

Key inspection report

Care homes for older people

Name:	Birchy Hill Nursing & Residential Home
Address:	Birchy Hill Sway Lymington Hampshire SO41 6BJ

The quality rating for this care home is:	zero star poor 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:
Craig Willis	2 1 0 9 2 0 0 9

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

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

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

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

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

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

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

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

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:	Birchy Hill Nursing & Residential Home
Address:	Birchy Hill Sway Lymington Hampshire SO41 6BJ
Telephone number:	01590682233
Fax number:	01590682217
Email address:	
Provider web address:	

Name of registered provider(s):	Angel Care Plc
Type of registration:	care home
Number of places registered:	70

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	70	0
mental disorder, excluding learning disability or dementia	70	0

Additional conditions:

The maximum number of service users to be accommodated is 70

The registered person may provide the following category of service: Care home with nursing (N) to service users of the following gender: Either whose primary care needs on admission to the service is within the following category: Dementia (DE) Mental disorder, excluding learning disability and dementia (MD)

The registered person may provide the following category/ies of service only: Care home with nursing (N) to service users of the following gender: Either Whose 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

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Brief description of the care home

The home is registered to provide nursing and personal care for up to 70 older people who have dementia or mental health issues. The home has a garden to the rear and a large car park to the front. The village of Sway has a train station and shops,

Brief description of the care home

chemist, post office, GP surgery, church, hotels and pubs. People wishing to live in the home or their representatives are given written information about the home and the service that it provides and are invited to visit the home. A copy of a report of the most recent inspection of the home is made available to people.

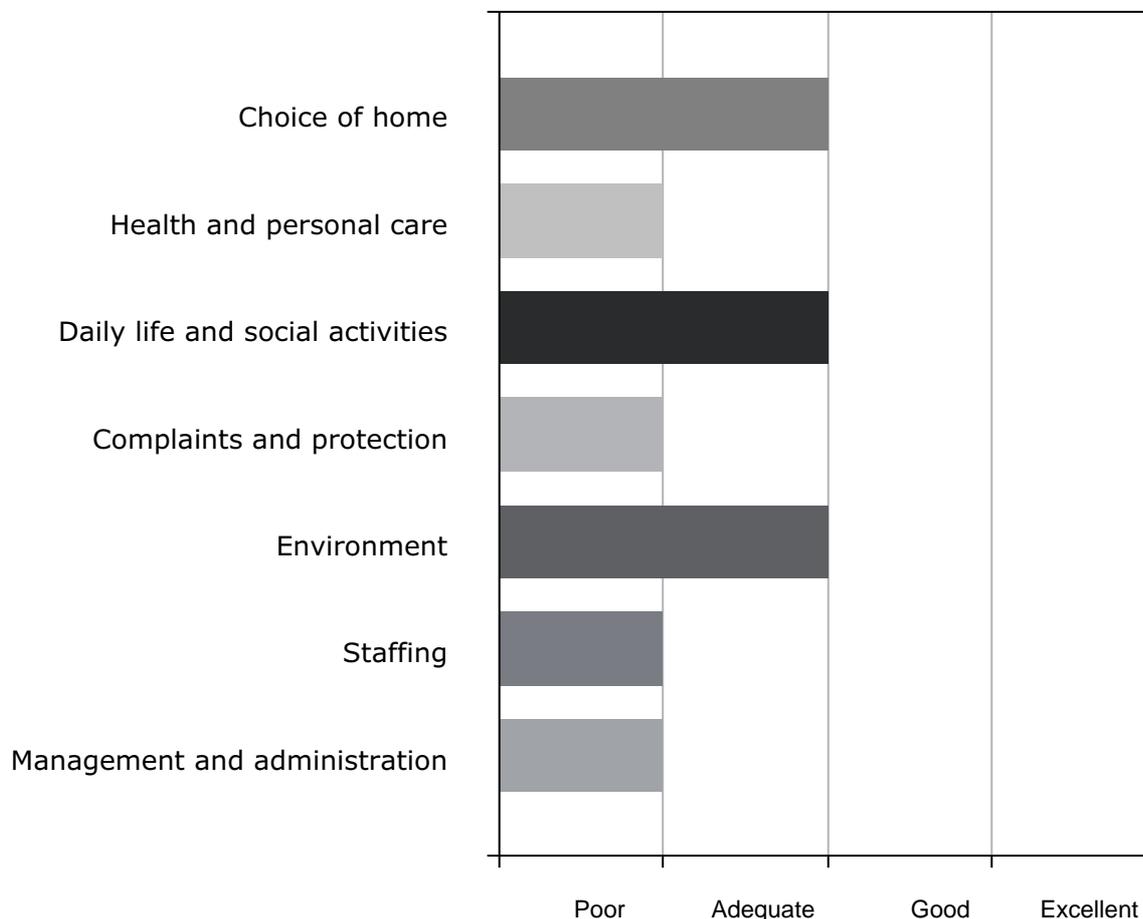
Summary

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

The quality rating for this care home is:

zero star poor service

Our judgement for each outcome:



How we did our inspection:

We visited the home on 18 and 21 September 2009. During the visit we spoke with people who live in the home, visiting relatives, the manager, the Director of Care and staff on duty. We looked at records relating to the running of the home and inspected all the communal areas of the home. We also looked at a sample of the bedrooms. Before the visit the manager completed an annual quality assurance assessment for us, which gave us the manager's assessment of what was happening in the home. We also spoke to staff from adult social services and the visiting health teams about their views of the home. We reviewed all the information we have received about the home since the last key inspection on 23 October 2007.

What the care home does well:

People felt staff treat them well and provide care in a manner that maintains their dignity.
Most people enjoy the meals provided by the home and staff provide good support for people to eat.
The home is generally well maintained and clean.

What has improved since the last inspection?

We did not make any requirements or recommendations following our last inspection.

What they could do better:

The manager needs to make sure there are clear plans that set out how people's needs should be met.
Where people are assessed to need a specific piece of equipment or care regime the manager must ensure that this is provided.
Medication must be stored securely, disposed of safely and staff must keep accurate records when they give medication to people.
The manager needs to ensure people are offered suitable activities that meet their specific needs.
Staff need to be thoroughly checked before they work in the home. This will help to protect people.
Staff need to be provided with training suitable to their job role. This will help to ensure staff have the right skills and knowledge to meet people's needs.
The provider needs to make sure the quality of the service provided is assessed and any shortfalls that are identified are rectified.

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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Choice of home

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

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

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

This is what people staying in this care home experience:

Judgement:

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

There are good systems to assess people's needs before they move into the home, although in practice the information recorded does not always give clear information about what people's needs are.

Evidence:

The manager completed an annual quality assurance assessment (AQAA) prior to the inspection. The manager reported in this assessment that Birchy Hill encourages prospective residents to visit the home before deciding whether to move in, but that this is practically difficult for most people. The AQAA did not give any details of the process for assessing people's needs before they were offered a place in the home. During the visit we inspected the records of four people who live in the home, including three people who had moved in during the last three months. Each person had a pre-admission assessment that was completed before they moved into the home. The assessments were completed by the manager and involved a visit to the person, either to their home or hospital. These assessments included people's

Evidence:

mobility, physical and mental health, communication and any specific risks that can be identified before the person moves to the home. Some of the information on the assessments was brief, for example the mobility section for one person just stated that they were 'mobile with zimmer' and one person's assessment stated they 'had periods of anxiety and distress triggered by personal care', without any further information about how the distress and anxiety was communicated or what support was being provided to manage this.

Relatives spoken with during the visit confirmed that they were able to visit the home before their relative moved in. Information about the services the home provides is available and was displayed in the entrance hallway.

The home does not admit people solely to receive 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 **poor** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The systems for assessing people's needs and planning their care are not consistent, which has resulted in people's needs not always being met. This has increased the risk of people's health deteriorating. The home's medication procedures are not always followed and medication is not always stored safely. This places people at risk of receiving the wrong medication.

Evidence:

During the visit we inspected the personal records of four people who live in the home. Each person had a set of assessments and care plans, however, many of the plans and assessments seen had only been completed two days before the visit, following concerns raised by adult social services. Some of the plans we inspected contained conflicting information.

One person's assessment for pressure relief care refers to them needing an air mattress. The night care plan for this person refers to another type of mattress. When we checked this person's bed they were using a pressure relief mattress, but not an air mattress. The manager reported that the mattress used for this person was

Evidence:

suitable for people with a Waterlow score of up to 20. This is an assessment of the risks people face of developing pressure ulcers. The person had a Waterlow assessment in their file with an assessed score of 21, which fell into the 'very high risk' category. The person was not being supported to use a suitable mattress to meet their needs in relation to pressure relief.

The needs assessments for one person said they showed 'no aggression', yet there was a recorded incident in which staff stated the person started to be aggressive, grab their hand and push them. There was no care plan about aggression and the way staff should provide support for this person.

Another person had a 'behaviour chart' in their file and there was a record that they had been aggressive towards staff and other residents. The report did not state what form the aggression took or what action staff took to support the person. The person did not have a care plan or risk assessment relating to aggression or the risks to other residents.

Some of the plans seen made reference to the person being incontinent, yet the home's 'continence assessment' form had not been completed.

Some of the plans had a risk assessment for falls prevention which stated that if there were more than three positive responses to the five questions posed there should be further action in the form of further assessment or referral to specialist services. None of the forms seen that had more than three positive answers had any follow up action.

Some of the care plans we inspected were generic and did not contain specific information about how staff should meet people's needs.

Adult services and the community health team have recently conducted an assessment of people's needs in the home following concerns about the care people were receiving. These assessments raised similar concerns to those we have identified during this visit.

The records we looked at contained some details about appointments people had with other health services, although these records were not always fully completed. One person's record states that they were seen by their GP, but there is no record of the reason for the appointment or the outcome. Another record stated that blood samples had been taken four times, but there was no information about the reason for the tests or any outcome.

Evidence:

We looked at the medication records and medicine supplies for ten people. We also inspected the medication care plans for two people, the storage and recording of Controlled Drugs and the policies and procedures for medication handling. We watched staff giving medicines to some people and talked to the manager and nursing staff.

Medicines in the home were stored in locked trolleys and cupboards and at the correct temperature for the protection of people who use the service. However, whilst we were in the home a supply of medicines was delivered and they were left unattended by the nurse. There was also an incident reported to us by the home within the last 2 months in which a resident took the medication of other residents which had been left unattended by staff. This incident required the resident to be admitted to hospital. We were informed by the provider that this staff member no longer works in the home.

Medicines that can be misused, known as Controlled Drugs, were not being stored correctly. The manager was aware of this and a new cupboard was on order. Records of the use of Controlled Drugs were being made in a Controlled Drugs register, in line with best practice guidelines. These records were however not well kept. For example when one person had left the service and taken their medicine with them it was not recorded in the Controlled Drugs register. Two entries on the night of 16.9.09 had not been entered into the register even though the medication record charts showed that the medicines had been given. This left a discrepancy between the amount recorded in the register and the amount actually in the home. This discrepancy had not been picked up by the staff on duty on the night of 17.9.09 when a further dose of one of these medicines had been given. Regular audits of Controlled Drugs were not being carried out by the service so they were not finding and correcting the problems themselves. The records showed that Controlled Drugs had been returned to the pharmacy for disposal. The manager confirmed that Controlled Drugs had been returned to the pharmacy but said it had been an exception and that it was not their regular practice. We however found evidence of this happening on a second occasion. The homes medication handling policy and procedure does not specify how Controlled Drugs are to be disposed of. It is illegal for care homes registered to provide nursing care to dispose of medicines other than through a licensed waste disposal company. All other medicines were being appropriately disposed of by the home.

The records of medicines given to people were not well kept and could not show that people get their medicines as prescribed. There were a number of gaps in the records. When we looked at the medication supplies these were able to show us that people were getting their medicines but the nurses were failing to record this.

Two people whose records were looked at were prescribed medicines to be given only

Evidence:

when needed. The nurse on duty was not able to show us any care plans about when these medicines should be given. When we discussed this with the manager she showed us care plans for both of these people. Whilst care plans are in place the staff on duty on the units could not demonstrate that they were aware of them or that they would refer to them when managing these medicines.

People who were prescribed analgesic medicines had pain assessment charts kept with their medication administration records. These were newly introduced and none had yet been completed.

People's right to look after their own medicines is recognised in the home's medication policy. However when we visited everyone was having their medicines given to them by the registered nurses. We watched two nurses giving people some of their medicines. Both nurses followed safe practice and treated people respectfully.

During the visit we observed staff interacting with people who live in the home in a friendly and respectful manner. Staff were observed actively promoting people's privacy and dignity by supporting them close doors to toilets and people's privacy was maintained whilst being supported with personal care.

Daily life and social activities

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

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

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

There are good arrangements to provide meals and visitors are made to feel welcome, however, there are not sufficient group and individual activities arranged to meet people's specific needs.

Evidence:

The home has an activities co-ordinator, who we spoke with during the visit. It was reported that most of the activities provided are done on a one to one basis because of people's needs. The home does have some visiting entertainers about once a month. There is an activities record but there was very little information recorded in it. We were told that the activities record was started in May 2009. Of the 51 residents listed, 28 had no record of taking part in any activities, either in a group or individually. The record of activities for one person contained inappropriate information about their agreement to restrict the number of cigarettes they smoked. The only organised activities listed were a visiting musician and a church service. Relatives spoken with during the visit said there were few activities organised. Comments included, "people just sit and look at one another" and "the television is on permanently, but the sound is often turned down". The relative of one person said they had always enjoyed sport but they were not aware of their relative ever being supported to watch sport on television.

Evidence:

People are able to visit the home at any reasonable time. Visitors spoken with during the inspection said they were made to feel welcome and could stay with their friend or relative for a meal if they wanted. Details of visiting arrangements are made available to people in the statement of purpose.

The home has a planned menu, which is displayed in the entrance hallway. The chef reported that she is developing a file with information about people's likes and dislikes, as well as specific dietary needs. This information is used to plan and offer people a different meal where necessary. One resident spoken with confirmed that the chef would do something different if they didn't like the the meal on the menu. We also received positive comments about the food from other relatives and one relative reported that staff provided good support to eat the food. During the visit meals were observed to be well presented and people were provided with good support to eat where necessary.

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

There are good systems to investigate and respond to complaints, however, the home does not follow the correct procedures to report abuse issues and not all staff are suitably trained in the safeguarding procedures. This increases the risk that people will not be protected from abuse.

Evidence:

The home has a complaints procedure, which is made available to people in the statement of purpose and is displayed in the entrance hallway. Relatives spoken with said they thought complaints would be taken seriously if they raised anything. There is a complaints record, which demonstrated that two complaints have been received in the last year. Both complainants received a response from the manager, addressing all of the points they raised.

The home has procedures in place for safeguarding adults and the prevention of abuse, although they were not inspected during the visit. Two staff spoken with demonstrated a good understanding of different types of abuse people may face, signs of possible abuse and action to take if abuse is witnessed, reported or suspected. The home's training records demonstrated that only 10 of the 27 listed health care assistants had completed the safeguarding training.

Adult services are currently co-ordinating investigations into concerns about care some people received under the safeguarding procedures. These incidents were reported to us by adult services, rather than the home recognising they were issues that should be reported under the safeguarding procedures. Once these investigations

Evidence:

have been concluded we will assess whether there is any further action that we need to take.

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 has been decorated with the needs of people with dementia in mind. The home is generally well maintained and clean, although not all maintenance work is completed in a reasonable time-scale.

Evidence:

During the visit we looked at all the communal areas of the home and a sample of the bedrooms. On the first day of the visit there was strong smell of urine in one part of the home, which staff explained was due to the needs of one resident. The manager said they had suitable cleaning equipment to be able to address the problem. On the second day of the visit there were no unpleasant odours in any areas of the home. The manager reported that she has taken advice from dementia specialists in the decoration of the communal areas and use of signs and contrasting features, for example ensuring doors and grab rails are visible to people. Residents and relatives spoken with said that the home was kept clean.

The entrance area for three of the bedrooms was being used to store a clothes rail and an old filing cabinet with items of clothing. This meant the area was cluttered and was not welcoming.

The bathroom on one of the wings was out of use and it is currently being refitted. Records demonstrated that this room had been out of use since February 2009. There was another bathroom on this wing that people could use.

One of the bathrooms inspected had a record of bath temperatures in it. The

Evidence:

temperature record had not been completed since 7/5/09 and last recorded bath temperature was 32 degrees Celsius. The manager said that the record was sometimes removed by one of the residents and that she would investigate with staff why a resident was supported to take such a cool bath.

The home has a new laundry room that was built as part of a recent extension. The extension also provided an additional 20 bedrooms. Hand washing facilities are available throughout the home, as are alcohol gel dispensers. Staff are provided with protective clothing, such as gloves and aprons and were seen using them during the visit.

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

Staff are not thoroughly checked before they work in the home and do not receive the training they need to do their job. This means people are not protected by the home's recruitment procedures and staff do not receive training to develop the skills they need to provide the right care for people.

Evidence:

Residents and relatives we spoke with during the visit generally felt there were sufficient staff working in the home, although one person did feel staff were always rushed and one person said there were not enough staff available. Staff we spoke with said staffing levels had been low recently, but that new staff had been recruited and things were getting better. The manager reported in the annual quality assurance assessment that 7 of the 25 care assistants employed when the form was completed had achieved the National Vocational Qualification in care at level 2 or above. The expectation of national minimum standards is that 50% of the care staff hold this qualification.

At the last inspection we identified a member of staff who had started working in the home before all of the required checks on them had been completed. During this visit we inspected the records of 4 staff members. We found that for 3 of these staff all suitable checks, including a criminal record check and written references were completed before they started work. One of the staff whose records we inspected had

Evidence:

started working in the home before either of the two written references required had been received. The references were received after the person had started work in the home.

We inspected the training records during the visit. These records had not been kept up to date so it was difficult for the manager to assess which staff still needed to complete training courses and which staff were due to complete refresher training. Through cross referencing the training record with the record of attendance at specific training courses we were able to determine that of the 27 care assistants, 17 had not completed the training on keeping people safe from abuse, 20 had not done the first aid training, 15 had not completed the dementia training, 7 had not done the moving and handling course, 22 had not done the course on responding to people when they are aggressive and 25 had not completed the health and safety training. The training records for the qualified nurses were also not fully completed so it was difficult to tell what training they had completed to keep their skills up to date. Staff spoken with had mixed views about the quality of the training. One person said they thought it was good and relevant to their role, while another person thought the courses were 'quite basic'.

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

The management and quality assurance systems in the home are ineffective and have placed people at risk of their health and personal care needs not being met.

Evidence:

The registered manager has worked at the home for approximately 5 years and reported in the annual quality assurance assessment that she has developed good links with support services for people with dementia.

During the visit we looked at the records of the required monthly visits to the home by the provider or their representative. We found that there were only reports of four visits during 2009. These visits were completed by a Director of Care for the company and the reports contain actions that were required to be completed as a result of the visit. Some of the actions were repeated in several reports, for example the bathroom that was out of action referred to in the environment section of this report was listed as needing action in the reports from February 2009. Three of the reports also contained actions to reduce the temperature of the treatment room so that medication

Evidence:

was stored at a suitable temperature. The report for April 2009 assessed the training records and it was reported that all training was up to date. This does not match the evidence we found during the visit. The most recent report of a visit available was for June 2009. This report states that the records of people who live at the home were checked however, the report does not identify the shortfalls in care plans, risk assessments, pressure care, medication or activities that have been identified in this report. The manager reported in the annual quality assurance assessment that the home regularly sends out survey questionnaires to residents, relatives and visiting professionals to receive feedback about the quality of the service provided. A relatives surgery is also held 3 times a year to give people the opportunity to discuss any concerns or issues they have about the home.

During the visit we inspected the staff supervision records for 2009. These showed that 6 of the 39 staff have not received any formal supervision sessions during that period and 5 have received only 1 supervision session. None of the staff have received more than 3 supervision sessions. Staff spoken with said they did not have regular formal supervision sessions.

The manager reported in the annual quality assurance assessment that equipment in the home is regularly serviced and tested to ensure it is safe. We inspected records for the fire alarm, hoists, lift, gas system and electrical wiring that confirmed the manager's report.

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	15	<p>The registered person must ensure that each service user has clear care plan that sets out how their assessed needs should be met. The plan should include an assessment of any risks people face and contain clear information about how the identified risks should be managed.</p> <p>This will help to ensure that all staff have clear information about how to meet people's needs.</p>	31/10/2009
2	8	12	<p>The registered person must ensure people receive the care and treatment they need, including the provision of suitable equipment for people at risk of developing pressure ulcers.</p> <p>This will help to ensure people's health needs are met.</p>	31/10/2009

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
3	9	13	<p>The registered person must ensure that medicines are disposed of through an authorised waste company.</p> <p>This will ensure that the home is complying with the law regarding medicine disposal.</p>	31/10/2009
4	9	13	<p>The registered person must ensure complete and accurate records are completed of all medicines given to people, including Controlled Drugs.</p> <p>This will show that people get the medicines they have been prescribed.</p>	31/10/2009
5	9	13	<p>The registered person must ensure that medicines are securely stored at all times.</p> <p>This will help to protect the people who use the service.</p>	31/10/2009
6	12	16	<p>The registered person must ensure that people living in the home are supported to take part in activities that meet their specific interests and needs.</p> <p>This will help to ensure that people are offered suitable activities.</p>	31/10/2009
7	29	19	<p>The registered person must ensure that the documents</p>	31/10/2009

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
			<p>specified in Schedule 2 of the Care Homes Regulations 2001 are obtained for all staff before they start working in the home.</p> <p>This will ensure that all staff are thoroughly checked before they work in the home and help to protect people.</p>	
8	30	18	<p>The registered person must ensure that all staff working in the home are provided with training suitable to their role.</p> <p>This will help to ensure staff have the skills necessary to meet people's needs.</p>	30/11/2009
9	33	26	<p>The registered person must ensure that visits to the home by the provider or their representative are undertaken each month and a report of the visit provided to the manager.</p> <p>This will help to ensure the provider is aware of the way the home is operating.</p>	31/10/2009
10	33	24	<p>The registered person must ensure there is an effective system in place to assess the quality of the service provided and plan improvements.</p>	31/10/2009

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
			This will help to ensure that any shortfalls in the service provided are identified and rectified.	

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

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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