

# Key inspection report

## Care homes for older people

<b>Name:</b>	Autumn Grange
<b>Address:</b>	Linden Road Creswell Worksop Notts S80 4JT

<b>The quality rating for this care home is:</b>	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.

<b>Lead inspector:</b>	<b>Date:</b>
Bridgette Hill	2   0   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](http://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](http://www.tso.co.uk/bookshop)

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

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

## Reader Information

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## Information about the care home

Name of care home:	Autumn Grange
Address:	Linden Road Creswell Worksop Notts S80 4JT
Telephone number:	01909724098
Fax number:	01909724179
Email address:	
Provider web address:	

Name of registered provider(s):	Monarch Consultants Limited
Name of registered manager (if applicable)	
Type of registration:	care home
Number of places registered:	54

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	20	0
mental disorder, excluding learning disability or dementia	0	0
old age, not falling within any other category	0	54
Additional conditions:		
The maximum number of service users who can be accommodated is: 54		
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 category/ies Old age, not falling within any other category - Code OP, Dementia - Code DE - maximum number of dementia places 20		
Date of last inspection		

### Brief description of the care home

The home is a 54 bedded purpose built establishment, within the rural village of Creswell, providing nursing care and personal for the older persons and for up to 20 places are available for persons with dementia.

Service users accommodation is situated on two floors with a lift available. There are lounge and dining areas situated on both floors. Some rooms available have en suite facilities, most bedrooms are single occupancy.

The range of fees charged at the home arange from £344.12 to £676.60 per week with extra charges made for Chiropody, and toiletries.

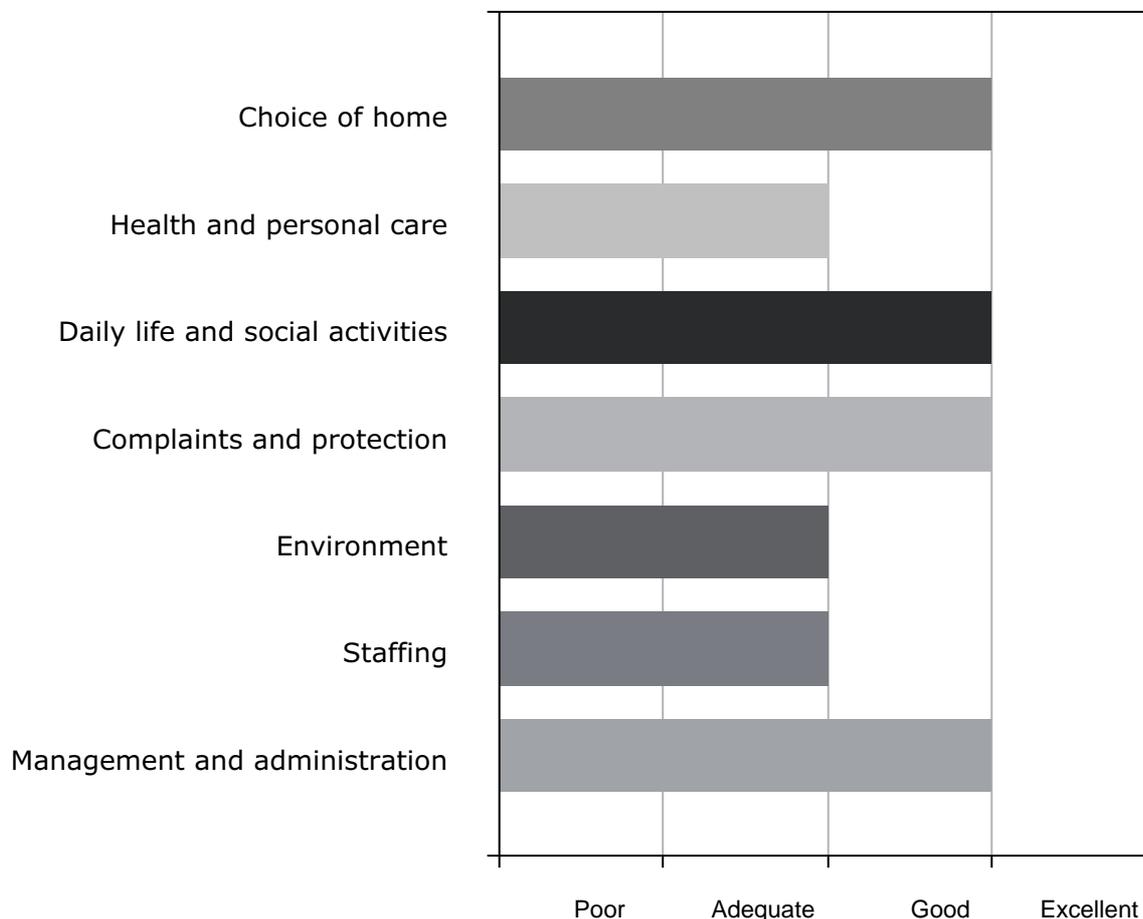
## Summary

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 focus of inspections, undertaken by the Care Quality Commission (CQC), is upon outcomes for people and their views of the service provided. This process considers the Home's capacity to meet regulatory requirements, minimum standards of practice, and focuses on aspects of service provision that needs further development. In order to prepare for this visit we looked at all of the information that we have received, or asked for.

Since our last inspection of the home new providers have been registered therefore this inspection regarded the home as a 'new' service. The information we considered as part of the planning of the inspection and the subsequent report included:

The 'Annual Quality Assurance Assessment' (AQAA). This is a document completed by the home that focuses on how well outcomes are being met for people using the service. Relevant information from 'Other Organisations', and what 'Other People' have

told us about the service.

'Surveys' returned to us by people using the service, their relatives, and from the staff working in the service.

What the service has told us about things that have happened in the service, these are called 'Notifications' and are a legal requirement.

During this visit to the service 'case tracking' was used as a system to look at the quality of the care provided. This involved the sampling of three residents records. The service's general records and quality assurance processes were also examined. Discussions were also held with staff and residents as part of our visit. In addition, discussions were held with the Acting Manager Ann Ayodele about the service and its general operation.

### **What the care home does well:**

There are systems in place to ensure each resident is fully assessed prior to them being admitted to the home this ensures that the home can be confident it can meet the residents needs.

There were many positive comments shared with about the staff at the home. We were told they were kind and caring, Some of the comments were: I have always found the staff very friendly and always willing to help with the care that my mum gets. They are brilliant at diffusing the situations that arise when about 16 people live with each other. Very friendly approachable staff. They make a point of getting to know the residents and spend time with them.

The home has implemented a series of quality assurance audits and has begun some surveys with visitors to monitor the quality of the service.

### **What has improved since the last inspection?**

This is the first inspection of the service under new ownership and therefore the inspection is regarded as a new service inspection. It was worthy of note thought that staff told us there was improved staff morale and a more optimistic feel about the future of the home.

### **What they could do better:**

Care plans viewed were variable in quality and whilst care plans on the new format being introduced were well personalised and up to date this was not the case for all. One residents plan lacked specific details about to deliver care to the resident as updates were confined to recording the changes in need and the body of the care plan had not been updated to reflect this.

The homes has had little investment in improving or maintaining the decor and appearance of the building and therefore residents living in the home would benefit from some refurbishment.

One staff member had commenced in post will partial Criminal Records Bureau checks in place working in an unsupervised capacity therefore robust recruitment procedures are not being implemented.

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](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line 0870 240 7535.

## Details of our findings

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## 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.

There are suitable systems in place to assess residents needs, this ensures the home is able to meet the needs of new residents.

Evidence:

The Annual Quality Assurance Assessment completed by the home told us that a qualified nurse visits all prospective clients in their home or in hospital to conduct a pre-admission assessment, which incorporates information from the multidisciplinary team.-social worker, nursing, medical, psychiatric assessments and proposed plans of care already in place

We were told that trial visits and overnight stays would be offered to residents to enable them to sample what it would be like to live in the home.

There were written assessments for each prospective new resident which had been developed from assessments which the Manager told us they conducted prior to

## Evidence:

admission. Where other professionals and Care Managers were involved we also saw copies of their information had been obtained to get a full picture of the resident and their needs. The written pre admission assessments were well documented and some risk assessment tools were also included and it was considered that the information was sufficient to assess if the home could meet the needs of residents. The Annual Quality Assurance Assessment completed by the home told us that following the assessment they write to the prospective resident to confirm the home can meet their needs and to offer them a placement.

We talked with residents about why they chose the home. Most residents said families had been involved in choosing the home. We asked if residents had enough information about the home before moving in but said largely that families had dealt with this.

The home does not offer intermediate care to residents.

## 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.

Insufficient updating of assessed care needs and how care is to be delivered may lead to residents not receiving the care they need.

Evidence:

The new provider was in the process of updating care plans onto new documentation and a sample of new and older style care plans were examined at this visit. One care plan for a resident noted significant changes in mobility and whilst a footnote to the care plan had been added as part of the monthly review the body of the plan describing how care was to be delivered had not been. A hoist was currently being used to help the resident move whereas the care plan referred to walking with the use of aids. The care plan was also not specific in identifying why care was required for example a difficulty in communicating was recorded but this did not say why or what the difficulty actually was and there was a general lack of personalisation in the plan.

The new care plan being introduced was much improved and gave a higher degree of detail in the care needs of the resident. This care plan recorded the residents

## Evidence:

preferences and abilities and would ensure that the care delivered would be suitable.

We looked at one care plan where the resident had a wound which was being dressed. It was not possible to establish an audit trail of treatment from the records and the care plan in place detailed differing advice to that recorded by the Tissue Viability Nurse who had visited.

Ongoing log records were written for each shift to monitor how the residents were. These made reference to the care plans being met but were repetitive and did not regard the resident as an individual and detail how the days had been spent.

Where needs had been identified specialist healthcare was required from the Dietitian or Speech and language Therapists referrals had been made and appointments kept. Arrangements were in place for a chiropodist to visit the home regularly for which residents paid for the service they received.

We examined the storage and administration of medicines during our visit. No residents self medicated and staff ordered and administered all medicines however one resident we spoke with had a supply of over the counter medicines which staff were unaware they had. The medication administration records had well documented dosage instructions and recorded all the administrations. Variable dosages were well recorded and an audit of medicines would be possible as records documented medicines received and those returned. Since our last visit the treatment room had been relocated to a suitable room where the temperature was more suited to medicines storage than the previous room. We looked at the controlled drugs records and the majority were clearly documented however one medication was recorded as being in the cupboard when it wasn't. Some disposal records were available but these did not fully account for the amount recorded in the book.

One relative told us Mum is always clean and nicely dressed. Another relative told us they had concerns about the care of fingernails and felt they could be kept shorter and cleaner.

## Daily life and social activities

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

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

### This is what people staying in this care home experience:

Judgement:

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

The home offers residents a choice of meals and organises activities to enhance residents' everyday lives.

Evidence:

The home employs a full time activity coordinator who works Monday to Friday and plans activities for residents on a week by week basis. A schedule of weekly activities was on a notice board to inform residents and visitors what was being offered.

Comments recorded on Care Quality Commission surveys and ones completed by the home indicate that relatives feel there could be more activities offered to residents particularly those who are cared for in bed. One relative did tell us however the activity lady does have some very good ideas and always helps residents.

We spoke to the activities coordinator about the range of activities on offer and was told that this included some individual time with residents, skittles, bingo, flower arranging, baking and knitting. There were some large print and talking books available for residents to access. We observed some residents reading and doing puzzles. Some residents had a newspaper each day at extra cost to them.

## Evidence:

A hairdresser visits to do residents hair on a weekly basis at an extra cost. At present the home does not have any clergy visiting the home due to changes in the parish. Some external entertainers visited the home including one group which specialised in engaging residents with dementia in music activities. Some outings were being planned for the Summer and on occasions some residents went out with staff to local shops.

Comments from relatives told us the home makes family welcome at all times. Residents generally gave positive comments about the food offered at the home apart from one resident who said the food was ordinary. We were told choices were routinely offered to residents at each meal. Tasting sessions had recently been held to consult with residents about a new menu being put together. We observed lunch being served where each resident was given a choice of main dish. Residents could help themselves to use the cruets and gravy jugs on the tables. The pureed diet was attractively presented and staff were observed to assist residents to eat in a dignified manner. Some residents chose to eat in their rooms or lounges if they wished.

## 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.

Policies and procedures are in place which assist in ensuring the welfare of residents was safeguarded.

Evidence:

The complaints procedure was made available to residents in the entrance hallway and in the Service User Guide. The quality assurance document completed by the home told us there had been no complaints received since the new providers took over and the manager confirmed that none had been received the form was completed. No complaint had also been received by the Care Quality Commission.

The surveys we received back told us the majority of residents and relatives knew how to raise concerns. Residents in the home we spoke with knew the name of the Manager and said they would feel able to talk about any concerns they had.

There had been some safeguarding adult concerns at the home since the new providers had taken over. Suitable systems were in place and established local procedures had been followed to ensure that there was multi agency consideration of the allegations and subsequent investigation findings. There was a whistle blowing policy in place to enable staff to report concerns. Staff told us about the training they had had in relation to safeguarding the residents in their care and had a clear understanding of their responsibilities for reporting any concerns they may have.

Evidence:

The providers had organised for staff to receive training in safeguarding adult and the majority of staff had completed this with just a few staff identified who had not yet completed training.

We asked if arrangements had been made for residents to be included on the electoral register which would enable them to vote at the election if they wished to. We were informed the form had been completed but no voting forms had yet arrived.

## 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.

The home is clean though residents would benefit from some superficial upgrading of decor and furnishings.

Evidence:

The home is a purpose built one with bedrooms and lounges available on both floors. Residents with mobility difficulties have the use of a lift to enable them to access all parts of the building. At the time of the visit the garden area was being paved and upgraded ready for the Summer to provide an attractive outdoor area for residents.

The home generally was appearing shabby and tired in places and the Manager acknowledged that had been identified as an area of need. Areas of decor had some damage and handles were missing from some pieces of furniture. A panel from one staff call was missing. The new providers are drawing up an action plan to address this with some rooms already being redecorated and new furniture being purchased.

We looked at fire prevention and management systems during our visit, this informed us that all servicing and regular checks were in place to ensure that the alarm and system were working. Some minor actions were needed to attend to a door closure which was being arranged. Staff we spoke to knew what action to take in the event of a fire although not all fire safety training was up to date.

## Evidence:

Residents' rooms varied with some being very individual with pieces of furniture and lots of personal possessions making them very homely. Some residents preferred to stay in their rooms rather than use communal areas. Residents we spoke with said they were largely happy with their rooms, one resident told us they thought their room was on the small side.

The home was generally found to be clean and this view was supported by information we received on surveys. A faint odour was however present on the upstairs unit. Staff told us they had access to infection control equipment such as gloves and aprons. They were observed wearing these and stocks appeared plentiful. We did observe during our visit some cans of cleansing foam in communal areas which when used communally can increase the risk of infection to residents.

One survey from a relative summed up the building nicely telling us the home is 'nice and clean but building could do with a face lift'. Comments from other relatives surveys told us the home was always 'clean, fresh and tidy'.

The laundry area was suitably equipped and new equipment had been purchased. The clothing of residents appeared well cared for although one quality survey the home had received had commented that all clothing seemed to be washed at the same temperature which was not always appropriate. The new owners had purchased new towels and flannels to replace old ones.

## 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.

Care is delivered to residents by a staff team who have access to training and support. Insufficient completion of recruitment processes prior to staff commencing may place residents at risk as staff may not be suited to work with vulnerable adults.

Evidence:

For the 36 residents in the home, 14 of them requiring nursing care there was routinely 2 nurses and 6 care staff on day duty and one nurse and 3 care staff on nights. One staff member we spoke with told us these were the best staffing levels that have been in place for some time.

Comments from residents and relatives said of the staff all the staff are always pleasant and willing to do things. We were told that there were very friendly approachable staff. They make a point of getting to know the residents and spend time with them. Other things we were told is that there is good rapport with the residents from nursing and general staff, good liaison with relatives and good care and attention to residents self esteem.

We examined a range of staff recruitment files to assess how recruitment practice was being completed. For two files all completed checks were in place. For a third file the staff member had commenced work on an unsupervised basis without a full Criminal Records Bureau disclosure being in place. We were told a previous Criminal Records

Evidence:

Bureau disclosure had been seen but a copy of this was not available.

We looked at training records in the home where a matrix to record an overview of training was available. This indicated that the provider has offered a range of training to staff and staff told us on one survey that training was being brought up to date by the new provider. The majority of staff had completed a range of mandatory training however some gaps were evident where staff were yet to receive training.

One staff member on a survey told us that they would like more training to do with dementia and aggressive residents. The training matrix we looked at confirmed that this had not yet been completed. The manager informed us that some dementia training was part way through being completed and challenging behaviour training would be offered to staff at a later date.

The manager showed us a copy of the skill based induction that new staff undertook, we were told that the staff completing this held their own record.

One staff survey told us that things were much better since new owners took over, training now brought up to date, rooms redecorated, old equipment replaced, the home was now starting to look like a professionally run business.

## Management and administration

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

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

**This is what people staying in this care home experience:**

Judgement:

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

The home is managed in a way that ensures it is run in people's best interests and that their health, safety and welfare is promoted and protected.

Evidence:

The new providers immediately appointed a manager in post when they took over. The manager appointed is a qualified nurse who holds a managerial qualification. They have previous experience of home management. Formal registration for the Manager to register with the Care Quality Commission has yet to be applied. Some surveys received at the home and by the Care Quality Commission indicated that relatives have been disappointed that a meeting with the new provider and management team has not yet been offered.

The staff we spoke with us that the manager team of the home was supportive and approachable.

The provider was monitoring quality at the home through monthly recorded visits

## Evidence:

where a range of records and discussions with staff had taken place. One visit had taken place during the night to engage with night staff and see how the home was at night. No recorded discussions with residents were included as part of these to ascertain how they viewed the service. In February some surveys were sent out to visitors and a number had been returned mostly giving good or excellent opinions of the service offered. Some suggestions were recorded for improvement on the forms mainly activities, food and more information and contact with the management of the home.

The home had systems in place for storing residents money. This was usually small amounts of money for hairdressing, chiropody and toiletries. Records of all transactions were signed off by two staff, suitable balance checks were in place and a check of monies available for a sample of residents correlated with the records.

A system was in place to record and accidents or incidents. New improved forms have been introduced which provide a good level of detail on the event and subsequent actions. All actions taken appeared to be appropriate. The manager had a system of auditing accidents on a monthly basis to establish any increase in accidents.

Information provided on the homes quality assurance assessment and records at the home indicated to us that all servicing checks were in date. The homes handyman also had systems of ensuring water temperatures were acceptable to prevent scalding and that wheelchairs and bed rails were being safely maintained.

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	Care plans must be kept under review and updated to reflect changes in the residents care needs  This will ensure that staff have relevant information and that the resident receives the care they need	31/05/2010
2	9	13	There must be robust recording of controlled drugs to enable a audit trail to be possible to account for all controlled medicines  This will ensure safe keeping and clear accountability of controlled drugs held in the home	31/05/2010
3	19	18	All staff must receive fire safety training at intervals prescribed by the Fire and Rescue service	30/06/2010

## 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 ensure staff will be competent to deal with any fire related problem they encounter	
4	29	19	Robust fitness checks must be completed and evidenced prior to staff commencing work with residents on an unsupervised basis  This will ensure that staff recruited are suitable to work with vulnerable adults	31/05/2010

## 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	19	A redecoration and refurbishment plan should be drawn up and implemented to improve the appearance of the home
2	26	The use of cleansing foam cans should be reviewed to ensure all current infection control guidance is followed, this will limit the risk of cross infection

## Helpline:

**Telephone:** 03000 616161

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**Web:** [www.cqc.org.uk](http://www.cqc.org.uk)

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