

Key inspection report

Care homes for older people

Name:	The Hockeredge & Jasmine Centre
Address:	2-4 Canterbury Road Westgate-on-sea Kent CT8 8JJ

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:
Gary Bartlett	2 5 0 9 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

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- 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:	The Hockeredge & Jasmine Centre
Address:	2-4 Canterbury Road Westgate-on-sea Kent CT8 8JJ
Telephone number:	01843831585
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	Bedstone Limited
Type of registration:	care home
Number of places registered:	50

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	50	0
mental disorder, excluding learning disability or dementia	50	0
Additional conditions:		
The maximum number of service users who can be accommodated is 50.		
The registered person may provide the following category of service only: Care home only - (PC) Care home with nursing - N (maximum number of places 41) to service users of the following gender: Either Whsoe primary care needs on admission to the home are within the following categories: Dementia - (DE) Mental disorder, excluding learning disability or dementia - MD		

Date of last inspection	1	5	0	5	2	0	0	9
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Brief description of the care home
The Hockeredge and Jasmine Centre, provides two distinct services. The two Jasmine units provide residential/nursing care for adults with dementia and the main Hockeredge house provides residential care/nursing for adults who may be over the age of 65 and have past or present mental health care needs. Twenty four hour waking staff cover is provided. It is owned and operated by Bedstone Ltd.
The home is situated on the main road in a residential area between the seaside towns

Brief description of the care home

of Westgate and Margate. Local facilities are within walking distance of the home. There is a secure garden area to the rear, and on road parking is available to the front of the premises.

Currently the fees range was between £295 and £850.00 per week. Full details and information about additional costs can be obtained from the Manager.

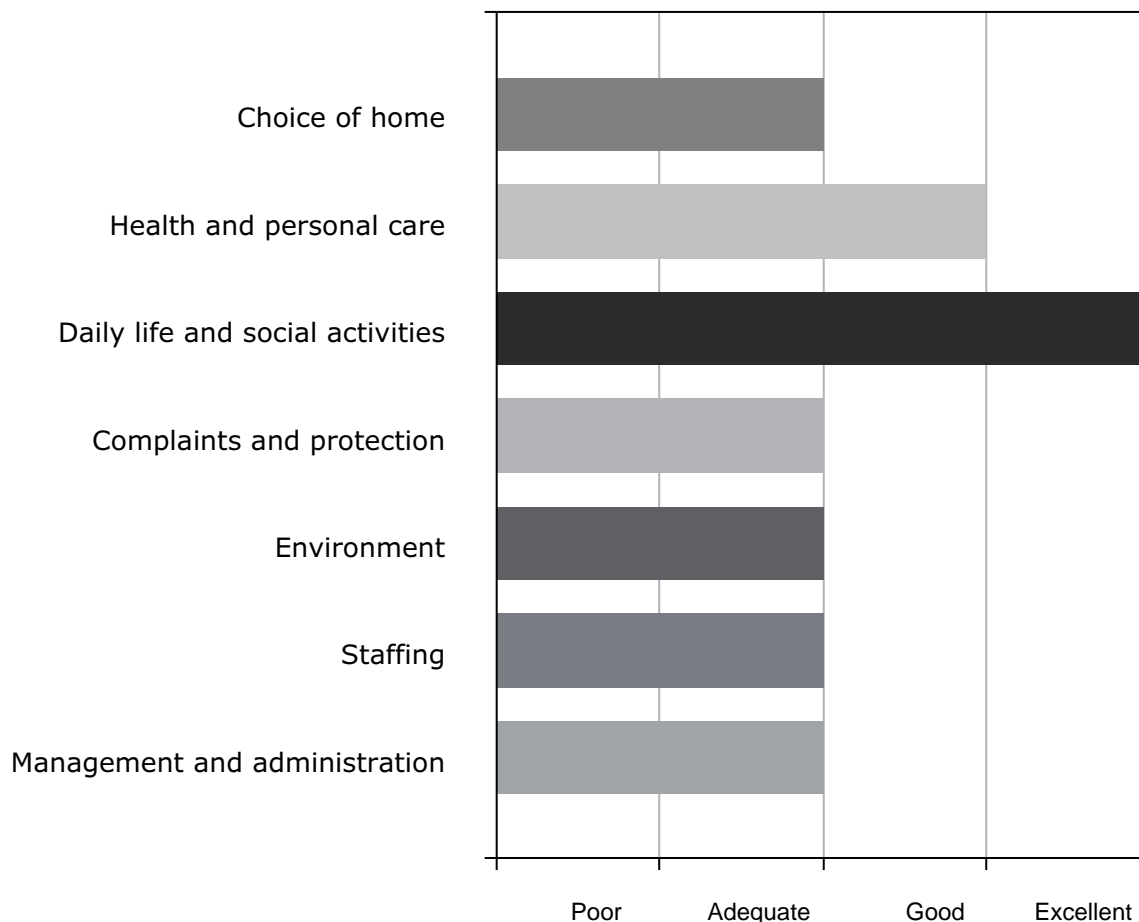
Summary

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:

This key unannounced inspection was conducted by Gary Bartlett and Nicki Dawson, Regulatory Inspectors, who were in The Hockeredge and Jasmine Centre on Friday, 25th September 2009 from 8.00 a.m. until 1.45 pm.

During that time the Inspectors spoke with some clients and some staff. Parts of the home and some records were inspected and care practices observed.

An Annual Quality Assurance Assessment had been completed earlier this year, from which information was used to inform the inspection process. We also made reference to our last inspection report dated 15th May 2009.

The focus of this inspection was to look primarily at the management of the home, the environment and arrangements for the safeguarding of clients.

The Care Homes Regulations 2001 and the National Minimum Standards for Care Homes for Older People refer to people who use the service as "service users". People living at The Hockeredge and Jasmine Centre prefer to be referred to as "clients". Accordingly this shall be done in the text of this report.

The Inspectors would like to thank everyone involved for their contribution to the inspection.

What the care home does well:

Clients say they like living at the home and are happy.

There is an open and friendly atmosphere with good communication between clients and staff.

There is a wide range of activities available for groups of people to participate in and one to one input from the activities coordinator where appropriate.

Clients like the staff and say that staff were always willing to assist them.

Robust recruitment processes are followed to help ensure the home employs only appropriate staff.

What has improved since the last inspection?

There is now a permanent Manager at the home.

The home has introduced a system for the recording of returned medication and weekly audits of medication records are now being done.

What they could do better:

Four Requirements are made from this inspection. They are in respect of making improvements to infection control, creating a safer environment and the provision of additional staff training to more effectively promote clients' needs and safety.

It is recommended the environmental checks be more robust and improvements initiated more quickly to better ensure people's safety and comfort.

Some parts of the home look shabby and do not provide a dignified environment for the people who live there. We recommend the home does an audit of all the furniture and arranges for replacements to be made where necessary, with priority being given to people's health and safety.

The hot water supply in some parts of the home is inadequate, with only tepid water being available. There are ongoing efforts to resolve this.

The standard of cleanliness around the home is variable and the Manager undertook to arrange for the home to be cleaned throughout and for cleanliness to be better maintained. The Manager said he would arrange a deep clean of the kitchen to be done as soon as possible. Had he not done so, we would have issued an Immediate Requirement Notice.

Arrangements should be made so clients have the autonomy to be able to have more immediate access to money held on their behalf when they want it at weekends. It is recommended the records of cash held are countersigned by the staff member who gives the money as well as by the client as an additional safeguard.

It is important for the home to be able show there is a robust management of systems that are in place to protect people at the home. For example, records of safety checks

should be readily accessible.

For the home to run in the best interests of the people who use it, it has to have a system which regularly obtains their views and the views of those who regularly visit the service. It is recommended that the views of health care professionals be sought as part of the quality assurance processes and that staff and clients' meetings be held more frequently.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

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Requirements and recommendations from this inspection

Choice of home

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

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

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

This is what people staying in this care home experience:

Judgement:

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

An assessment is made of people's needs before they move in to help ensure that the Hockeredge and Jasmine Centre is the right home for them.

The home can not readily show that the staff group has the necessary knowledge and understanding of the specialist care needs for which the home is registered.

Evidence:

At the inspection we conducted on 15th May 2009, pre admission assessment documentation was seen for a newly admitted client. This document was informative and had been completed by the deputy manager the day before admission to the home. The pre-assessment documentation considered areas for example physical health, mental state and cognition, known behaviours, self help skills, communication and mobility. This information is used to inform the care plan.

The Manager told us the home continues to undertake a thorough assessment of

Evidence:

prospective clients to be sure the home can meet their needs and that they can visit the home prior to moving in.

The home uses a training matrix to give a management overview of staff members' training needs. This shows some substantial gaps in mandatory training such as food hygiene, infection control and moving and handling. Staff must have this training so they have the skills to meet clients' basic care needs and to comply with current legislation and good practice guidelines. Seventy five percent of staff members have had dementia awareness training but it is not clear that staff have had training in mental health. Therefore, the home can not readily show that the staff group has the necessary knowledge and understanding of the specialist care needs for which the home is registered.

The home does not offer intermediate care.

Health and personal care

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

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

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

Clients' care plans show that person centred care is promoted, and their health needs are being met. Personal care is offered in a way to protect client's privacy and dignity.

Evidence:

The AQAA states that the service is using multi-professional information prior to admission to formulate a comprehensive plan of care, and clients are not admitted prior to a discharge meeting taking place with a member of staff present. The Manager confirmed this is still happening and stated there have been further improvements to the care planning system.

At the last inspection, four person centred care plans were looked at in detail and included all the components required by the Care Homes Regulations. For example daily records, risk assessments and reviews. Additional forms used included Malnutrition Universal Screening Tool and Must Action Tool, Assessment of Falls risk and recording form, Medication Assessment, Mental Health Care Plan, Mental Capacity Act Decision Form and Infection Control Record. The care plans were assessed as being suitable for both residential and nursing clients. A range of risk assessments

Evidence:

was also seen and included a risk assessment for violence and aggression and risk from falls. The inspection identified that a Care Plan Profile is completed in a format that the client is able to understand and is signed by them.

The last inspection assessed the arrangements for the storage, administration and recording of medicines as being compliant with Regulations and good practice guidelines. The Manager said that a system for the recording of returned medication has been implemented. This was confirmed by the Deputy Manager in a conversation subsequent to this inspection. The home has recently introduced weekly audits of the records of prescribed medications and of their administration. The Manager described how any anomalies are investigated and if there is a nurse who is consistently not recording appropriately, he will do a medical assessment of that person's competence. The Manager agreed to amend the system of dating the audit records so they matched the dates of the MAR sheets.

We observed that staff speak respectfully with clients, and promote their privacy and dignity. An example being; that staff members knock on clients' bedroom doors before entering.

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

Clients can be confident they will have satisfactory opportunities regarding lifestyle choices. They are supported to maintain contacts with families and friends and enjoy a balanced and healthy diet.

Evidence:

We observed a good rapport between clients and staff. There was some good natured banter, with staff always showing respect and recognising the boundaries of not being overly familiar.

The members of staff we spoke with are aware of the need to enable clients to have choices in daily routines and activities. For example, clients say that, within reason, they can get up and go to bed when they choose. They can decide whether or not to participate in activities.

At our inspection in May 2009, all residents that we spoke with were complementary of the staff and about their different lifestyles within the home. Flexibility in routines was seen to suit individual's needs. The Manager told us there continues to be a wide range of activities and there are outings for those that want them. Menus were seen that offered both choice and variety and catered for special diets. It was shown that

Evidence:

choices were available at all meals and there was a good emphasis on using fresh produce.

During this visit, we observed lunch time to be relaxed, with staff members allowing clients the time they needed to finish their meal comfortably. The meals seen were well presented and looked appetising. Hot and cold drinks are served through out the day, as well as snacks.

Visitors can visit at any reasonable time and the design of the home provides seating areas within the communal areas where clients can entertain their visitors, in addition to the privacy of their own room.

Clients are able to personalise their rooms with their own possessions if they wish and some clients have brought items of their own furniture with them.

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

Clients know who to make their complaints to and are confident they will be listened to.

There are systems to protect clients from abuse. More staff require the training necessary to help safeguard people.

Evidence:

The written complaints procedure is displayed in the main entrance hall. The Manager said this has been updated recently and can be made available in large print and audio formats that people may understand more easily. Two clients told us they know who to speak with if they have any concerns and are confident they would be listened to and taken seriously.

The AQAA indicates there have been no complaints in the last twelve months. The Commission has not directly received any information regarding complaints about the home in that time, although Kent County Council informed us of the details of a complaint they had received. This complaint was partially upheld.

There have been two Safeguarding Vulnerable Adults (SVA) alerts in the last twelve months, one ongoing from July 2008, both of a very serious nature and which are now closed. The home has procedures for responding to suspicion or evidence of abuse or neglect and the Manager stated there is ongoing training for staff to help ensure the safety and protection of clients. The training matrix shows that, of the 40 staff

Evidence:

members listed, 7 have not had SVA training, two last had training in 2005 and one last had training in 2006. It is strongly recommended these people receive training as soon as possible so they are fully conversant with the changes that have taken place in safeguarding procedures.

The Training matrix shows only five staff members have had training in challenging behaviour. The Manager stated it is intended to train the other staff as soon as possible. It is recommended this be done, especially taking account of the clients' cognitive frailties and the challenging behaviours sometimes associated with them.

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.

Improvements to the environment are required to enhance people's quality of life and their safety.

Evidence:

The home is a large detached premises located close to the seafront and to the local shopping area with all its amenities. It is an older building that has had various adaptations and additions made over a period of time.

The front of the building does not give a good initial impression, having missing tiles, peeling paintwork and some window frames that are in poor condition. The front garden is poorly maintained and the flowers in the hanging basket by the main entrance are dead. These deficits are recorded in our last inspection report, dated 15 May 2009, which states that the Deputy Manager had said remedial work was due to be undertaken in the summer months. Clearly this has not been done, although we are assured they are different dead flowers in the hanging basket to those seen at the last inspection.

Although the AQAA and the home's monthly newsletter mention ongoing redecoration, some areas have worn or damaged surfaces, plasterwork, and wall coverings. This does not provide a dignified environment for the people who live there. In high infection risk areas such as food preparation areas, bathrooms, the laundry and

Evidence:

toilets; this compromises the health of people at the home. These areas must be improved to better promote infection control.

The standard of cleanliness around the home is variable. In some bathrooms, lime scale has been allowed to build up around washing facilities and equipment. We saw cobwebs and dusty surfaces in the high parts of some rooms and congealed dirt in the corners of two communal toilets. The Manager undertook to arrange for the home to be cleaned throughout and for cleanliness to be better maintained.

Some furniture is worn and stained. The Manager undertook to replace a mattress that was seen to have a hole in it. It was not clear how long the hole had been in the mattress and the Manager was not aware of it. To maintain people's safety, the Manager agreed to replace a broken cistern lid that has jagged edges, clear the bottom steps of an external fire escape of overgrowing weeds and make safe a handrail that had come away from the external wall by Hockeredge, a main access point to the garden. These actions negated the need for us to issue Immediate Requirement Notices. We strongly recommend the home does an audit of all the furniture and fittings and arranges for repairs or replacements to be made where necessary, with priority being given to people's health and safety.

These environmental shortcomings, with others we observed and notified to the Manager, should be picked up by the environmental checks that the AQAA states are done regularly. It is recommended the checks be more robust and improvements initiated more quickly to better ensure people's safety and comfort.

We found the hot water supply in some parts of the home to be inadequate, with only tepid water being available. The Manager explained this is an ongoing problem that the organisation is aware of.

Accommodation is on three floors and there is a shaft lift. People with mobility difficulties are dependant on the lift being serviceable at all times to be able to have access to all parts of the home.

When the home is full, three of the bedrooms can be used for shared occupancy. The Manager said these are only used by couples or for single occupancy. This is good practice; taking account of peoples ability to make a positive choice to share with a full understanding of the implications.

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 members are caring, but the home must be more able to readily show they have the necessary skills to meet clients' care needs.

Evidence:

The clients we spoke with said they like the staff and find them to be helpful.

People applying to work at the home have to complete an application form, attend an interview, provide references and satisfactory POVA and Criminal Record Bureau (CRB) checks. The files of the most recently recruited staff show that appropriate checks were made prior to them commencing duties.

New staff are required to undertake an induction program and the AQAA indicates NVQ training is encouraged. Staff members speak of regular training and there are some certificates on their files. However, the training matrix shows some substantial gaps in mandatory training such as food hygiene, infection control and moving and handling. Consequently, it is not evident that all members of staff have had the necessary training for them to have the skills to meet clients' basic care needs and to comply with current legislation and good practice guidelines.

Records show that seventy five percent of staff members have had dementia awareness training but it is not clear that staff have had training in mental health.

Evidence:

Therefore, the home can not readily show that the staff group has the necessary knowledge and understanding of the specialist care needs for which the home is registered. Accordingly, we require the provider to complete a detailed training analysis for every staff member and send us a copy of the analysis and details of training courses attended and booked. Where there are gaps in training, whether mandatory or specialist, the provider is required to arrange appropriate training.

The clients say there are enough staff available when needed. The staff rosters seen indicate staffing levels are geared to peak times of activity.

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.

Clients' interests would be better promoted by more robust management and quality assurance arrangements for the safe and efficient running of the home.

Evidence:

There is not a registered Manager currently at The Hockeredge and Jasmine Centre and our records indicate there has not been one since November 2006. It is a legal requirement for the provider, Mr. Yilmaz to appoint a person who has the qualifications, skills and experience necessary for managing the care home and who is to be registered.

The current manager said he will be making an application to be registered and has started applying for his Criminal Records Bureau check as part of this process. He is a Registered Mental Nurse and was previously registered as the manager of the Victoria Nursing Home, another care home owned by Mr Yilmaz, before becoming a Group Manager within the organisation. He then returned to the Victoria Nursing Home as manager and has been at the Hockeredge and Jasmine Centre since June 2009.

Evidence:

For the home to run in the best interests of the people who use it, it is important to have a system in place which regularly obtains their views and the views of those who regularly visit the service. Although the AQAA states "Regular general staff meetings are held", the minutes we were shown were dated 4th November 2008 for a domestics' meeting 13th November 2008 for a clients' meeting and 4th December 2008 for a staff meeting. The Manager said the home asks clients and their relatives for their views about the home annually. When the questionnaires have been returned, a report will be produced detailing the findings and addressing any areas that have been identified as in need of improvement. It is recommended that the views of health care professionals be sought as part of the quality assurance process and that staff and client meetings be held more frequently.

It is a legal requirement for the provider to arrange for the home to be visited at least once a month to evaluate the quality of service and for a report to be written. We had sight of the most recent report dated August 2009. The report does not include evidence the environment was looked at or that records of safety checks were inspected. It is recommended the provider should ensure the visits done on his behalf include this information.

When we asked for the records of safety checks, such as those of fire detection systems and water temperature checks, the Manager could not locate the up to date ones. Those he could find at the time were dated May 2009. He said they might have been with the maintenance man who was on annual leave at the time. Since our visit, the Manager has forwarded us copies of records of environmental and safety checks done between July and September 2009. It is recommended these be signed by the person doing the tests. The records of fortnightly water temperature checks indicate all hot water taps were operating near 43 degrees C. This was not our experience where we found the hot water supply in some areas of the home to be tepid. It is necessary for the home to always be able show there is a robust management of systems that are in place to protect people at the home. As detailed earlier in this report, it is recommended that the environmental checks be more robust and improvements initiated more quickly to better ensure people's safety and comfort.

More robust environmental checks would have highlighted that the kitchen is in need of a deep clean. The floor was seen to have congealed dirt in the corners, in the seams of the floor covering and under and behind the equipment. The equipment, such as the cooker, was not clean. This was particularly worrying when we told the organisation's Catering Manager had done the cooking on the day prior to our inspection. The Manager said he would arrange a deep clean of the kitchen to be done

Evidence:

as soon as possible. Had he not done so, we would have issued an Immediate Requirement Notice.

The fire alarm sounded during our visit and, from observation, the staff on duty knew the procedure to follow. Since our visit, the Manager has forwarded us a copy of a recent letter from the Fire Safety Officer that confirms the home is compliant with fire regulations.

There is a system for holding and recording client's money on their behalf. Currently, these clients are able to have immediate access to cash held on their behalf during office hours, Monday to Friday. At other times, they have to ask staff to contact one of the two safe keyholders and wait for them to arrive at the home. The Manager said he was unaware of this. Arrangements should be made so clients have the autonomy to be able to have their money when they want it. The records of three clients' monies were inspected. These are signed by the client when they receive their money. It is recommended they be countersigned by the staff member who gives the money. It is also recommended that records of clients monies are inspected as part of the monthly visits done on behalf of the provider as an additional safeguard.

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	26	13	<p>The registered person shall make suitable arrangements to prevent infection, toxic conditions and the spread of infection at the care home.</p> <p>The registered person has a legal responsibility to prevent infection, toxic conditions and the spread of infection at the care home. The laundry, toilets and bathrooms must be made good, where necessary, to promote infection control and maintain adequate hygiene standards. To be completed by the given timescale and maintained thereafter.</p>	31/12/2009
2	26	13	<p>The registered person shall make suitable arrangements to prevent infection, toxic conditions and the spread of infection at the care home.</p> <p>The registered person has a</p>	30/11/2009

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
			<p>legal responsibility to prevent infection, toxic conditions and the spread of infection at the care home. High infection risk areas such as the laundry, bathrooms and toilets must be equipped with foot pedal operated waste bins. To be completed by the given timescale and maintained thereafter.</p>	
3	26	13	<p>The registered person shall make suitable arrangements to prevent infection, toxic conditions and the spread of infection at the care home.</p> <p>The registered person has a legal responsibility to prevent infection, toxic conditions and the spread of infection at the care home. All equipment, aids and adaptations that have damaged or rusted surfaces must be made good or replaced. To be completed by the given timescale and maintained thereafter.</p>	04/12/2009
4	30	18	<p>The registered person shall, having regard to the size of the care home, the statement of purpose and numbers and needs of service users ensure that the persons employed by</p>	20/11/2009

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
			<p>the registered person to work at the care home receive training appropriate to the work they are to perform including structured induction training.</p> <p>It is a legal responsibility to ensure the staff group has the knowledge and skills to meet service users' needs. A detailed training analysis must be made for every staff member. A copy of the analysis and details of training courses attended and booked, including details of the training providers and any accreditation they may have, must be received by the Commission by the given timescale.</p>	

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

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