



Making Social Care  
Better for People

Inspecting for better lives

# Key inspection report

## Care homes for older people

<b>Name:</b>	Heath House
<b>Address:</b>	Elstree Road Bushey Heath Hertfordshire WD2 3JJ

The quality rating for this care home is:

three star excellent service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

<b>Lead inspector:</b>	<b>Date:</b>
Patricia House	2 9 0 1 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. 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.

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)

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- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

## Reader Information

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## Information about the care home

Name of care home:	Heath House
Address:	Elstree Road Bushey Heath Hertfordshire WD2 3JJ
Telephone number:	02089010900
Fax number:	02089010968
Email address:	heath@quantumcare.co.uk
Provider web address:	

Name of registered provider(s):	Quantum Care Limited
Name of registered manager (if applicable)	
Mrs Patricia Angela Daniel	
Type of registration:	care home
Number of places registered:	61

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	0	61
old age, not falling within any other category	0	61
physical disability	0	61

Additional conditions:

Date of last inspection

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Brief description of the care home

Heath House is a purpose built home owned by Quantum Care Limited. The home is a two-storey building, which is divided into four units. Two of the units on the first floor provide support for people with dementia. The home also admits people for respite care. The home is set within landscaped grounds and there are good parking facilities for visitors. There is also a day centre on the same site, which is managed separately from the home. The day centre provides services to the local community although residents from the home are able to access some of its events. The shops, restaurants and pubs in Bushey Heath are within a short walking distance of the home, as are various places of worship. There are also bus links to Bushey Village and to the town of Watford with its extensive facilities and transport links.

## Brief description of the care home

The last CSCI inspection report and the home's Statement of Purpose and Service User's Guide are displayed in the entrance hall and copies are available on request. Current weekly charges for the home range from £545 to £640.

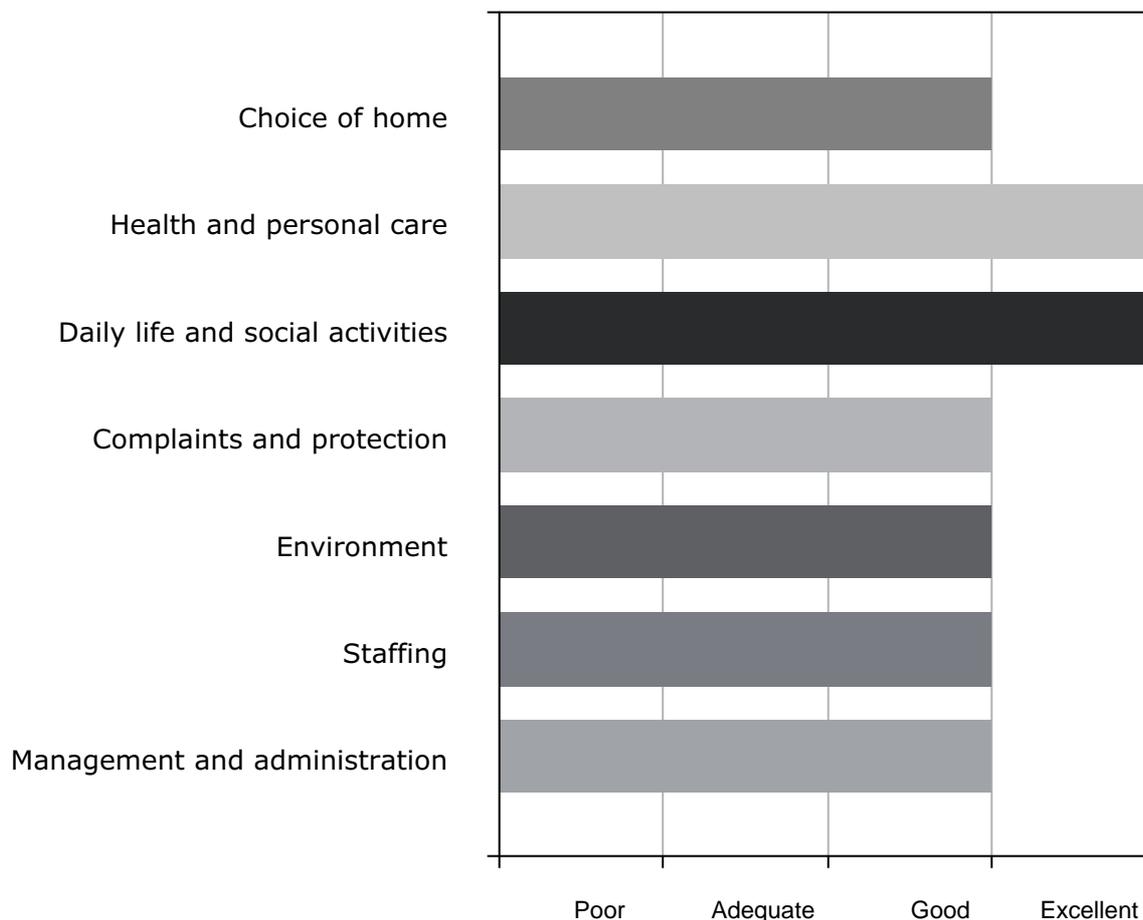
## Summary

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

The quality rating for this care home is:

three star excellent service

### Our judgement for each outcome:



### How we did our inspection:

The last key inspection of this service was completed on 8th February 2007.

The information in this report is based on an unannounced inspection of the home, which took place over one day with one regulation inspector carrying out the work of the Commission. For the purposes of this report the Commission will be referred to as "we."

For this inspection we were accompanied by an expert by experience (ex by ex). An expert by experience is someone who is not an inspector but someone who has direct knowledge or involvement of receiving a care service. For this inspection they were asked to speak with residents on one floor of the home where people are able to

express their views and to examine if people's social needs were being met so as to obtain a view of what it is like for these people to receive a service at the home. The ex by ex used a wheel chair during the visit and was also able to examine the accessibility of the various areas of the home.

The registered manager was on duty throughout the day and we spoke with staff, residents and visitors. We visited all parts of the home and checked a variety of records.

Before the inspection the manager had completed and returned to the Commission an annual self-assessment quality review, the Annual Quality Assurance Assessment, (the AQAA). This document included statistical information about the home and confirmation of policy reviews and equipment checks.

We have also reviewed any other information we have received about this service between inspections.

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

The residents and visitors we spoke with said they were very happy with the care provided at the home and they praised the staff and the manager.

People are fully assessed before entering the home to be sure that all their needs can be met. We found that residents were comfortable expressing their views to the management and staff and said that their views were listened to and acted on.

The care planning in the home is thorough and people are involved in creating their care plans. Care staff told us they found the Care plans clear and meaningful and this enabled them to provide appropriate and up to date care for all the residents.

The ex by ex said that the activity co-ordinators were full of enthusiasm and that the events they provided were varied and clearly enjoyed by residents in the home. The ex by ex also said that they had no negative feed back from anyone they spoke with. One visitor said they were very anxious about their relative going into a home but that they "had settled in very well and the family were very happy with the care". Another relative said that their parents were both living in the home and they were all very happy with them living there.

A resident told the ex by ex that "my husband died in the home two years ago and I did not want to go on living in my house on my own. I asked if I could come here and they said yes. If you need a doctor one comes right away, and the carers are really nice and will do anything for you." The ex by ex felt these comments summed up the and good relations people have with the home and its staff. Another resident said they had "come here after being in two other homes which I did not like. I am happy here."

The ex by ex also said that the easy and relaxed way residents and their visitors moved around the home was impressive and the whole atmosphere was one of friendliness and devoid of tensions.

The ex by ex also found using a wheel chair around the home presented no problems.

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

All areas of the home are subject to a programme of continuous refurbishment and many areas had been redecorated since the last visit.

Staff training has been provided on a regular basis ensuring this is up to date for all staff in the home.

More activities have been and are continuing to be introduced into the home to ensure people are kept stimulated and helped to stay as active as possible.

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

No requirements were made as a result of this inspection.

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 set out on page 4.

The report of this inspection is available from our website [www.csci.org.uk](http://www.csci.org.uk). You can get printed copies from [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.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.

Standards 3 and 4. Standard 6 does not apply to this home.

People who use the service can be sure that their individual and specialist needs have been fully assessed and that the home can meet their needs in an appropriate way.

Evidence:

We spent time on the dementia unit and spoke with residents and staff and observed how they interacted. People appeared happy and relaxed on this unit and we saw staff talk with residents as they walked past and use appropriate touch and eye contact to reassure residents. We saw one member of staff spend time with one resident, although the worker was en-route to complete another duty. At this time the care worker offered a cup of tea to the resident and we saw the tea provided shortly after. All the care we noted on this floor was person centred and care staff clearly put residents first and saw them as individuals. This dementia floor now has a specialised

## Evidence:

activity room with a large screen television so that film shows can be appropriately provided. We were also told by staff that people who are more confused at the home have craft sessions provided with other residents, but have their activity adapted to meet their needs. We also heard that some of the residents who have dementia enjoy being taken out for short trips in the vehicle used at the home and trips have been planned so that the vehicle does not have to stop as this was causing distress for some residents. We could not speak at length with the two activity co-ordinators on this occasion as they were spending some of the day providing training for staff at a sister home. The manager said that these co-ordinators were planning a range of specialist activities for the more confused people. The manager and a care worker have also completed a one year dementia training course and the manager said that more initiatives were being planned for the specialist unit. We recommended that more pictorial signs and visual images could be positioned around the unit and more appropriate items for touching and examining could be provided. The manager said these ideas had already been considered and plans to introduce more equipment were in hand.

We checked a range of residents' records during the visit and all contained evidence of detailed needs assessments which had been completed by senior staff before the individual entered the home. We also saw copies of the care summaries provided by referring agencies which had been sent to the home. From this information initial care plans had been completed in all the records we checked so that care staff could be clear about everyone's needs and how best to meet them, as soon as the new person became resident in the home.

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

Standards 7, 8, 9, 10 and 11.

People who use the service have their needs fully documented in care plans and are involved in completing these records. This enables staff in the home to be sure that care is provided appropriately and in a way which promotes individual dignity. Procedures for administering medication in the home are thorough and help to protect residents from the risk of harm.

Evidence:

We spoke with people in all areas of the home and tracked a selection of corresponding care plans during the visit. The details of care needs recorded were comprehensive in all cases and covered all appropriate areas. The details had also been summarised to enable staff to be clear about daily needs and how to meet them and day and night checks were recorded and signed to evidence the care provided. The care staff involved write daily in residents' records showing how and when the assessed needs are actually provided. Individual choices had been recorded covering

## Evidence:

food preferences and preferred daily activities and daily records showed how these preferences had been complied with. The format for the records listing choices and preferences is person centred and enables residents to take part in completing them. One resident's care plans listed the things they liked to take part in, and these included helping to lay tables for meals. While we were checking the care plans the resident in question, who was confused, was supported to collect some paper napkins and proceeded to lay these on the dinner tables.

We also saw details of people's wishes regarding death and dying completed in care plans.

Details of health needs were made clear and records showed when Health professionals visited and the outcomes. Appropriate written risk assessments had been completed and these had been regularly reviewed and signed by the assessor. Care plans contained body charts which had been completed to demonstrate clearly where different parts of residents' bodies might need attention. We saw details recorded of the care provided for one resident who has a pressure sore. Appropriate District Nurse involvement was noted and the progress of the treatment was demonstrated. We saw details of the referral made to the Health authority for an assessment as the manager and staff felt that the resident's increasing needs might be better met in a nursing environment. The manager told us that the Company now employs a Nurse Practitioner who liaises with District Nurses and families to ensure everyone's care needs are met appropriately and to ensure that good communication was maintained. We saw appropriate equipment in people's bedrooms when we toured the home. We had seen specialist profiling beds and bed rails in some rooms and the care plans we checked had completed risk assessments in place to show why these items were in use. One care plan recorded that one resident had entered the home with a pressure sore and a special bed and mattress had been provided right away. The sore was now healed. Reviews with families were also documented showing that good levels of communication were maintained between the home and people's relatives.

We checked the home's system for administering medication. We observed a medication round and checked the main store room. Most medication is pre-packed in blister packs by the pharmacist. Where medication is administered from a packet, we saw the date of opening recorded on the container so that audits could easily take place and accuracy could be demonstrated. One resident administers their own medication and records had been detailed of the process involved and risk assessments had been completed. so that the resident could remain independent but safe. Generally we found that the recording, storage and administration of medication in the home was sound and protected the people whose medication was administered. We did find one drug error but this was followed up on the day. Since the inspection

Evidence:

the manager has confirmed to the Commission that, as a result of this one error, a pharmacist inspection had been requested and had taken place and that one member of staff had been retrained in medication procedures. This action is in line with the home's medication policy which covers drug errors and ensures that robust procedures are in place to protect residents from the risk of harm.

The residents and visitors we spoke with said that the staff in the home always treat people with respect and dignity and that people could see visitors in private whenever they wanted. Visitors said that their relatives always wore their own clothes and we noted that people's hair and nails were clean and that people looked well dressed.

## 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.

Standards 12, 13, 14 and 15.

People who use the service can take part in a range of activities and events which help to provide stimulation and ensure they continue to feel part of the community. The meals provided at the home are excellent and enable all residents to enjoy a nutritious diet and maintain their good health.

Evidence:

During the visit we saw the plan for the week's activities displayed on notice boards. The range of events provided included craft sessions music events and quizzes. Some of the residents we spoke with and some visitors confirmed that people in the home were reminded by staff of the day's event and were encouraged and supported to take part. The Expert by Experience spoke with several residents on the ground floor and heard that lots of outings take place including trips to the pub for lunch and visits to garden centres. People said that they take part in buying plants for the communal garden and enjoy participating in planting these when they get back to the home. The Expert by Experience observed the two activity co-ordinators during the inspection and commented that they are "full of enthusiasm and really enjoy their job." We heard

## Evidence:

music being played in communal areas and care staff said that generally residents preferred this to having the television on at all times. They confirmed however that anyone could watch the television when they wanted. A local charity provides a mobile shop for residents once a week and this was being taken round the home during the inspection. The hairdresser was also providing services to residents on the day. We saw people reading newspapers and they confirmed these were delivered to the home daily.

The visitors we spoke with said they were welcomed in the home at all times and could see their relatives in private or in communal areas as they wished. We were also told that, although residents are encouraged to participate in activities, those who do not wish to, have their wishes respected.

The manager said that most families looked after their relative's financial affairs but that any able resident would be encouraged to manage their own finances. We spoke with one resident who thought they would like an advocate to discuss some of their financial affairs and the manager said this support would be arranged.

The residents and visitors we asked said that the food provided at the home was "lovely" and we observed the mid-day meal served on one unit. The meal was served well with enough staff around to ensure that everyone on each table was served at the same time. Tables were attractively laid and the meal looked nutritious and appetising. Residents confirmed that they chose their meal beforehand but could request an alternative on the day if they wanted. We saw a range of snacks and fruit provided between the main meals and care staff said that people could request any food or drink they wanted at any time, day or night. We passed by a bedroom at the meal time and observed a member of staff helping to feed a resident who was in bed. We saw this assistance given gently and with patience so that the resident concerned could take their time and enjoy the meal.

We visited the kitchen and spoke with the chef who had recently completed another nutrition course. We saw the system in place for ensuring that special diets and food preferences were always provided. This system was sound and helps to protect residents from harm. Details of the food eaten by all residents are recorded and kept on file for safety. We saw the snacks being prepared for tea time and saw the finger food which is prepared for the dementia unit so that residents who choose not to eat a main meal have their nutritional needs met when they pick at the nutritious snacks as they pass by. The chef provided details of the special food events which take place through the year at the home. These include Cornish teas, "Tea at the Ritz", Bonfire food and regular "Taste of" events where a variety of foreign food is offered.



## 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.

Standards 16 and 18.

People who use the service can be confident that any concerns they might have will be listened to and acted on and can be sure that procedures followed in the home will help to protect them from abuse.

Evidence:

The home has written policies on Making a Complaint, Adult Safeguarding and Whistle Blowing. We checked the complaints record book, but there had been no complaints made to the home since the last inspection. No complaints have been received about the home by the Commission. The residents we asked said they would not hesitate to voice a concern if they had one and the visitors we spoke with confirmed that they were aware of the home's Complaints policy.

The staff we asked said they had received training in Adult Protection and Whistle Blowing and were aware of the home's policies and their implications. The manager said she would be updating the home's Adults at Risk Policy the following week.

## 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.

Standards 19 and 26.

People who use the service live in a home which is well maintained and where procedures followed by staff ensure good infection control is promoted so that residents are protected from the risk of harm.

Evidence:

We visited all areas of the home during the visit. There is an on-going maintenance plan in place for the home and many areas have been refurbished since the last inspection. All areas were clean and in good decorative order and furnishings are comfortable and appropriate for their use. The Expert by Experience, who visited the ground floor, found the communal rooms were furnished to a high standard and found that wheel chair access was not a problem in any area. The bedrooms we saw looked attractive and most contained the residents' own furnishings and fittings making the rooms very personalised.

All bathrooms and toilets contained liquid soap and soft paper towels as advised in guidelines for good infection control. Residents all had their own toiletries in their bedrooms and communal bathrooms were clean and clear of clutter which helps to ensure everyone's safety.

Evidence:

The laundry was clean and had hand washing facilities for staff so that hygiene can be maintained during the laundry process.

## 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.

Standards 27, 28, 29 and 30.

People who use the service are supported by staff who are well trained and who provide care in a professional manner. Recruitment procedures in the home are thorough and help to protect residents from abuse.

Evidence:

The manager confirmed to us that the management team in the home is now complete and that all senior staff work full time. The manager said that the current management structure of the home works well and the care staff we spoke with said that all staff work as a team and receive good support for all their tasks. The residents we spoke with praised the staff and said they felt there were usually enough staff on duty to meet their needs. On the day of the inspection there were four care team managers on duty as well as the manager and deputy. There were eleven care workers on duty as well as administrative and ancillary staff. We did not note any times during the visit where we felt there were not enough staff on duty.

One care worker told us that their induction training had been comprehensive and had lasted for three days. All the staff we spoke with said that they receive regular updates of all the training considered basic for care staff and we saw training certificates

## Evidence:

to verify this on the staff files we checked. The domestic staff we asked confirmed that they received appropriate training and were included in staff meetings and information sharing, enabling them to be aware of any issues in the home. We asked some staff about the content of some of the training courses and were satisfied that these care workers understood the implications of training guidance for areas such as safeguarding, challenging behaviour and dementia care.

Care staff confirmed that they are encouraged to undertake NVQ training and that a staff member is an NVQ assessor, making this training more accessible for staff.

We tracked some staff records and checked recruitment procedures. We saw evidence that all appropriate checks were in place before staff commenced work in the home and we saw copies of staff contracts confirming their roles and hours of work.

## 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.

Standards 31, 33, 35 and 38.

People who use the service live in a home which is well run and where their views affect the running of the home. Procedures followed by staff ensure that residents are protected from financial abuse and ensure that the health and safety of both residents and staff are promoted at all times.

Evidence:

Residents we spoke with praised the manager and the management of the home. They told us that they could voice opinions at any time as well as during the regular residents' meetings and that their views were always listened to and acted on. During the inspection the Expert by Experience was given permission by the residents concerned to attend a residents' meeting run by one of the floor managers. A visitor also attended this meeting which was arranged before the inspection day. Topics discussed included choices about new curtains for the home and requests for

## Evidence:

comments about the change to breakfast time. People were encouraged to vote about the issues. Residents also brought up their own issues and some changes were agreed by the manager. The Expert by Experience was satisfied that people in the home are fully involved with the day to day running and feel comfortable voicing any opinions they might have.

As well as the regular staff and residents' meetings which are held, the home uses the company Quality Assurance procedures and surveys are sent out regularly from head Office to residents and relatives to ensure satisfaction with the service. The manager said that any areas where improvements are needed are highlighted and issues are addressed.

The manager completes monthly analyses and summaries of events in the home including accidents and incidents, so that any significant trends can be noted and addressed. We checked the accident records and these had been appropriately recorded and issues dealt with.

Records are kept of the financial transactions which staff at the home support residents with. All such transactions are regularly audited by senior staff from the company. We tracked the financial records and personal allowance of one resident and the records, monies and receipts for expenditure all tallied.

During the visit we noted evidence that the hoists in the home had been recently serviced and the fire hydrants on one unit are covered to protect some of the more confused and vulnerable people from risk of harm. We saw no areas where any hazardous substances had been left accessible to residents. Care staff also confirmed that they are trained in good practice and confident when assisting residents to transfer and that there are always two members of staff involved when a hoist is used in the home.

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
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## 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
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### 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
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### Recommendations

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

No.	Refer to Standard	Good Practice Recommendations
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## Helpline:

**Telephone:** 0845 015 0120 or 0191 233 3323

**Textphone:** 0845 015 2255 or 0191 233 3588

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