Key inspection report

Care homes for older people

<table>
<thead>
<tr>
<th>Name:</th>
<th>Woods Court Care Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Hatton Gardens</td>
</tr>
<tr>
<td></td>
<td>Newark</td>
</tr>
<tr>
<td></td>
<td>Nottinghamshire</td>
</tr>
<tr>
<td></td>
<td>NG24 4BP</td>
</tr>
</tbody>
</table>

The quality rating for this care home is: one star adequate service

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.

<table>
<thead>
<tr>
<th>Lead Inspector:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary O'Loughlin</td>
<td>1 4 1 0 2 0 0 9</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Outcome area (for example Choice of home)</th>
</tr>
</thead>
<tbody>
<tr>
<td>These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:</td>
</tr>
<tr>
<td>This box tells you the outcomes that we will always inspect against when we do a key inspection.</td>
</tr>
<tr>
<td>This box tells you any additional outcomes that we may inspect against when we do a key inspection.</td>
</tr>
<tr>
<td>This is what people staying in this care home experience:</td>
</tr>
<tr>
<td>Judgement:</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Evidence:</td>
</tr>
<tr>
<td>This box describes the information we used to come to our judgement.</td>
</tr>
</tbody>
</table>
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**

<table>
<thead>
<tr>
<th>Document Purpose</th>
<th>Inspection report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author</td>
<td>Care Quality Commission</td>
</tr>
<tr>
<td>Audience</td>
<td>General public</td>
</tr>
<tr>
<td>Further copies from</td>
<td>0870 240 7535 (telephone order line)</td>
</tr>
<tr>
<td>Copyright</td>
<td>Copyright © (2009) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.</td>
</tr>
<tr>
<td>Internet address</td>
<td><a href="http://www.cqc.org.uk">www.cqc.org.uk</a></td>
</tr>
</tbody>
</table>
### Information about the care home

<table>
<thead>
<tr>
<th>Name of care home:</th>
<th>Woods Court Care Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Hatton Gardens</td>
</tr>
<tr>
<td></td>
<td>Newark</td>
</tr>
<tr>
<td></td>
<td>Nottinghamshire</td>
</tr>
<tr>
<td></td>
<td>NG24 4BP</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01636673548</td>
</tr>
<tr>
<td>Fax number:</td>
<td>F/P01636673548</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:tala.hobson@nottscc.gov.uk">tala.hobson@nottscc.gov.uk</a></td>
</tr>
<tr>
<td>Provider web address:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of registered provider(s):</th>
<th>Nottinghamshire County Council</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of registration:</td>
<td>care home</td>
</tr>
<tr>
<td>Number of places registered:</td>
<td>49</td>
</tr>
</tbody>
</table>

### Conditions of registration:

<table>
<thead>
<tr>
<th>Category(ies)</th>
<th>Number of places (if applicable):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Under 65</td>
</tr>
<tr>
<td></td>
<td>Over 65</td>
</tr>
<tr>
<td>dementia</td>
<td>20</td>
</tr>
<tr>
<td>old age, not falling within any category</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>49</td>
</tr>
<tr>
<td>physical disability</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

**Additional conditions:**

- A maximum of 5 PD 55 years and over to be accommodated outside the intermediate care unit
- Out of the total number of beds (49), 10 may be used for PD 55 and over
- Out of the total number of beds (49), there will be 20 beds for DE 55 and over and/or DE(E
- Service users shall be within category OP

### Date of last inspection

| 0 | 9 | 0 | 1 | 2 | 0 | 0 | 9 |

### Brief description of the care home

Woods Court is a care home providing personal care and accommodation for 49 older people, 10 of which receive intermediate care. It is owned and run by Nottinghamshire County Council. The home is located within easy walking distance of Newark town centre where there are a variety of shops and facilities. The home was opened in 1988.
Brief description of the care home

and consists of a two-storey purpose built property, divided into five units. There is a shaft lift to assist independent access between levels. All of the bedrooms are for single occupancy, with wash hand basins. None of the rooms have ensuite facilities. The gardens are well tended and are accessible to residents.

The weekly accommodation charges for those residents who are self funding would be dependent on assessed need.

A copy of the most recent inspection report is available in the home.
Summary
This is an overview of what we found during the inspection.

The quality rating for this care home is: one star adequate service

Our judgement for each outcome:

- Choice of home: Adequate
- Health and personal care: Adequate
- Daily life and social activities: Poor
- Complaints and protection: Good
- Environment: Excellent
- Staffing: Good
- Management and administration: Good

How we did our inspection:

The focus of inspections undertaken by the Care Quality Commission (CQC) is upon outcomes for the people using the service and their views on the service provided.

This process considers the provider's capacity to meet regulatory requirements, minimum standards of practice and focuses on aspects of the service that need further development.

Prior to our visit an analysis of all the information we have received about the home since our last inspection was undertaken.

We looked at what the manager had told us in the Annual Quality Assurance document (AQAA) and the responses we received from our 'Have Your Say' surveys which we sent to residents at the home.
The main method of inspection used was called 'case tracking', which involves looking at the quality of care received by a number of people living at the home. We use evidence from our observations, from speaking to people about their experience of living at the home, talk to staff about their understanding of people's needs and the training they receive to support them in their role.
What the care home does well:

The home is divided into five units, each unit is dedicated to support people with differing needs.

The residents tell us that they receive the care and support they need, feel safe and taken seriously when they have concerns and feel cared for by the staff team.

The residents and relatives tell us the food is very good and that they have opportunities to participate in activities.

External professionals tell us that the home is managed well and the manager demonstrates to us that she continues to develop the service in the best interests of people living there.

The home has suitable policies and procedures in place to ensure that the premises are suitably maintained and equipment properly serviced.

The staff team are trained beyond basic requirements which ensures that people are in safe hands.

What has improved since the last inspection?

The home has now obtained suitable storage facilities for controlled medicines to comply with new laws and they have ensured that all homely remedies are agreed by the appropriate Doctor before administration.

They continue to let us know about any significant events in the home and address all requirements made as a result of our inspections.

Continuous renewal and redecoration to the fabric of the building is taking place and the staff are working hard to implement up to date practices in line with new laws on decision making.

What they could do better:

The number of staff on duty must be sufficient to enable the home to consistently meet its obligations in the care and treatment that people receive. Medicines must be administered appropriately at the times prescribed.

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

Contents

Choice of home (standards 1 - 6)
Health and personal care (standards 7 - 11)
Daily life and social activities (standards 12 - 15)
Complaints and protection (standards 16 - 18)
Environment (standards 19 - 26)
Staffing (standards 27 - 30)
Management and administration (standards 31 - 38)
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:

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

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.

People receive an assessment of their needs before admission is arranged to ensure that the service is able to meet their needs appropriately.

Recording information about people receiving Intermediate care is not sufficiently robust to ensure that all needs are communicated and addressed.

Evidence:

The manager told us in the AQAA that anyone interested in coming into the home has an assessment by a social worker and these assessments are carefully considered before they agree admission to ensure that the home is suitable to meet the person's needs.

We looked at the information held for two people which showed that the social worker assessment and the health assessments were obtained before admission.
Evidence:

The home is divided into 5 separate units. The units provide care for people with different needs, Dementia care, Intermediate care, Long and Short term care. Each unit is staffed with people who are trained to care for the health and personal care needs of residents.

The health care of those people receiving intermediate care is managed by the trained nurses on that unit. The care staff who support these residents have a copy of the care plan to ensure they know what support each person needs. The care staff also held a care file for each person receiving intermediate care and we saw how weight loss was recorded for one person and not used by the trained staff as part of that person's nutritional care plan. The records were confusing to anyone not familiar with the person and care staff told us that there was poor communication between themselves and the trained nurses which would not ensure that everyone is working in the best interests of the resident.

We saw how a Doctor had arrived to visit a resident on the intermediate care unit but the staff in charge of the home had no knowledge of this call out because the trained nurses had not communicated this to them.

Residents relatives comments in our surveys included, "The care is second to none" "I now have peace of mind knowing how safe and well looked after my mum is". "The staff really care about the residents".

The manager also tells us in the AQAA that she is planning improvements to the process of admission by ensuring they reflect within the assessments the capacity of each person to make decisions, which will comply with new laws.
### Health and personal care

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

- People’s health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People’s right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

- If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

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

**Judgement:**

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

- People are consulted about their care and support and have copies of their care plans.

- Medication systems do not always follow good practice and people may not always receive their medicines as prescribed.

**Evidence:**

- The information provided to us by the manager within the AQAA tells us that they have continued to improve how they plan and monitor the health and personal care of the residents. They gave us information about the results of the surveys they send out to people using the service which shows that 92% of those questioned felt their health care needs were being met by the home.

- We received two responses to our surveys from external professionals involved in the home and these told us that people are having their health and social care needs properly monitored and accurate information is gathered to plan the right service for them. They also commented that "At times it is difficult to find a member of staff to help them with residents".
Evidence:

The residents we spoke with told us they were happy with the care they were receiving, each person had a copy of their care plan in their room and the plans showed that they had been consulted regularly on the plans content, to make sure they could discuss what was working well for them or what needed to change.

We looked at three care plans which showed staff were regularly assessing health risks such as nutrition, skin condition and falls risks. They then used this information to plan the support that each person needed to control any identified health risks.

The home received a random inspection visit by the commission pharmacist after we had received notifications from the manager about four separate medicine errors. As a result of this inspection the manager has now ensured that medicines are being appropriately stored and regularly stock checked.

The staff were seen during this inspection preparing to dispense liquid medicines directly into named medicine pots for administration at a later time which is not good or safe practice. The person in charge took immediate action to stop this secondary dispensing in future.

The team leader told us that they are often the only person on duty with the responsibility for undertaking medicines during weekends and this leads to delays with medicine administration times, morning medicines may not be completed until almost lunchtime. We were told that these delays can impact on people receiving all of their required medicines at the prescribed times.

The information within the AQAA shows that the manager ensures that staff are trained to uphold people’s privacy and dignity and we have not received any information from residents or relatives to alter that opinion.
Daily life and social activities

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

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

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service. People have opportunities to participate in a variety of activities and receive a varied and nutritious diet.

Evidence:

The manager told us in the AQAA that activities continue to improve with the help of relatives and volunteers to support the care staff.

There is no dedicated activities worker employed which sometimes means that activities have to be cancelled at the last minute due to other work priorities of the care staff. The information we received from staff surveys and from the AQAA is that the provision of activities would improve further if they could employ someone with this specific role.

Residents told us in our surveys that they always or usually had opportunities to participate in activities, and we saw how a variety of opportunities were available each month and displayed clearly to enable people to participate if they wished, these included a clothes sale, motivation class, bingo, Halloween party, reminiscence, bar evenings and Holy Communion.
Evidence:

Residents told us in the surveys and during the inspection that they always liked the meals provided and two relatives said that, "The food is very good".

The AQAA tells us that 31 of the 36 staff have received training in malnutrition care and assistance with eating to ensure they understand the importance of feeding people safely and ensuring adequate nutrition is provided.

We saw a report from Newark and Sherwood Council issued on 01/06/09. The report gave them a 5 star/excellent rating after an authorised Food safety officer inspected the premises as required by regulation in line with Food Law Code and Practice.
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:

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>People’s legal rights are protected, including being able to vote in elections.</td>
</tr>
</tbody>
</table>

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 robust complaint procedure in place and staff are trained to understand their role in the protection of vulnerable adults.

Evidence:

The manager told us in the AQAA that they have a robust complaint procedure in place and take the time to explain to each person at the point of admission about the procedure and what to do if they have concerns.

Residents are given opportunities to voice their opinions at regular meetings, these take place in each of the five units around four times each year. We saw minutes of these meetings and there was evidence of actions taken to address concerns or suggestions.

We looked at the complaint records within the home and found suitable recording and investigation is taking place in line with the complaint policy.

The Manager has dealt with four complaints this year, the Commission have not received any complaints about the service or about how the service handles complaints.

Residents responding to our surveys told us that the staff listened to them and acted on what they said, taking all concerns seriously. When we spoke to residents at the
Evidence:

home they told us they felt safe and cared for.

We saw staff training files that supported what the manager had told us in the AQAA, that staff are given training in how to safeguard people from abuse and how to manage any aggression to ensure that people are safe.

One reported incident was correctly referred to the safeguarding of adults team at Nottingham County Council in the last year, the manager correctly followed the procedures and alerted all appropriate authorities to safeguard the people involved.
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:

<table>
<thead>
<tr>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.</td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

This is what people staying in this care home experience:

Judgement:

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

People live in a clean and safe environment that has facilities and equipment to meet their needs.

Evidence:

The manager tells us in the AQAA that they have continued to upgrade the premises, there has been redecoration in bedrooms and communal areas and residents have helped choose carpets and colour schemes.

The main areas we viewed and individual bedrooms were clean and well maintained and residents told us in our surveys that the home is always fresh and clean.

The three people we case tracked all had access to suitable equipment to support their needs, this included hoists, assisted baths and pressure relieving equipment.

There have been no reported outbreaks of infection and the information provided by the manager shows that she takes infection control seriously. There are suitable infection control action plans and the staff have all received training on best practice in the prevention and control of infection.
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:

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are no additional outcomes.</td>
</tr>
</tbody>
</table>

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 staff team are trained beyond basic requirements to ensure that people are in safe hands. The number of staff does not provide a sufficiently robust service that can consistently meet its obligations to ensure that people receive their prescribed treatment.

Evidence:

We looked at the recruitment and induction of a recently employed care worker and the records supported what the manager has told us within the AQAA.

The recruitment procedure is robust, ensuring that appropriate checks are made before anyone comes to work at the home. The checks include ensuring that the person does not have a criminal record which may preclude them from working with vulnerable people.

There is a thorough period of induction that takes place for all new staff which exceeds the National Minimum Standards, the manager ensures that staff complete National Induction Standards and an in house induction, to make sure they are not left in situations they cannot handle. We saw how each employee then receives regular supervision to ensure that their training targets are met.

The manager tells us in the AQAA that over 73% of the care staff have completed
Evidence:

Training to National Vocational level 2 in care which also exceeds the minimum standard.

There are continuous opportunities for staff to receive more in depth training in Medication, Dementia care and Fire Safety which provides staff with up to date skills and competencies to undertake their role.

The staff team are also receiving training on the Mental Capacity Act and associated safeguards to make sure they are aware of their responsibilities when people are unable to make their own decisions about their care.

Residents tell us that they receive the care and support they need and care plans reflected that staff are providing the assessed and planned personal care for each resident. However, we have reported within standard 9 that there can be delays in the delivery of medicines and there are also reported omissions of medicines due to the impact of these delays.

We also note that some 320 admissions have been made to the service over the last year which requires significant time being spent on administrative duties, care planning and review.

Senior staff tell us that there are times when they are left to manage all five units without any administrative support particularly during the weekend.

External professionals have reported to us within our surveys that they cannot always find staff to help them with residents or to find the person who is holding the medicine keys. One person told us that gaining entry to the building after 5pm could take a long time.

One resident commented in our survey that they could not have a bath more than once a week, staff told us that they do their best to give people the choice of how often they could have a bath but it was not always possible to meet individual wishes when there was only one member of staff on two of the five units.

We are also told by staff that as there is no dedicated activities worker and that activities can sometimes be cancelled as the care staff have other priorities and cannot undertake planned sessions as a result.
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:

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

This is what people staying in this care home experience:

Judgement:

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

The home is managed well and suitable safeguards are in place to ensure the health and safety of people on the premise.

Evidence:

The manager continues to develop the service showing she is aware of new legislation and new ways of working. She tells us that she regularly attends training to ensure she keeps up to date.

A relative told us "In the last 8 years I have had contact with the home and I feel they are doing an excellent job"

External professionals told us in our surveys "Woods Court is very well organised and the management and staff are very helpful".

Residents we spoke with said "The manager is lovely"
Evidence:

The manager returned the AQAA within the timescale, it contained lots of information about the service and was fully completed with suitable evidence.

The manager was not on duty at the time of this inspection but we did speak with her afterwards. The two team leaders on duty provided support to the inspection process, showing they were knowledgeable about the running of the home, its policies and procedures.

The service shows they consult with people about their care and continuously improve the service based on outcomes from resident meetings, quality surveys and audits.

Personal financial management follows Nottingham County Council’s policies ensuring people are safeguarded from any financial abuse.

The home has a consistent record of managing health and safety issues properly. They report to us that all appropriate checks have been made annually on equipment such as hoists, gas appliances and central heating systems.

We looked at the records of fire tests and found them to be compliant with safe practices.
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.

<table>
<thead>
<tr>
<th>No.</th>
<th>Standard</th>
<th>Regulation</th>
<th>Requirement</th>
<th>Timescale for action</th>
</tr>
</thead>
</table>
### 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.

<table>
<thead>
<tr>
<th>No.</th>
<th>Standard</th>
<th>Regulation</th>
<th>Requirement</th>
<th>Timescale for action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>No.</th>
<th>Standard</th>
<th>Regulation</th>
<th>Requirement</th>
<th>Timescale for action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>9</td>
<td>13</td>
<td>People must receive their medicines in accordance with the times prescribed. To comply with national guidance on the administration of medicines in care homes, and for the safety and well-being of people living in the home.</td>
<td>26/11/2009</td>
</tr>
<tr>
<td>2</td>
<td>27</td>
<td>18</td>
<td>You must provide sufficient numbers of staff based on individual needs, the layout of the building, the number of care staff for each unit and the length of time that medicine rounds with clinical and administrative duties take. To make sure that residents receive the personal care, activities support and treatment that they need to maintain their health and wellbeing.</td>
<td>27/11/2009</td>
</tr>
</tbody>
</table>
**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.

<table>
<thead>
<tr>
<th>No</th>
<th>Refer to Standard</th>
<th>Good Practice Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3</td>
<td>Where people have received regular respite care prior to long term care the original social work assessment will need to be reviewed or the home must do their own assessment to ensure that the information is current.</td>
</tr>
<tr>
<td>2</td>
<td>6</td>
<td>Improve communication regarding the care management of people in the intermediate care unit.</td>
</tr>
<tr>
<td>3</td>
<td>12</td>
<td>The appointment of a dedicated activities person should be considered so that events are not cancelled when care staff have unplanned events that impact on the provision of activities.</td>
</tr>
</tbody>
</table>
Helpline:

Telephone: 03000 616161
Email: enquiries@cqc.org.uk
Web: www.cqc.org.uk

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.

Copyright © (2009) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.