

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:
Sandra Crosby	2 8 0 4 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

Document Purpose	Inspection report
Author	Care Quality Commission
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
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Internet address	www.cqc.org.uk

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
Name of registered manager (if applicable)	
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	2	5	0	9	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

Brief description of the care home

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 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.

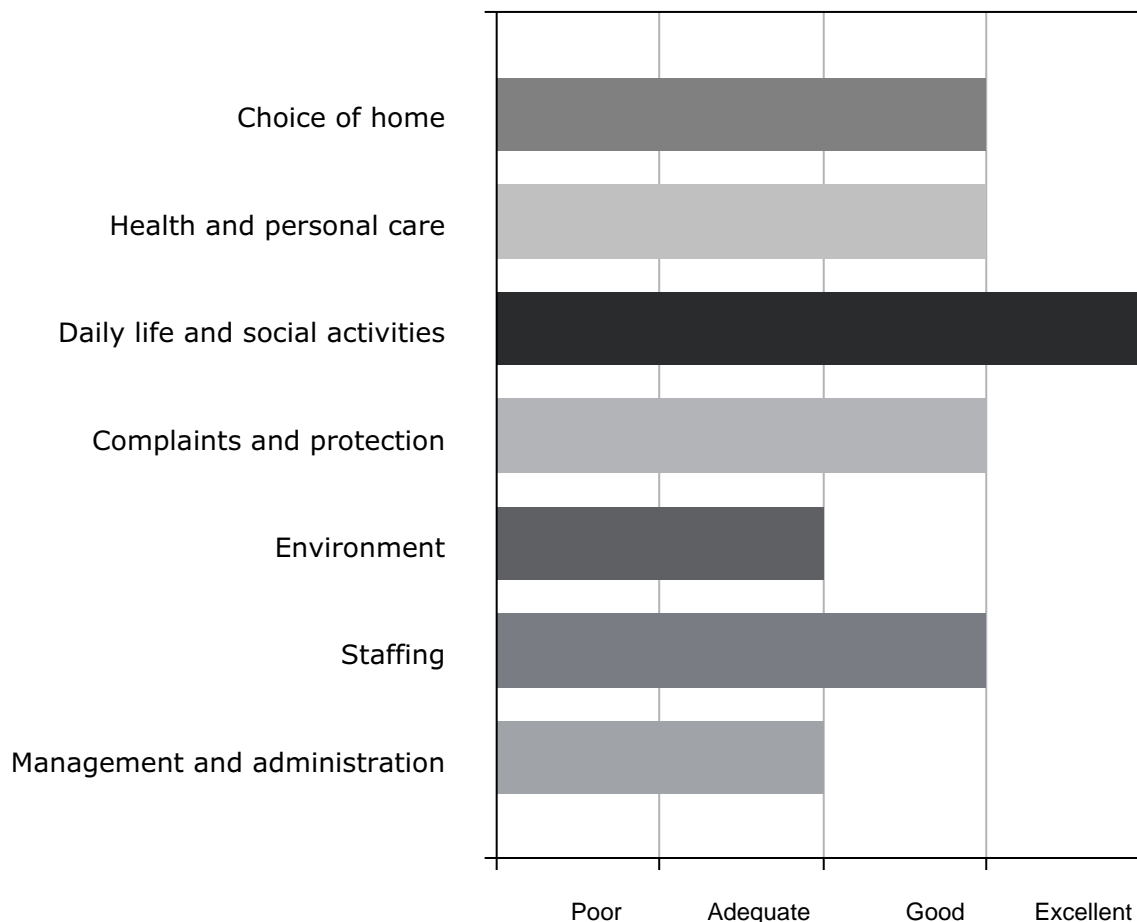
Summary

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:

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

This report contains the findings of the home's key inspection and takes account of information obtained from various sources. The key inspection visit was unannounced and took place on 28 April 2010 between 09:00 and 14:00 when a number of records were seen and observations were made of the practices in the home. Two inspectors undertook the inspection, and we spoke with people who use the service, management and staff working at the time of the visit.

The undated Annual Quality Assurance Assessment (AQAA) documentation provided comprehensive information about the service, together with information about improvements made in the last twelve months.

Eight surveys for staff who work in a residential care home were completed and returned, and these contained mainly positive comments about the service, see under 'What does the home do well'.

The aim of the visit was to carry out an inspection against the key standards of the National Minimum Standards for Older Persons in accordance with the Inspecting for Better Lives (IBL) process.

Judgements have been made for each outcome area in this report and these have been made using the Key Lines of Regulatory Assessment (KLORA), which is guidance used to ensure that a fair and proportionate judgement is made in each outcome area. More information about KLORA's can be found on the Care Quality Commissions (CQC) website.

The findings of this inspection were discussed with the manager and overall indicate that this home is providing adequate outcomes provision for the clients and in line with CQC ratings agenda this service has achieved an adequate 1* rating.

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.

Returned staff surveys commented

'this home gives quality services to all the clients to meet all their needs',

'good working environment and good training',

'it tries to foster a spirit of being in a family where the residents are cared for just like family members' and

'provide a happy, homely person centred home with a packed activity schedule with something for everyone and relatives',

What has improved since the last inspection?

Basic/awareness mandatory training has been undertaken by those staff who required this training.

Arrangements have been 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.

Funds raised by the home have been used to provide a refurbished hairdressing room.

Some bathrooms have been refurbished.

Requirements made at the last inspection report have mainly been met.

What they could do better:

Further Requirements are made from this inspection visit in respect of creating a safer environment, both internally and externally.

It is again 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 remain looking shabby and do not provide a dignified environment for the people who live there. We recommend the home does a further 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 remains variable and a poor standard of cleanliness was observed in the kitchen area. Further staff training to more effectively promote clients' needs and safety.

It is important for the home to be able show there is robust management of the home and that systems are in place to protect people at the home. There has been no registered manager at the service since November 2006. The current manager of the

service has been in post since June 2009 and has recently tendered his resignation.
Management do not always address issues highlighted in the Regulation 26 Reports.

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

People using the service are provided with the information they need about the home to enable them to make an informed decision about using the service.

The home undertakes pre admission assessments of prospective residents to help ensure it is the right place for them.

Information provided indicates that the staff group has the necessary basic/awareness knowledge and understanding of the specialist care needs for which the home is registered.

Evidence:

The Statement of Purpose and Service User Guide documents for the home were seen at the inspection visit on 15 May 2009. At that time the documentation had been reviewed and provided comprehensive information including pictures and covered all components as required by regulation. Examples of information included in these documents are terms and conditions for clients and room sizes, together with additional information in relation to the Dementia Bill of Rights, policy regarding

Evidence:

visitors and contractors and smokefree policy. In addition to this the home has produced a Welcome Pack that summaries the information in the Statement of Purpose and Service User Guide.

At the inspection we conducted on 15 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 of the person 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 prospective clients to be sure the home can meet their needs and that they can visit the home prior to moving in.

The copy of the staff training matrix provided shows that since the last inspection visit on 25 September 2009, staff have undertaken basis/awareness training in relation to dementia awareness, challenging behaviour, safeguarding of vulnerable people and some staff have undertaken mental health awareness training. The eight completed staff surveys received, mainly confirmed that training provided is relevant to their role, helps them understand and meet the individual needs of people, keeps them up to date with new ways of working and provides them with enough knowledge about health care and medication. This may indicate that the staff group has gained the necessary basic/awareness knowledge and understanding of the specialist care needs for which the home is registered.

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:

At the inspection visit 15 May 2009, 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 DecisionForm and Infection Control Record. The care plans were assessed as being suitable for both residential and nursing clients. A range of risk assessments was also seen and included a risk assessment for violence and aggression and risk from falls. We identified that a Care Plan Profile is completed in a format that the client is able to understand and is signed by them.

One care plan was viewed at this visit that showed that all components as required by regulation are being maintained. The manager said that a new format for person

Evidence:

centred care plans were being discussed by the management group, but as yet no decision had been made. The inspection visit on 15 May 2009 assessed the arrangements for the storage, administration and recording of medicines as being compliant with Regulations and good practice guidelines. A system for the recording of returned medication had been implemented. It was seen at this visit that the medication record sheets were appropriately signed and up to date. Weekly medication audits are undertaken and these were seen as part of the records. Medication storage was viewed, and indicated that the home holds only medications appropriate to clients needs.

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 home employs a full time activities person, and the manager told us there continues to be a wide range of activities and there are outings for those that want them. Evidence of this was seen in activity records and activity programmes seen in the activity room.

Evidence:

Menus were seen that offered both choice and variety and catered for special diets. It was shown that choices were available at all meals and there was a good emphasis on using fresh produce. A variety of food was seen being prepared in the kitchen.

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 **good** 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.

Evidence:

It was reported at the inspection visit on 25 September 2009 that 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 eight returned staff surveys answered yes to the question 'do you know what to do if someone has concerns about the home'. The manager confirmed that the home had not had any complaints since the last inspection visit.

It was strongly recommended at the last inspection visit that staff receive training as soon as possible so they are fully conversant with the changes that have taken place in safeguarding procedures. The staff training matrix shows that since the last inspection visit staff that needed training have received basic/awareness training in safeguarding of vulnerable people.

To take account of clients' cognitive frailties and the challenging behaviours sometimes associated with them it was recommended at the last inspection visit that

Evidence:

staff should be trained in relation to challenging behaviours. The staff training matrix shows that since that inspection visit staff have undertaken basic/awareness challenging behaviour training.

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.

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.

It was reported at the inspection visit on 25 September 2009 that 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. It was observed at this inspection visit that work had not been undertaken to improve the front of the

Evidence:

building, a couple of windows had been replaced at the rear of the building. Overall the exterior of the building does not meet the standard required by regulation and a requirement has been made.

The front garden is poorly maintained and deficits are recorded in our last two inspection reports dated 15 May 2009 and 25 September 2009. The garden at the front and the rear gardens are in urgent need of attention. The raised flower beds one of which was seen to have broken paving slabs around the edge, poses a safety risk to people wanting to use the garden. The Regulation 26 report for January 2010 highlights the need for a gardener and indicates that this would be raised with the estates manager. This work has not been done and a requirement is made as people in the home are not being provided with a safe garden environment

Internally it was seen that some areas have worn or damaged surfaces, plasterwork and wall coverings. Furniture was seen to be old and worn, especially dining room tables and chairs, armchairs, and furniture in some bedrooms. This does not provide a dignified environment for the people who live there. It is again strongly recommended that 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. A requirement has been made in relation to the internal decoration and the worn condition of some furnishings.

A requirement was made in the last report for the bathrooms, toilets and laundry to be made good. An improvement plan for these areas was provided, and it was seen that some good work in these areas had been achieved, although not all areas on the improvement plan have been completed to date.

Since the last inspection visit in September 2009 the kitchen has had a steam clean. The Regulation 26 report for April 2010 stated 'the kitchen was spot checked for cleanliness and hygiene to ensure that the correct procedures were being followed, which they were'. However it was seen on the day of the inspection visit that grease is starting to build up around the cooker and deep fat fryer. The area behind the deep fat fryer was dirty and this was pointed out to the catering manager. In high infection risk areas such as food preparation areas this compromises the health of people at the home. This area must be improved to better promote infection control. A requirement has been made.

The standard of cleanliness around the home remains variable. It was seen in one of the newly completed bathrooms that limescale was appearing on the new wall, cracked and broken tiles were seen around one bedroom wash hand basin and food

Evidence:

stains were seen on a chair and on the wall in one of the lounges. The manager undertook to address these issues. 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.

Funds raised by the home have been used to decorate and equip a pleasant hairdressing room for clients use.

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 **good** 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, and the home was able to 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. One client said 'I cannot fault them'.

It was seen at the last inspection visit that 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. A requirement was made in the last report in relation to providing a detailed training analysis of all staff training. The copy of the staff training matrix provided at this visit indicates that action has been taken to ensure that all staff have completed basis/awareness mandatory training, together with training in relation to dementia and challenging behaviour.

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

Evidence:

extra staff member is being deployed for four days a week to work as a 'floating member of staff'

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:

It was reported at the inspection visit in September 2009 that 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. At that inspection visit, the current manager said he would be making an application to be registered and had 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. The manager told us at this visit, that he has given in his

Evidence:

resignation and he leaves on 21 May 2010. The Commission has not as been informed of this change, and the manager was unable to tell us who would be managing the home after the 21 May 2010.

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. 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. An example given, as a result of consulting with clients, it was agreed for a lounge area to be moved.

It was recommended at the last inspection visit that staff and client meetings be held more frequently and the manager confirmed that more regular meetings were now taking place.

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. Regulation 26 reports were seen, and indicate that issues are being highlighted but are not being actioned by management. Examples include the 'need for a gardener' in January 2010, and the Environmental Audit for March 2010 highlights the garden again, 'all of the window frames to the front of the home are in need of repainting. Ceiling outside kitchen needs attention. Kitchen ceiling needs refurbishment. Lounge carpet is stained and could do with replacing. X's room is in urgent need of redecoration'. 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.

It was reported at the inspection visit on 25 September 2010 that 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 confirmed that action has been taken to ensure that clients are now able to access their money at anytime as they wish.

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	19	16	<p>The registered person shall have regard to the size of the care home and the number and needs of service users provide in rooms occupied by service users adequate furniture, bedding and other furnishings including curtains and floor coverings and equipment suitable to the needs of service users and screen where necessary.</p> <p>Refurbish/replace dining tables and chairs, armchairs, and worn carpet as necessary to provide a suitable and safe environment for clients.</p>	31/08/2010
2	19	23	<p>The registered person shall have regard to the number and needs of the service users ensure that external grounds which are suitable for, and safe for use by service users are provided</p>	31/05/2010

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
			<p>and appropriately maintained.</p> <p>Grass to be kept cut in garden areas.</p> <p>The surround of raised flower beds to be repaired to ensure clients safety when out and about in the garden area</p>	
3	19	23	<p>The registered person shall have regard to the number and needs of the service users ensure that the premises to be used as the care home are of sound construction and kept in a good state of repair externally and internally.</p> <p>Exterior of premises to be refurbished, including replacement of missing tiles, making good window frames, and painting the exterior. To provide a suitable and safe environment for clients.</p>	31/08/2010
4	19	23	<p>The registered person shall having regard to the number and needs of the service users ensure that all parts of the care home are kept clean and reasonably decorated.</p> <p>Areas of the building for</p>	31/08/2010

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
			example lounges/dining rooms hallway and stairs are in need of redecoration. To provide a suitable and safe environment for clients.	
5	25	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 at the care home. Ensure that kitchen equipment is regularly cleaned, including the area behind the ovens and deep fat fryer.</p> <p>To be completed by the given timescale and maintained thereafter.</p>	31/05/2010
6	31	8	<p>The registered provider shall appoint an individual to manage the care home where the registered provider is an organisation or partnership</p> <p>For a manager to be appointed and registered with the Commission to ensure robust management of the home and safeguard</p>	31/08/2010

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
			the persons living at the home.	

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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