

Key inspection report

Care homes for older people

Name:	Beachcomber Care Home with Nursing
Address:	12 North Road Seaham Durham SR7 7AA

The quality rating for this care home is:	two star good 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:
Jim Lamb	1 0 1 1 2 0 0 9

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

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

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

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

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

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

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

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

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

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

Reader Information

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Information about the care home

Name of care home:	Beachcomber Care Home with Nursing
Address:	12 North Road Seaham Durham SR7 7AA
Telephone number:	01915819451
Fax number:	
Email address:	nye.thomas@btconnect.com
Provider web address:	www.seaham.com/beachhomes/

Name of registered provider(s):	A Charles Thomas (Care) Limited
Type of registration:	care home
Number of places registered:	52

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	52
physical disability	5	0
Additional conditions:		
The maximum number of service users who can be accommodated is: 52		
The registered person may provide the following category of service only: Care home with nursing - Code N To service users of the following gender: Either Whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category - Code OP, maximum number of places: 52 Physical Disability - Code PD, maximum number of places: 5		

Date of last inspection	1	7	0	3	2	0	0	9
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Brief description of the care home
Beachcomber Care Home with Nursing is a registered care home that provides nursing, personal, and social care for older people. The home can have up to 52 residents. Most people live there permanently but Beachcomber does have a small number of respite and day care places for people still living in their own homes. Beachcomber is owned by A Charles Thomas Care Ltd, and Mr Thomas takes a close interest in the day to day life of the home. Beachcomber is located on the sea front at Seaham, County Durham, near the town centre. There are lovely views of the sea from the front of the home,

Brief description of the care home

and residents have the use of two quiet garden areas. The home is part newly built and part adapted two storey building. All bedrooms are used as singles. These are large rooms, and the majority now have en suite toilet facilities. The home has passenger lifts to the first floors. Fees range between £431.60 and £452.81. The home's terms and conditions give a detailed breakdown of these charges, the services received for them, and of arrangements for paying and adjusting fees. The home has a service user guide to give people who might want to move into the home information about what they can expect, there is also a CD rom that gives people a 'virtual' tour of the home. Copies of the Inspection reports are available for people to read.

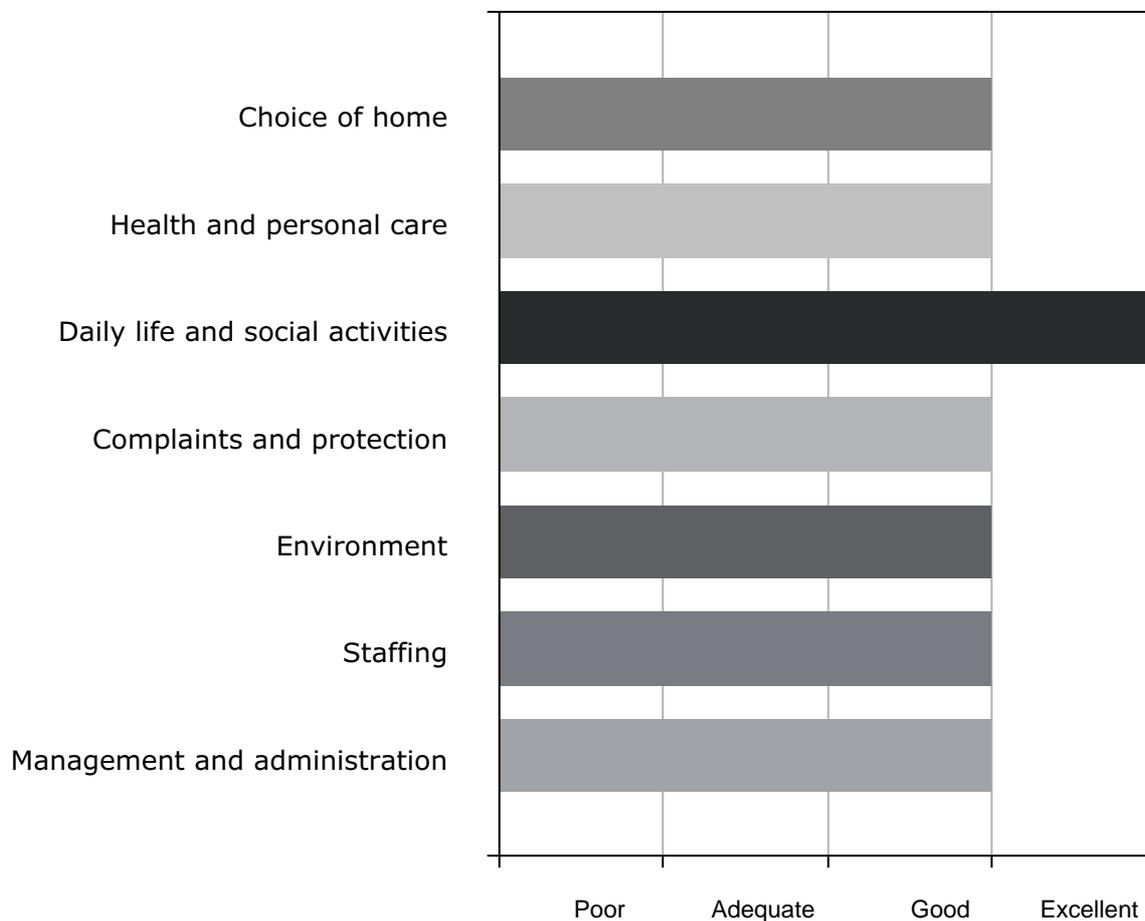
Summary

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

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

We have reviewed our practice when making requirements, to improve national consistency. Some requirements from previous inspection reports may have been deleted or carried forward into this report as recommendations - but only when it is considered that people who use services are not being put at significant risk of harm. In future, if a requirement is repeated, it is likely that enforcement action will be taken.

The quality rating for this service is 2 stars. This means that the people who use the service experience good quality outcomes.

How the inspection was carried out.

Before the visit we looked at information we have received since the last visit, how the service dealt with any complaints and concerns since the last visit, any changes to how the home is run, the provider's view of how well they care for people, and the views of

people who use the service and their relatives, staff and other professionals.

During the visit we talked with people who use the service, relatives, staff, the manager, proprietor, and visitors. We looked at information about the people who use the service and how well their needs are met, looked at other records which must be kept, checked that staff had the knowledge, skills and training to meet the needs of the people they care for, looked around the building/parts of the building to make sure it was clean, safe and comfortable, and checked what improvements had been made since the last visit.

We told the manager/provider what we found.

What the care home does well:

The home provides a good range of information to people thinking of coming to the home, so they can make an informed decision.

The home makes a full assessment of a person's needs before deciding if it can meet all those needs.

The home draws up plans to meet the care needs of its service users.

Service users health care needs are also fully assessed and properly met.

Service users say that staff treat them well and treat them with respect.

The staff are working hard to provide a stimulating atmosphere in the home, with appropriate social activities for service users.

Service users are encouraged to keep in regular contact with family and friends.

Service users are also encouraged to take as much control over their own lives as they are able, and make their own decisions.

Service users were very complimentary about the food, and there is a balanced diet, with service users choice included.

Complaints and concerns are taken seriously and are responded to properly.

The home is kept clean and hygienic and free from odours.

The home has enough staff to meet the needs of service users.

The home is very careful as to how it recruits new staff, and runs all the necessary checks on them to protect its service users.

The manager is very experienced and is providing positive leadership to the home.

The home is being run in the best interests of the service users.

Service users finances are protected by the home's policies and accounting systems.

The health and safety of the service users and of the staff are protected by the home's policies and systems.

What has improved since the last inspection?

All the requirements and recommendations from the last inspection visit have been met.

The home has retained the Investors in People Award.

New equipment and furnishings have been provided for the service users comfort.

What they could do better:

It is difficult to locate specific information within the care plan evaluation records. The manager has agreed to implement a more user friendly format.

One person had a challenging behaviour care plan in place, the plan did not describe accurately how to manage this persons behaviour, who was involved in its implementation, how often it should be reviewed, and it was not signed by those involved in its implementation.

This could compromise the health and safety of the service user, and place those caring for her at risk. The manager agreed to address this issue immediately.

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.

Prospective service users are provided with enough information about the service to enable them to make an informed choice about whether this is where they want to live.

Evidence:

People who come to stay here are given an information pack, called a Service Users Guide, which includes useful information about what they can expect from the service.

Prospective service users and their relatives have access to a computer web site, and this informs them about what they can expect from the home. There is also a DVD that provides a 360 degree virtual tour of the home.

Everyone is encouraged to come and have a look around the home before making a decision. In this way people have good information to make a decision about whether to move to this home.

Evidence:

There are clear records to show that the needs of the service users were assessed before they moved in so that the home knows whether those needs can be met here. Care managers of the Social Services Department carry out most assessments and these are provided to the home. The manager said that this information is sometimes late in arriving, and this can result in delaying the implementation of initial care plans.

The manager also carries out assessments of prospective new service users, to make sure that the home can meet their individual needs. The assessments also include brief details of people's spiritual and social care needs so that the home can plan to support them in these areas.

All service users are provided with a contract that explains the homes terms and conditions and the fees to be paid.

The home does not provide 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.

The care planning system is not quite clear enough to ensure that staff have the information they need to meet the assessed needs of the service users.

Evidence:

A comprehensive range of assessments is completed to identify each service users current health, personal and social care needs. This information is used to devise and update individual care plans. Service users are involved in planning their care and have a key worker who monitors and helps to update care plans. A sample of four service user care plans were examined. These addressed physical health, personal hygiene, continence, memory and cognition, skin integrity, communication, social and spiritual needs. The recording was detailed, specific and personalised to the person's requirements.

The plans demonstrated care and support to be provided by staff and what the person can do independently. There were also good examples of plans that showed how risks to the person are managed or minimised. These should be signed by the service user or their representative, this will ensure that everyone is aware of the risks identified.

Evidence:

The information in the care plan evaluations was not easy to follow, a numbered code system is used to record outcomes. The manager said that she will review this, and introduce a more user friendly format.

One person had a challenging behaviour care plan in place, the plan did not describe accurately how to manage this persons behaviour, who was involved in its implementation, how often it should be reviewed, and it was not signed by those involved in its implementation. This could compromise the health and safety of the service user, and place those caring for her at risk. The manager agreed to address this issue immediately.

Service users said they always receive the care and support they need, and that the staff always treated them with respect and maintained their privacy and dignity.

One service user said, "This is a smashing place, the staff are the best. My family live close by and they visit most days".

Another said, "I have no complaints and i like the staff very much, they are always helpful".

Service users have a choice of local GP practices, and the residential side of the home has an allocated District Nurse. There are arrangements for an optician, dentist and podiatrist to make home visits. The care records did not have a section for recording these visits, therefore it was difficult to locate information and outcomes of these visits. Again, the manager agreed to address this issue.

Service users also receive input, if required from mental health care professionals, physiotherapist and occupational therapists. Service users have their moving and handling, nutrition, continence, and pressure sore risk needs assessed. Falls assessments are also completed.

Some service users have a life story completed, this is good practice. It is hoped that these will eventually be completed for all service users.

There were some good examples of care plans linked to specific health care needs and medical conditions. Where identified these incorporated appropriate aids and equipment used.

All staff who administer medication undertake relevant training. A sample of medication charts were examined. These were appropriately recorded and have

Evidence:

service users photographs for identification purposes. The staff team were reminded that all handwritten entries in the medication charts must have two staff signatures, and they must stop using Latin abbreviations, such as: mane, nocte, BD, and TDS. The home has new storage cabinets, and the local pharmacist provided advice regarding the systems used.

All personal care and medical examination/treatment is carried out in private. Service users confirmed that staff treated them with respect and personal care is always carried out in a dignified manner.

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.

The service users are offered a good quality lifestyle, which includes varied social contact and activities.

Evidence:

The home draws up a detailed social history for each person, including hobbies and interests, likes and dislikes, social networks, spiritual needs etc, and there was evidence in the care plans that individual interests are catered for.

The full time activities co-ordinator displays a whole range activities and events in the home. Activities include favourites such as reminiscence sessions, karaoke, bingo, carpet skittles, quizzes, crafts, baking, domino's and cards. There are film shows and weekly pamper days such as hairdressing and manicures.

The activities co-ordinator keeps very good records of activities, and of those service users that have participated. As well as group activities, she is supported by the whole staff team in providing one to one support for those less able, or who prefer not to join in with group activities. There are also regular outings arranged, they have recently visited butterfly world in Preston park, and enjoyed a ferry ride to North Shields.

Evidence:

The usual range of festivals and other significant days are celebrated. These include Valentine's Day, Shrove Tuesday (pancake tossing), Burns night, Halloween etc. with photos taken and displayed in the home.

There are monthly entertainers. These have included choirs, singers etc.

The activities co-ordinator has recently completed a training course organised by the Primary Care Trust. The training is called, Jabadao, the objective is to introduce social seated classes that enhance the health and wellbeing of older people through exercise.

The home continues to be supported by the local community who help to organise fund raising events.

Care assessments and care plans showed that service users are encouraged and supported to be as independent as possible. They are free to choose their daily living patterns, in terms of when they get up and go to bed, what to wear, when to bathe, what to eat and when. (The kitchen is never locked). They are assisted to vote, if they so choose. They are also encouraged to comment on the running of the home in their meetings.

The menus promote healthy eating. Alternative choices are available for every mealtime, there is provision for individual choice of, omelette, jacket potatoes, soup etc, on request. The menus were drawn up with the help of a dietician.

Snacks are available at all times, day and night.

Specialist diets will be catered for, but, at the time of the inspection, only diabetic and 'soft' diets were required by service users.

There is a substantial budget for the catering staff to work to.

The service users said that they always like the meals and confirmed that they are always offered a choice.

One service user said, "My only complaint about the food is, there is sometimes too much to eat, but it is always good".

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.

The complaints management is effective, and this results in the service users being protected from harm and abuse.

Evidence:

There is a complaints procedure. It contains details of how to contact the CQC to make a complaint, if complainants are not happy with the homes investigation and response. The procedure is written in a way that ensures service users fully understand its contents. Copies are displayed throughout the home. For those service users without capacity, advocacy arrangements are in place.(IMCAS) independent mental capacity advocates. How to access access this service is displayed in the home.

One service users said she had been given copies of the procedure and that staff listened to her concerns and always dealt with them fairly.

Since the last inspection visit, there has been two complaints recieved and these were appropriately resolved.

The home has a Whistle Blowing policy,a copy of the Local Authorities Vulnerable Adults procedures, and a copy of the Department of Health's document, "NO SECRETS". Staff are aware of these procedures and have easy access to them.

Safeguarding adults training is ongoing for all staff.

Evidence:

Service users can deposit cash for safe keeping, and records are kept of accounts.

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

The home provides a comfortable and safe environment for those living there.

Evidence:

The home was clean, well decorated and well maintained. The grounds were attractive, tidy, safe, and accessible.

The home has an appropriate amount of sitting, recreational and dining space. There are enough rooms for a variety of activities to take place.

During the last six months, there has been some significant improvements made to the environment, there is new flooring in the dining room, new flooring in the ground floor bathroom, a new call system on the lapwing unit, energy efficient lighting has been installed, beach wing has a new fire escape, several profiling beds have been purchased, new freezers in the kitchen, and a new key-pad entry system has been fitted to the main entrance door.

Service users can see visitors in private in their own rooms. Furnishings and fittings were domestic in design and in good condition, some bedroom chairs are worn and should be replaced. The majority of bedrooms have got en-suite facilities.

Some bedrooms had freestanding wardrobes, these were not secured to the wall.

Evidence:

These could easily topple over and cause injury. By the end of the inspection, the maintenance supervisor had secured 10 wardrobes, and will complete the rest the following day.

There is a first floor lounge that overlooks the sea, this is mainly used by families and service users as a quiet area. There are two other lounge areas on the ground floor, additional side tables in these areas will avoid service users having to balance/hold hot cups of tea/coffee, and minimise the risk of spillage. The manager said that she will arrange to purchase some additional side tables.

Lighting was bright and domestic in design.

All doors have privacy locks and room sizes exceed the required standards. There is space on either side of beds when necessary, to enable access for carers and specialist equipment.

Service users bedrooms have opening windows and restrictors are in place where needed. The rooms were centrally heated and the heating level could be controlled within each bedroom. Radiators and pipes were guarded.

There are two highly attractive courtyard areas that have been landscaped, and service users have access to these areas. The home has a no smoking policy, there is an outside smoking shelter for people to use.

There was emergency lighting throughout the home.

The kitchen was spotlessly clean and very well organised.

Water is stored at over 60 C. Valves at water outlets ensure water is provided close to 43 C to prevent scalding.

The home was clean and free from offensive odours.

The laundry facilities are very well organised.

The washing machines have the specified programme to meet disinfection standards. To avoid cross infection, and to promote infection control, the manager agreed to dispose of all communal sponges.

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.

There is a good match of well-qualified staff, who are appropriately recruited and supervised.

Evidence:

Staff levels on the day of the inspection met the agreed level for the number of service users. On the day of the inspection there were 43 service users, 20 residential and 23 nursing.

In addition to the manager, the required numbers of staff were on duty across the day, one qualified nurse and 7 carers. During the night there is one qualified nurse and 4 carers. The manager is aware that additional nursing staff will be needed, if the number of nursing places increases to 26.

There are enough domestic, maintenance, and catering hours.

All staff were over 18 years of age and those left in charge were at least 21.

The training needs of the staff are identified in supervision and appraisal sessions.

The homes training programme meets the National Training Organisation requirements for the first six months.

Evidence:

Staff receive at least three days paid training each year.

All statutory training was up to date and nearly all of the staff team has completed NVQ level 2/3. Two other staff have completed level 4.

The manager confirmed that all new staff completed application forms, the dates of employment are recorded, making it easy to follow a clear employment 'audit trail'. There is an audit check list and this ensures that all the necessary checks have been completed prior to commencing employment.

The following records are kept: two work references, (crb) criminal record bureau check, documentary evidence of identity, induction and training and development information.

All nurses working in the home are registered with the Nursing and Midwifery Council, and there is a system in place to ensure that the nurses registrations are up to date. Care staff are employed in accordance with the General Social care Council.

The employee handbooks have been updated, and new contracts have been issued which includes new employment law regulations.

The organisation employs a training and development officer, and all staff have an annual training matrix drawn up, this covers all mandatory training needs, and other core training needs, such as Dementia Awareness and Adult Protection. Individual staff members have his or her individual training needs analysis on their personal file. These have recently been revised to cover developmental as well as mandatory and core training.

The manager said that, mental capacity and deprivation of liberty training will be arranged for staff during the next 12 months.

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 manager is supported by the organisation in providing good leadership throughout the home, with staff demonstrating an awareness of their roles and responsibilities.

Evidence:

The manager is a qualified nurse, and experienced in senior roles within social care and nursing settings. Service users, relatives and staff described her as being approachable and caring. She has the Registered Manager's Award at National Vocational Qualification (NVQ) level 4.

All staff are regularly supervised (bimonthly) and have an annual appraisal.

Good accounting procedures are followed, with receipts and signatures being obtained for all financial transactions involving service user's personal monies, such as pocket monies, individual accounts and records are maintained. Service users have ready access to their money, even at short notice. Comments received from staff and management confirmed that there are good health and safety policies and practices

Evidence:

that promote the health, safety and welfare of service users and staff. These are regularly updated. All relevant staff members do refresher training in Health and Safety, such as moving and handling, fire safety and food hygiene. This helps reinforce the registered provider's written policies on Health and Safety. Health and Safety issues are also discussed at staff meetings. The home has retained their Investors in People Award.

The proprietor visits the home daily, and he is actively involved in promoting the health, safety, and welfare of the service users and staff.

Service users and staff expressed satisfaction with the way the home was run and the good standards that were evident in many instances. For example, all service users and relatives commented that the home was always fresh and clean.

Service users and staff said they enjoyed living and working at the home and believed the home was safe and run in the best interests of the service users.

The manager said she routinely invites comments and suggestions for improvements from both service users and visitors to the home, via regular meetings, surveys and consultations. The service has an annual development plan.

The home's accident records are kept up to date and information is fully recorded. Each accident is reviewed after 24 hours to check the outcomes of the accident and any treatment given. There is a monthly audit of accidents, and a detailed audit of all falls.

The home's lift and hoisting equipment had been serviced. All gas and electrical appliances had been subject to the required safety checks. A range of workplace risk assessments had been completed.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

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

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	7	<p>The care plan evaluation format should be reviewed to ensure that information recorded is more easily accessible.</p> <p>This will ensure that important information is not overlooked and always acted upon.</p>
2	8	<p>The challenging behaviour care plans should clearly describe in detail the behaviour displayed, and how this should be managed in a safe way. The plans should be signed by all those professionals involved in its implementation, and review dates agreed.</p> <p>This will ensure that the person's welfare is promoted and minimise the potential risks to those caring for that person.</p>
3	9	<p>Hand written entries in the medication records must have two staff signatures. The use of latin abbreviations should not be used to describe the times when medication should be administered.</p> <p>This will ensure that service users receive the correct prescribed medication at the right times.</p>

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

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