedrooms at the home. She said that several plumbers had looked at the situation and made some suggestions on how to put things right. The homes owner, Mr Trehan, is aware of the problem, but as yet has not stated how he wants it to be rectified.

We saw new fish tanks that had been bought for the home, along with new pictures and mirrors to make the communal areas more 'homely'. The manager said 'We have

Evidence:

purchased a TV and DVD player for the lounge, and some good films which will appeal to an older audience'. The manager and staff are trying to make the home look nicer and feel more comfortable. A lot of this work has been done using money raised for the resident's fund.

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 are recruited properly and provided with some training to help them do their jobs. However, there are not always enough staff on duty to meet people's assessed needs properly.

Evidence:

At the last inspection we asked that the staffing levels be reviewed, in particular on the dementia care unit. At this inspection staff told us they were generally happy with the staffing levels in the home, except for in dementia care unit. They said that there was normally one member of staff allocated to this unit with a 'floating' member of staff working between the general units and the dementia care unit. They reported that nearly all of the people who live in this unit require two members of staff when carrying out any personal care. They also said that people are left unsupervised in the communal lounge if the member of staff needs to be with a person who requires care or some psychological support or reassurance away from this area.

We asked if care staff had received any training in caring for people who had a diagnosis of dementia. Staff told us that they had not yet received any training, but it had been requested and they thought that the manager was looking into this for them.

Staff had received training in moving and handling, safeguarding adults and some are

Evidence:

working towards achieving a National Vocation Qualification in care.

We looked at staff files and saw that people had been recruited properly and had received an induction into the home. The manager told us that she had started formal supervision of staff. We looked at these records. The content of the supervision sessions were limited and the manager needs to consider developing these sessions further, to address practice issues and identify training needs.

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

The home is reasonably well managed. However, people who use the service would be better served if the manager of the service became registered with the Care Quality Commission and if outstanding issues were addressed more quickly by the owner.

Evidence:

The home does not currently have a registered manager. In order for the home to progress further the acting manager needs to make an application to the Care Quality Commission to become the registered manager at the home. The acting manager has made some improvements in the home and towards meeting the requirements from the previous inspection. She must continue to address the outstanding issues and build upon the progress that has already been made.

The acting manager undertakes audits on the home, in areas such as medication administration and care planning. Mr Trehan (the registered provider) also undertakes monthly visits to the home, where he prepares a written report on the progress and customer satisfaction within the home. Some of these reports were viewed during the

Evidence:

inspection. People have the opportunity to give their views on the home. Residents and relatives meetings are held and surveys are also given out. The acting manager said that whenever possible any issues raised during these meetings are resolved.

As mentioned in other outcome areas, Mr Trehan needs to consider how he is going to resolve the situation regarding the lack of hot water in some bedrooms. This has now been an outstanding problem for some time and is unacceptable. For the long term he must also look at further investment in the decor, furnishings, assisted bathing facilities and equipment at the home. For example, providing bathrooms that are practical and meet the needs of the residents and the staff who help them.

The home helps to look after some people's personal allowances. We checked some of the records and cash balances that were available. The records were found to be correct and the money was securely stored.

A selection of health and safety records and maintenance certificated certificates were looked at and were found to be up to date. This makes sure that peoples live and work in a safe place and that their health, safety and welfare is protected.

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
1	19	13	<p>The registered provider must make sure that all parts of the home are safe and kept warm and that hot water is available in people's bedrooms. Attention must be given in making the asbestos safe.</p> <p>This makes sure that people's health is not put at risk.</p>	25/05/2009
2	27	18	<p>The registered person must review the staffing rota to make sure that there are enough staff with the necessary skills to look after people properly.</p> <p>This makes sure that people's care needs are met at all times.</p>	25/05/2009

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	14	Care plans must be written in sufficient detail to ensure that the care that is been given is appropriate and can be evaluated for it's effectiveness. To ensure people are not put at unnecessary risk of harm	07/12/2009
2	9	13	Accurate records must be kept of all medications received into the home and when they have been given to people. To make sure that people receive their medications correctly and safely and the treatment of their medical condition is not affected.	07/10/2009
3	19	13	The carpets identified at the inspection that were worn of damaged need replacing In order that peoples health and safety is maintained.	08/12/2009

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
4	26	23	The home needs to be kept hygienically clean. To minimise the risk of infection to people who live at the home.	08/10/2009
5	26	23	There must be an adequate hot water supply to all hot water outlets in the home To enable people to wash and keep hygienically clean	08/10/2009
6	27	18	Staffing numbers and skill mix of staff must be appropriate to the assessed needs of the service users, the size, layout and purpose of the home, at all times. In order that peoples assessed needs can be met safely	02/10/2009

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	it is recommended that when changes are made by staff to a person's medication administration record, a second person should witness these changes and sign the record. This will reduce the risk of any error being made.
2	15	The manager should consider displaying the menu's on the dining tables to enable people to make a choice when seated about what they would prefer to eat.
3	19	It is recommended that the program of redecoration continues, but that the quality of the work is inspected to

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
		make sure that the redecoration is done to an acceptable standard.
4	21	The provider should consider a more suitable layout for the communal bathing areas, which allows easier access to the bathrooms and more space when using mobility aids and hoists.
5	26	The manager should consider the implementation of cleaning schedules, in order that they can monitor and check the cleanliness in all areas of the home.
6	30	All staff working on the dementia care unit should be trained in providing care for people with dementia.
7	31	It is recommended that the manager makes an application to the Commission to become registered.

Helpline:

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