

Key inspection report

CARE HOMES FOR OLDER PEOPLE

Oakwood Care

**192 West End Road
Bitterne
Southampton
Hampshire
SO18 6PN**

Lead Inspector
Nick Morrison

Unannounced Inspection
6th May 2009 10:30

This report is a review of the 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.

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.

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SERVICE INFORMATION

Name of service	Oakwood Care
Address	192 West End Road Bitterne Southampton Hampshire SO18 6PN
Telephone number	02380 466143
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Email address	karenperrin11579@hotmail.com
Provider Web address	
Name of registered provider(s)/company (if applicable)	G & A Investments Projects Ltd
Name of registered manager (if applicable)	Mrs Karen Lynn Perrin
Type of registration	Care Home
No. of places registered (if applicable)	28
Category(ies) of registration, with number of places	Dementia (0), Mental disorder, excluding learning disability or dementia (0), Old age, not falling within any other category (0)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category/ies of service only:
Care home - to service users of the following gender: Either

Whose primary care needs on admission to the home are within the following categories:

Old age, not falling within any other category (OP)

Dementia (DE)

Mental Disorder, excluding learning disability or dementia (MD)
2. The maximum number of service users to be accommodated is 28.

Date of last inspection 14th May 2008

Brief Description of the Service:

The service is situated in a quiet area off a main road. It has parking at the front and to the rear. The accommodation is on the ground floor and first floor, which is accessed by stairs and a chair lift. The home has pretty gardens and seating outside as well as a lounge and dining area. There are two double rooms that are separated by a curtain and both rooms have two sinks. The other rooms are all single with en-suite facilities.
The current fees for the home are £480 per week.

SUMMARY

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

The quality rating for this service is 1 star. This means the people who use this service experience **adequate** quality outcomes.

This report represents a review of all the evidence and information gathered about the service since the previous inspection. This included a site visit that occurred on 6th May 2009 and lasted eight hours. During this time we toured the premises, looked at five service users' files and met with five people living in the home. We also met with the Manager and spoke with three other members of staff. All records and relevant documentation referred to in the report were seen on the day of inspection visit. We have also referred to the Provider's Annual Quality Assurance Assessment (AQAA).

What the service does well:

The service has a good care planning process in place and the needs of people living there are clearly identified and addressed.

There is close and effective liaison with the District Nursing team and good monitoring of the healthcare needs of people living in the home.

There is a good range of activities on offer in the home and this is still improving. People living in the home also have good and nutritious food.

There is a clear and accessible complaints procedure in place and good processes for recording and responding to any complaints.

The environment is clean and homely and staff appeared to be supportive and respectful towards people living in the home.

What has improved since the last inspection?

Two requirements were made at the previous inspection, concerning risk assessments and the recruitment of staff. Both of these requirements had been addressed by the time of this inspection. The home had also improved the care planning system and the range of activities on offer to people living there.

What they could do better:

The home needs to improve the administering of medication to protect the people living there and to ensure that they receive their medication safely and as prescribed.

More detailed records of activities in the home would demonstrate, on an individual basis, how much involvement service users had in the activities on offer and to what extent they might have enjoyed them.

Staff training needs to improve because staff have not had access to training that is essential for them in their role. This lack of training has had some negative impact on the way the service is delivered. The service needs to be more closely monitored in a number of areas, including health and safety.

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.

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

Standard 3

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

Service users benefit from having their needs assessed prior to moving into the home and have the information they need about the service.

EVIDENCE:

We looked at the files of six people who use the service, including the two most recent admissions. The home requires full assessment for all service users prior to deciding whether or not they can meet the person's needs in the home. Service users' files showed that these assessments were in place and had been completed prior to the person moving in. Assessments were comprehensive and contained details of all needs.

Clear information about the service was available to all people moving into the home and was also available in the entrance to the home.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 7, 8, 9 and 10

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

Service users benefit from having clear care plans in place and from having their needs met. However, they are not protected by the home's medication practices.

EVIDENCE:

There had been a requirement from the previous inspection that the manager must ensure that risk assessments are carried out for all residents' where the potential for harm or injury exists. We examined the files of six service users and found that they contained comprehensive risk assessments. The risk assessments were clearly laid out and it was clear what measures had been put in place to minimise any risks. There was also evidence that the assessments were kept under regular review. This requirement has now been met.

The care planning system in the home had been replaced with a new system which, staff told us, was easier to use. The system was clear and needs were identified effectively and the plans provided clear information for staff about what they needed to do in order to address individual needs. There was also a recording system in place so that it was clear what support and care people had received.

The healthcare needs of people living in the home were closely monitored and good records were kept. This occurred in liaison with the District Nursing team. The District Nurses told us that staff in the home were getting better at identifying and responding to people's healthcare needs and that there were no concerns about how healthcare needs were responded to in the home. Records showed that people living in the home were supported to access healthcare services whenever they needed to and, on the morning of the inspection visit, the manager had taken someone to the hospital for an appointment.

Observation throughout the inspection showed that staff treated service users with respect and people living in the home told us that staff were always nice to them and respected them.

We looked at the home's medication policy, the medication records for people living in the home and we observed a member of staff administering medication on the day of the inspection visit. We identified a number of concerns about the administering of medication in the home.

The member of staff did not wash their hands prior to administering medication.

The Manager had told us that the plastic pots the medication was dispensed into prior to being given to the service user were sterilised each night in order to maintain hygiene. The member of staff giving out the medication picked up each of the pots by putting their index finger into the pot. This and the fact that the member of staff had not washed their hands meant that efforts to ensure hygiene were ineffective.

At one point the member of staff rubbed her eye with her left index finger and picked up the pot by putting the same finger into the pot. Later the member of staff wiped her mouth with her right index finger and then put that finger into a pot to pick it up. She then had difficulty getting a tablet out of its packet and so nudged it out of the packet with the same finger.

One service user had not had their morning medication on the day of the inspection. The member of staff told us this was because the person went to the hospital early that morning and did not want their medication that early. Staff in the home did not take the person's medication with them to the hospital and administer it later when the person wanted it.

The morning medication had been signed for as being administered even though it had not been. To rectify this, the member of staff giving out lunchtime medication gave the service user their morning medication at lunchtime instead of their lunchtime medication and recorded that they had not had their lunchtime medication. The member of staff recorded on the back of the medication records what they had done. Consequently the medication records were not accurate as they did not show that the person had received their medication at the time they did.

During the time the member of staff was administering medication they were distracted by questions from other members of staff and, at one point, went to cut up a service user's lunch for them. This kind of practice can lead to errors being made with medication because of lack of concentration. It is also unhygienic to move between administering medication and helping people with their food without washing hands.

In giving one person their medication the member of staff failed to observe the person actually taking the medication before going back to the records and recording that the person had had their medication. This is problematic because the record shows the person had their medication when the member of staff did not really know whether or not they had taken it. It is also a potential problem because if the person had not swallowed the medication it may be taken by someone else.

The medication records were not well kept. We looked at records over the past four weeks and found that one person had a question mark put on the record in two different places where staff should have signed to say whether or not the person had received their insulin. In two other places the record was just left blank. Therefore it remains unclear whether or not the person received their insulin on those four occasions.

Two service users had blanks in their records which were unexplained. Three other service users had a large number of blank boxes on their medication records as well as a number of "O" records, which show that the person had not had their medication for some reason. The reason why the person had not had their medication should then be recorded elsewhere on the record, but this had not happened. There were also a number of "R"s recorded which denote that the person had refused their medication.

The Manager later told us that where some people had recorded an "O" it may be because the person had refused the medication. This presents confusing records where an "O" and an "R" may mean the same thing. The Manager also acknowledged that on other occasions an "O" might mean that the person did not have their medication for some other reason but, as the reason was not defined, it was impossible to know what the reason might have been.

The records for one person were signed to say that they had received one of their five o'clock (evening) medications for that day. We observed this in the medication records at a quarter to two in the afternoon on the day. The

person's other evening medication had not been signed for, just that one item. This error may have resulted in the person not receiving their five o'clock medication as the person administering medication at that time would think, from looking at the records, that they had already received it.

The records showed that another person had not received one item of their medication for the previous five days. We were told that this was due to a mix up that had resulted in the pharmacy not receiving the prescription. The Manager later showed us the system for checking medication in and out of the home and this included identifying any missing medication in sufficient time for it to be followed up before the person was due to begin taking it. Despite this system, this person had been without their prescribed medication for five days.

In the front of the medication file was a list of staff described as "authorised to administer medication" along with samples of their signatures. This list did not correspond with the training records of people who had received training in administering medication. The Manager later told us that only people who had received training were allowed to administer medication. The list of people who have received training needs to correspond with the list of people who are allowed to administer medication to prevent any confusion.

One person living in the home had been prescribed some medication on a "when necessary" (PRN) basis. It had been prescribed by the doctor with the dosage being "one or two tablets." The guidelines for staff on administering this medication said they should "assess how many" the person needs. The staff are not in a position to make decisions about how much medication a person needs and should not be expected to do so without very clear guidelines. Guidelines need to be specific to the person and should be recorded on their care plan so that staff can easily see and understand the circumstances in which the person may need one tablet and the circumstances in which they might require two. These guidelines should be devised with input from the person's doctor and kept under review.

The home's medication policy was brief and did not contain guidance on the actual process of administering medication. It needs to be updated and to provide clear guidance for staff on each step of the process, including all the issues highlighted above.

Medication was appropriately stored in the home and there were good records of all medication coming into and going out of the home.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 12, 13, 14 and 15

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

Service users are supported to maintain contact with their friends and family and from a range of activities being available in the home. Service users also benefit from having varied and nutritious meals and from being able to exercise control over their lives.

EVIDENCE:

The home has a good range of activities on offer for people living there. The activities for each day are highlighted on the notice board in the front entrance and this includes pictures of the activities to make them more easily understood.

Although there are some very good activities provided in the home, the records of these do not show what activities people have been involved in and whether or not they enjoyed, or got anything out of, the activities. More detailed records need to be kept in order to demonstrate the level of activity and stimulation experienced by individuals living in the home.

Service users are supported to maintain contact with their friends and relatives. This was confirmed by those people we spoke with and the visitors' book showed that most people living in the home received visitors on a regular basis. Staff in the home also supported service users to read and write letters to relatives who were not able to visit on a regular basis.

Observation throughout the inspection and discussion with service users showed that people living in the home were supported to exercise choice wherever they could. We saw staff asking service users which, if any, activities they wanted to be involved in, where they wanted sit during recreation and lunch times and we observed that people were able to choose to have their meals in their room if they preferred. Service users told us they were able to spend as much time as they wanted their rooms and also felt they could spend time in any other part of the building whenever they wished to.

Menus showed that the food in the home was varied and nutritious. Observation of the kitchen area on the day of inspection showed that fresh ingredients were used and that meals were freshly prepared wherever possible. Alternative meals were made available for people who needed specific diets or who did not like what was on the menu. Service users had their food individually plated according to their wishes and preferences and had it served to them by members of staff. This was done in a respectful and unobtrusive manner. Discussion with the chef showed that she had a good understanding of the individual dietary requirements of people living in the home and was flexible in ensuring that everyone received food that was nutritious and to their liking. Some people living in the home needed a member of staff to help them cut their food but nobody required physical support to eat. As a result, there were no staff in the dining room during the mealtime, except for the person administering medication. People living in the home were not very talkative with each other during the mealtime and if there were staff in the dining room at this time they might be able to stimulate discussion with people and create a more enjoyable and sociable occasion of the mealtime.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 16 and 18

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

Service users benefit from a clear complaints policy and are protected by the service's safeguarding policies and procedures.

EVIDENCE:

The home has a clear and effective complaints policy in place. The policy is made available to service users and their families on admission and a copy is also available in the front entrance of the building.

Service users told us they were aware of the complaints policy and how to use it.

The home has a very positive attitude to complaints and actively encourages people to complain. There is also a suggestions box in the main entrance which service users and visitors are encouraged to use. There had been no complaints since the previous inspection.

The home has clear adult protection policies and procedures in place and the Manager was clear that people living in the home needed to be protected from any form of abuse.

Examination of training records showed that only five of the twenty staff in the home had received training in adult protection issues. The manager was clear about the reporting procedures, but the lack of staff training in this area may

mean that staff are not able to identify protection issues sufficiently well and therefore any potential protection issues may not be brought to the attention of the Manager.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 19 and 26

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

Service users benefit from living in a clean and homely environment and facilities, but would benefit from improved hygiene practices in the home.

EVIDENCE:

All parts of the building were kept clean, but the home retained a homely and comfortable appearance. We observed the cleaner working conscientiously throughout the day and also taking time to spend time talking to people living in the home as she went about her work.

The lounge had three distinct areas where people could watch television, listen to music or sit quietly and the dining room was well laid out with tables for up to four people.

The lock on the upstairs toilet door is extremely difficult to use and this may result in the privacy of service users being compromised. The Manager told us that service users tend not to use this toilet, but as it is a facility available to them it should have a lock on the door that is easy for them to use.

The home has Infection Control policies in place and there are reminders throughout the building for staff to wash their hands as necessary and guidance on how to do this effectively.

However, the fact that the member of staff administering medication on the day did not wash her hands before doing so, or in moving between administering medication and helping someone with their lunch, and the fact that only four of the twenty staff in the home had received training in Infection Control, both caused concern about the control of infection in the home.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 27, 28, 29 and 30

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

Service users benefit from being supported by adequate numbers of staff and are protected by the home's recruitment practices. Service users would benefit from being supported by better trained staff.

EVIDENCE:

There had been a requirement from the previous inspection that all checks must be carried out when recruiting staff to ensure that people who use the service are protected.

We looked at the recruitment files of four members of staff, including the two most recently appointed people, and found that all the required pre-employment checks had been undertaken prior to the person beginning work in the home. This requirement has now been met.

There were four staff on duty each morning, including a senior member of staff. In the afternoon there were three members of staff, including one senior. At night there were two members of staff on waking night duty. In addition to these staff there was the Manager, the Chef and the Cleaner.

Staff training records in the home showed that, out of twenty staff, eleven had received training in Fire Safety, thirteen had received training in Health and Safety, seventeen had received training in Moving and Handling, six had received training in Food Hygiene, six had received training in First Aid, five had received training in Protecting Vulnerable Adults, four had received training in Infection Control, three had received training in Dementia and five had received training in Medication.

Some of these areas, such as infection control, relate to ineffective practice highlighted elsewhere in this report and others, such as fire, the protection of vulnerable adults and dementia are essential for staff in the home.

The Manager told us that they had had some difficulty in arranging training for staff, but that arrangements were now in place to address the outstanding training needs.

The Manager needs to make this a priority for the service and ensure that staff in the home have the training to carry out their roles effectively.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 31, 33, 35 and 38

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

Service users' financial interests are protected and the home is generally run in their best interests.

Service users would benefit from practices in the home being more closely monitored and from more effective management of health and safety issues.

EVIDENCE:

The Manager is registered and has demonstrated that she has the skills, knowledge and experience to manage the service. She demonstrates a personal commitment to the service and to the care and welfare of people

living in the home. Observation throughout the inspection showed that staff had a lot of respect for the Manager and valued her guidance and support.

The home has a positive approach to being open and honest with service users and visitors about the management of quality within the service. In the main entrance to the building there is information on notice boards about quality assurance issues and about comments on the service provided. Sections of the previous inspection report were included in this and these highlighted concerns and requirements from the previous inspection. There was also information on how the home had responded to the requirements and what actions were being put in place to improve the service.

The home is legally required to provide us with an Annual Quality Assurance Assessment (AQAA). They had done this after having received a reminder letter from us that it was due. The assessment was not completed thoroughly enough and did not provide us with all the information it needed to. We discussed this with the Manager during the inspection visit and she told us she had completed it with reference to the guidance we had supplied. We explained to her that, in future, the assessment needs to be completed fully.

The Manager demonstrates a commitment to the home and to ensuring that people who live there receive a good service and are well cared for. However, there are examples throughout this report that highlight areas where the Manager needs to spend more time monitoring what is actually happening in the home and rectifying things where necessary.

The service Provider is required to make monthly visits to the home and to assure himself that he is happy with the service being provided and to make a report on his visit. The reports we looked at during the inspection were very brief and did not highlight any areas of concern. The Provider needs to ensure that he is using these visits to highlight any aspects of the service that cause him concern and to highlight these in the reports and ensure that they are rectified.

We looked at the financial records for five people living in the home and found that there was a system in place for accounting for money held on services users' behalf in the home. The system was thorough and was regularly checked. Good records were kept of all transactions and receipts were kept to demonstrate spending.

There were some health and safety issues identified during the course of the inspection visit. The electrical control unit for the stair lift was sited at skirting board level at the top of the stairs and was not secured properly to the wall. This was a potential risk for people living or working in the home as, if accidentally hit with a foot, it may present a tripping and/or electrical hazard.

The laundry door is a fire door. The workplace risk assessment regarding this acknowledges that it is a potential risk and would be addressed by the door being kept closed at all times. The risk assessment specifically says that "under no circumstances" must the door be "propped open". In addition to this, there is a sign on the door that informs people it must be kept shut. On the day of the inspection visit it was propped open until the Manager arrived at the home and told staff to shut it.

One service user has a child's stair gate across the entrance door to her room. The gate was there, on the service user's request, to ensure that her dog did not leave the room when the service user did not want it to. When the gate opens there is still a bar across the bottom which may present a trip hazard to staff or to the service user. There is no risk assessment in place to account for this.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
<i>Standard No</i>	<i>Score</i>
1	X
2	X
3	3
4	X
5	X
6	X

HEALTH AND PERSONAL CARE	
<i>Standard No</i>	<i>Score</i>
7	3
8	3
9	1
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
<i>Standard No</i>	<i>Score</i>
12	2
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
<i>Standard No</i>	<i>Score</i>
16	3
17	x
18	2

ENVIRONMENT	
<i>Standard No</i>	<i>Score</i>
19	2
20	X
21	X
22	X
23	X
24	X
25	X
26	3

STAFFING	
<i>Standard No</i>	<i>Score</i>
27	3
28	3
29	3
30	2

MANAGEMENT AND ADMINISTRATION	
<i>Standard No</i>	<i>Score</i>
31	3
32	X
33	2
34	X
35	3
36	X
37	X
38	2

Are there any outstanding requirements from the last inspection? no

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1.	OP9	13 (2)	<p>The Manager must review the home’s medication policy and practices to ensure that people in the home receive their medication as prescribed. Particular attention must be paid to</p> <ul style="list-style-type: none"> - Hygiene practices in handling medication - Accurate recording of all medication administered - All staff use the same method of recording medication - Staff administering medication concentrate on the task - Seeking medical advice where errors occur - Observing people actually taking their medication before recording that they have done so - Ensuring that people do not run out of their medication - Providing step by step guidance for staff on the process of administering medication - Ensuring that effective protocols are in place for PRN medication 	26/06/09

2	OP26	13 (3), 16 and 18 (1)	The Manager must ensure that effective Infection Control practices are observed in the home at all times	26/06/09
3	OP30	18 (1)	The Manager must ensure that all staff in the home have regular training appropriate to the work they are to perform.	31/07/09
4	OP33	24	The Manager must ensure that all aspects of the service are monitored and, where necessary, improved.	26/06/09
5	OP33	26	The Registered Provider must ensure, through regular visits to the service and reports of such visits, that any unsatisfactory aspects of the service are identified and, where necessary, improved.	26/06/09
6	OP19	12 (4)	The lock on the upstairs toilet door must be repaired or replaced	26/06/09
7	OP38	13 (4)	The electrical control unit for the stair lift must be secured to the wall.	26/06/09
8	OP38	13 (4)	All control measures identified by the home's workplace risk assessments must be in place at all times.	26/06/09
9	OP38	13 (4)	There must be a risk assessment in place regarding the gate on one service user's bedroom door	26/06/09

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations



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