

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	1 8 0 5 2 0 1 0

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

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

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

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

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

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

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

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

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

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

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	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
Name of registered manager (if applicable)	
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	0	8	0	3	2	0	1	0

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.

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.

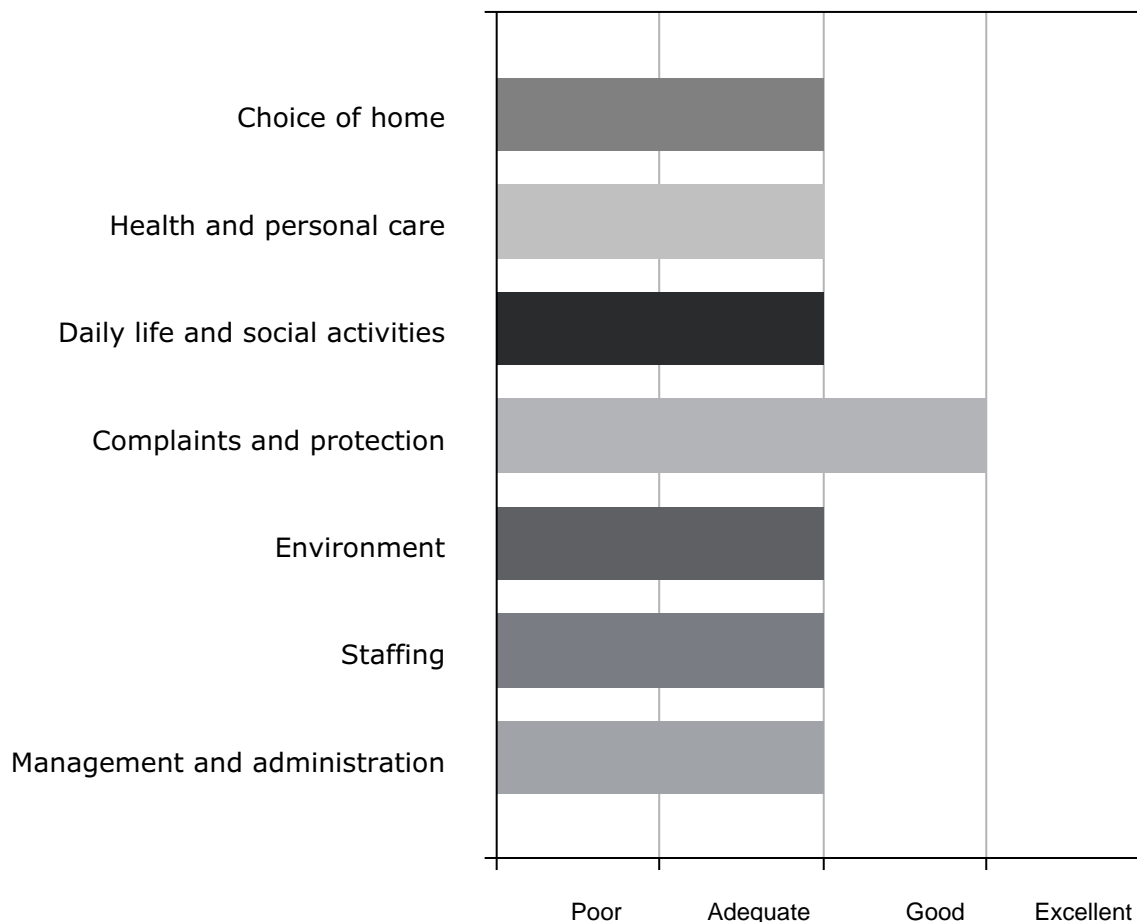
Summary

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 inspection of Royd Hill care home took place over two days, two regulatory inspectors carried out the visit and were assisted by another inspector who carried out a special observational inspection in the Dementia Care Unit. The purpose of this two hour observation was to judge the quality of the care provided to people who are less able to express their views, in an attempt to understand their experiences, and how staff interact with them.

We did this inspection using our power to seize documents that we may use as evidence if we need to take any further action if the home does not do what we ask of them. This is in relation to making sure that the home operates properly and that people are looked after and cared for safely.

We also gathered other information by talking with the people who live at the home, their relatives and the staff who were on duty at the time of the inspections. In addition we also looked at some other documents, and observed how staff support and care for people.

The home has been in administration since January 2010.

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 told us that they enjoyed living at the home. A relative said that they were satisfied with the care the home provided for their family member.
People told us that they thought the food was 'very good' and that they always enjoyed their meals.
We were told by one person that 'staff are very obliging' and 'never fail to help me when I need it'.

What has improved since the last inspection?

A new manager commenced working at the home in April 2010. A significant amount of work has been done to address the requirements and recommendations from the several visits undertaken since December 2009. However the manager agreed the progress has been slow, but stated that she wants the changes that are to be made to be completely understood by all staff and implemented properly. People's care plans now contain adequate information about how their needs are to be met, and on the whole were kept under review. Arrangements are now in place for the recording, handling, safekeeping, safe administration and disposal of medications received into the home. This is to make sure that people receive their prescribed medication properly. There has been a significant amount of staff training and staff spoken with confirmed that they had found the training given very good and informative. People are now assessed with regard to nutrition and food records are kept. The way in which fluid and food is recorded on residents charts has greatly improved and it was seen that people are gaining weight. The complaints procedure has been revised, people who live at Royd Hill and visitors to the home were aware of the procedure if they wanted to complain. Staff have been trained in safeguarding vulnerable adults procedures and were knowledgeable about what to do if they suspected someone was being abused.

What they could do better:

Although it has been acknowledged that there has been a considerable amount of work already undertaken at the home the manager must now concentrate on completing care plans and risk assessments on all the people who live at the home. Once this has been completed she must assure herself that the care plans and risk assessments are appropriate to meeting the identified assessed needs of the people who live at the home.

There are very few permanent nurses who are employed at the home. The manager needs to provide a skilled and competent workforce in sufficient numbers to ensure that people are cared for and supported properly.

The manager must look to implementing a quality assurance system at the home. This will ensure that the views of the people who live at the home are listened to and acted upon, so that people receive the service they want.

As yet the Commission has not received an application from the manager to become registered with us. She must now do this without delay so the service can move forward and she can take accountability for the service.

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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Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

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

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

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

The assessment documentation associated with a persons admission to the home is robust. As this documentation has not been used as yet is difficult to comment on how effective it will be.

Evidence:

At the last key inspection we asked that people are properly assessed by the manager before being admitted, and that any documentation associated with the admission be completed fully. We also asked that staff are told about any new admissions to the home and that they are informed of what care and support the person requires in order to have their care needs met.

At this inspection we were shown pre admission documents that the manager is going to be using when assessing people to see if they can be supported and cared for safely at the home. The manager explained that as yet this new assessment document has not been used, because there have been no new admissions to the home.

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.

Whilst improvement has been made in the documentation associated with the delivery of people's care, further work is required to ensure that all information associated with the health and welfare needs of a person is recorded, and instruction to staff is detailed on how to meet people's needs fully.

Evidence:

The way in which people's care is recorded has improved. Everyone who lives at the home has a care plan and these are now getting updated regularly. We still found that in some care plans some important information such as when a person was diagnosed as having an infection was not properly documented and therefore some staff were not aware that the needs of this person's needs had changed. There was still no evidence that staff knew how to support a person with some mental health issues. The manager told us that she had asked the doctor for a referral to the mental health team for some advice, this had happened some time ago and the referral had not been 'chased up'. The manager said that she would look into this matter. There were still some care plans and risk assessments that need updating into the new format and the manager must monitor how this is progressing. She must also start to monitor and

Evidence:

audit the plans to assure herself that this documentation is kept up to date and that people are in receipt of properly planned care. Ensuring that staff have available up to date information in order that they can provide the correct care. In addition the plans need to demonstrate that either the person or their advocate has looked at and agreed with the plan of care that the home is providing. Following the first day of the inspection we were told by the manager that she had looked at the plans we had viewed and asked staff to make some alteration to them. The recording of food and fluid intake charts are now completed correctly by staff. We saw good recording of fluid intake of people. When we spoke to staff about these charts they told us that they realised the importance of people 'getting enough to drink and eat' One member of staff said ' if a person doesn't drink very well we try to get them to take fluid differently, for example we would give them perhaps jelly to eat if they are reluctant to drink for us so they are still getting some fluid'.

We looked at how people's medication was administered. On the first day of the inspection some people did not received their medication on time. The 08:00hrs medication round did not finish until 11:40hrs resulting in some people receiving medicating late for the rest the day. It was of concern that the manager was aware that the round was running late, but did not offer to assist the nurse so that it would be completed quicker and people would have received their medication on time. However on the second day of the inspection people received their medication on time.

We looked at the medication administration records, they had been completed properly. The trained nurse on duty showed us a new audit system that has been introduced regarding the stock amounts of medication. All tablets that are boxed and not in a monitored dose system are counted and recorded on a stock sheet, this makes it easier to trace if a medication error occurs. Staff told us this was working very well.

We saw that staff treat people with dignity and respect. However bathroom and toilet doors do not have a suitable lock fitted and there are no privacy signs to tell other people that the bathroom is in use. The manager needs to ensure that people's dignity is respected at all time.

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

People's choice and control over how they spend their days is variable and sometimes compromised by the routine of the home and the availability of staff.

Evidence:

We talked to the cook about menu choices and saw food records of people's breakfast preferences. We also observed the kitchen assistant giving people the choice of what they would like for breakfast. The facilities in the kitchen and the cleanliness of the kitchen have improved greatly. We saw evidence of fresh fruit and vegetables being prepared, and home baking was available. People told us the food was very good. One person said 'we get very nice things here to eat, the dinners are very good, we have a nice cook.'

We saw recorded in care plans what activities people liked to participate in. When we talked to staff about these activities they told us that not all of the activities people enjoyed were included in the activities provided. One person said they liked painting, but as yet had not had the opportunity to do any. We saw advertised on a list of weekly activities that an entertainer was due to the home the same day as the inspection. When the entertainer did not arrive we asked staff what had happened. They told us that 'the date was wrong on the list.' We also saw that a shopping trip to

Evidence:

Skipton was also planned for the following week, but staff said that they thought this would not go ahead either, because extra staff were required to take people out of the home and there was no extra staff on the rota to assist with the trip.

In the dementia unit good staff interaction was seen. Staff engaged people in conversation and talked to people about things that interested them. Staff were very familiar to the routine of people who lived on the unit and had a good understanding of the care people needed with a diagnosis of dementia.

It was both the inspector's opinion that people's choice was sometimes compromised. On the first day of the inspection people were still in bed at 11:00hrs and had been wanting to get up for some time, but were waiting for assistance from staff. On the second day of the inspection we saw that people were given the choice of when they wanted to be assisted in getting up. We also saw that it was clearly documented in a person's care plan that they liked two sugars in tea and disliked white bread. We saw this person being given a drink and a sandwich. The person told the inspector 'I need sugar in my tea and I cannot eat this sandwich I don't like white bread.' This was also told to staff by the person, the staff did not get any sugar or replace the sandwich. It was not until the inspector intervened that the person was given what they wanted.

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 concerns are listened to and acted upon, and that procedures are in place to keep people safe.

Evidence:

There are adequate written policies and procedures in place to deal with complaints and the care staff spoken to confirm they were aware of these. Staff knowledge of these help ensure that they were able to address any issues or anxieties of the residents, relatives and visitors to the home.

People who live at the home and visitors who we spoke with said they would speak to the manager or any of the staff if they had any concerns or complaints. One visitor said ' I would not have any hesitation in speaking up if I wasn't happy.'

Training has taken place in the protection of vulnerable adults in abuse. The manager and staff team were clear and confident in the protection of vulnerable adult procedures.

The manager has demonstrated that she will take action when a safeguarding incident is referred to her.

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 **adequate** 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 ongoing to make the home a safer and more pleasant place for people to live.

Evidence:

The home is clean and tidy. Unused, old equipment has been removed from the home, and a disused bedroom has been converted to a store room to house equipment that is still in use.

There are two assisted shower facilities and one bathroom that is accessible to people who require the assistance of a hoist. This limits people's choice. The bath hoist in one bathroom on one unit is not functioning, therefore the people who reside in this unit have to go to another for a bath or shower. Staff had told us on previous visits that because of the layout of the bathrooms and the shower room it made it very difficult to assist people. Consideration must be given to providing people extra functional bathing facilities, in order to meet their assessed hygiene needs fully.

There are still remaining issues around the supply of hot water to some parts of the home. Although the manager reported that they have had several plumbers to look at the hot water system it still remains that sometimes people are without hot water in their bedrooms. In addition there was still evidence of supplementary heating in some

Evidence:

bedrooms and in the communal lounge on Cricket unit. We had asked previously that both of these issues be addressed.

The home now has a fire risk assessment in place and staff have been trained in fire and rescue procedures. Work is about to commence with regard to upgrading the fire alarm system at the home.

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 with the appropriate skills and knowledge to meet people's assessed needs properly. This makes the care people receive variable and means that people's care needs are not always met consistently.

Evidence:

It remains a concern that there are only two full time permanent trained nurses employed at the home, and one of these nurses is the manager who is not included in the staff numbers but will cover the home when there is not a trained nurse available. She is also on call for the home all of the time . We were told that two nurses had been interviewed and the manager was awaiting references and other checks to be completed before they were to be given a start date. Agency staff are used to cover the staffing deficit and the manager told us that as far as possible the same agency nurses are requested for continuity of care to people. One the first day of the inspection we were told that staff numbers had been reduced. Staff who spoke to us were very concerned about this and felt that they were rushed and that they did not have time to look after people properly. The trained nurse who was on duty was running late in giving out people's morning medication. She said this was due to being called away but other members of staff to assist them in getting people up. People were left unsupervised at key periods during the day. For example it was observed

Evidence:

over the lunchtime period two members of staff were assisting two people in the lounge with lunch. The main dining room was left unsupervised whilst people ate their main course. It was observed that one member of staff then left the person she was assisting in the lounge and went to the main dining area to serve dessert. The person who required assistance was left for twenty minutes with their lunch in front of them, struggling to feed themselves. This is not acceptable. We were also told that there was to be one member of staff in the dementia unit (previously there has always been two) at all times. Staff told us that they felt this was unsafe.

They said that there was 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 support or reassurance away from this area. However on the second day of the inspection staff said they were not as rushed and people were being supervised properly. The home was calmer and staff were more relaxed and people were seen to be given choices over what they wanted to do during the day. The manager needs to take steps to identify this good practice and implement it across the whole staff team, so people's care is not variable depending on the staff who are on duty.

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 were told that staff have been trained in the protection of vulnerable adults, the new complaints procedures, fire procedures, infection control and safe handling of medication.

Further training is planned for wound management and sensory impairment.

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

People would be better served by having a registered manager at the home, who can sustain the improvements and drive up the quality of care people receive at the home.

Evidence:

A new manager has been recruited and working at the home for six weeks, currently she is not registered with the Care Quality Commission. She has very good experience at managing a care home and has already started to influence and change some of the systems at the home but has acknowledged that 'progress is slow'. The manager told us that a relatives meeting had been arranged but poorly attended and therefore no others have been organised, however she is always available to speak to people when she is on duty should anyone wish to see her. There is no measure in place to judge people's satisfaction of the service they are receiving. The manager has audited the medication administration at the home and as a result of this made changes to system. Although care plans and risk assessments are improving they do need further development. As yet the manager has not audited these. The manager needs to assure herself that the care plans and risk assessments that are in place are

Evidence:

appropriate to the care people are receiving. This audit should be carried out immediately as this has been a requirement in the previous report.

The home looks after some people's personal allowance. These were checked and correct. The transactions were recorded and receipts kept.

We looked at a selection of health and safety documentation. A certificate for the electrical hard wiring had been completed, and a fire risk assessment was also available. The manager told us that work was due to start on the fire alarm system and that the risk assessment would be reviewed and updated once this had been completed. On the first day of the inspection the fire alarm was activated twice. Both times were false alarms, staff acted promptly and were knowledgeable about what to do in the event of a real fire.

There was a warning notice regarding the ventilation in the laundry. The manager told us that this work would be completed the following week. (Following inspection the manager has confirmed that the work on the fire alarm and the laundry has been completed).

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
1	7	14	<p>A documented audit of care plans should take place to ensure that care people are receiving is appropriate to their needs.</p> <p>This will make sure that staff are delivering the correct care and support to people at the home.</p>	29/07/2010
2	7	14	<p>All care plans must be kept under review and updated promptly when people's care needs change.</p> <p>This will make sure people are in receipt of planned care and their assessed care needs are met fully</p>	29/07/2010
3	12	12	<p>People who live at the home should be offered a choice over how they wish to spend their days. and include activities of their choice. Routines must be flexible to meet individual preferences.</p>	29/07/2010

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
			This will give people autonomy and choice and provide a more stimulating fulfilling lifestyle.	
4	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.	29/07/2010
5	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 people's assessed needs can be met safely.	29/06/2010
6	31	13	An action plan must be sent to the Commission detailing how and when the requirements that have been made in this report are to be met. So the commission can assess compliance and the progress in meeting with the requirements	29/07/2010
7	33	12	Quality audits Should take place at the home must be more robust and effect	29/07/2010

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
			change when people highlight dissatisfaction with the service. This will demonstrate that peoples views about the running of the home have been taken into consideration and people have a say in how the home is ran.	

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	7	It is recommended that people are given access to their care plans so that they can sign and agree with the plan of care and level of support that is to be provided by the home
2	8	The manager should follow up any referrals made to other healthcare professionals promptly. This will make sure people get the right support and care they require.
3	10	The manager should consider fitting suitable locks to toilet and bathroom doors, or else look to signage when the bathroom facilities are in use, this will protect people's dignity and afford them privacy
4	26	Consideration must be given to providing people extra functional bathing facilities, in order to meet their assessed hygiene needs fully.
5	31	The manager should consider making application to become registered with the Care Quality Commission.

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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

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