

Key inspection report

Care homes for adults (18-65 years)

Name:	Dunsland Residential Home
Address:	23 Paston Road Mundesley Norwich Norfolk NR11 8BN

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.

Lead inspector:	Date:
Ruth Hannent	0 7 1 2 2 0 0 9

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

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

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

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

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

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

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

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) 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

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

Reader Information

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Information about the care home

Name of care home:	Dunsland Residential Home
Address:	23 Paston Road Mundesley Norwich Norfolk NR11 8BN
Telephone number:	01263720618
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	Cephas Care Ltd
Type of registration:	care home
Number of places registered:	14

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	14	0
Additional conditions:		
The maximum number of service users who can be accommodated is 14		
The registered person may provide the following categories of service only: Care Home only - Code PC to service users of the following gender: Either whose primary care needs on admission to the home are within the following categories: Learning Disability - Code LD		

Date of last inspection	0	9	0	2	2	0	0	9
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Brief description of the care home
<p>This is an older style property that was originally two houses but has now been knocked into one. It stands yards from the sea front in Mundesley and has a small parking area at the front of the property and a small garden to the back with a large summer house. The home is registered for 14 people who need to be able to climb stairs as there is no lift to move from floor to floor.</p> <p>The bedrooms are for single occupancy with some having en-suite facilities. There is a large lounge, large dining room and large kitchen.</p> <p>Residents have access to facilities in the village and also in the towns of Cromer, Sherringham and Holt.</p>

Brief description of the care home

The home charges 700 pounds per week as a standard charge but may charge more according to need.

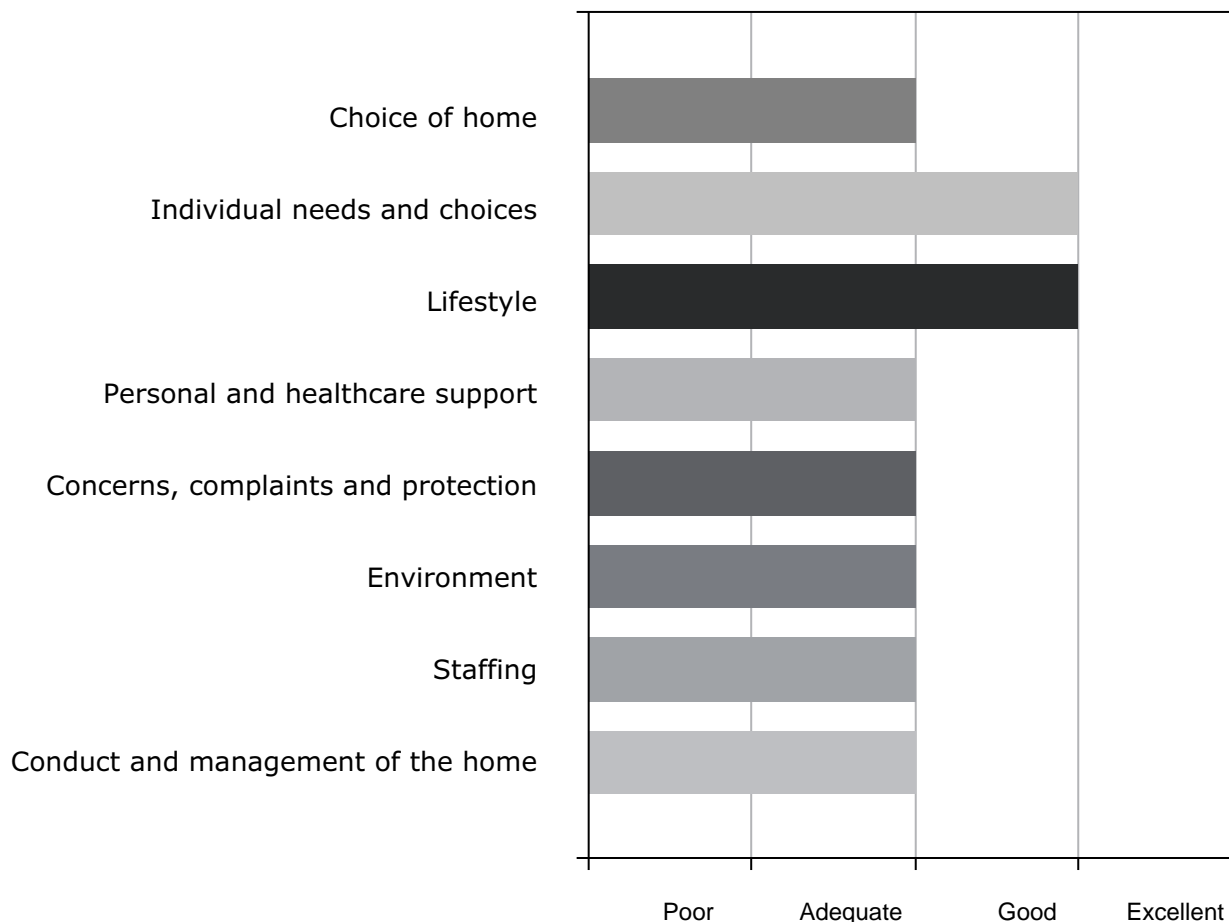
Summary

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:



How we did our inspection:

We carried out this inspection by using information received prior to the visit. The AQAA (annual quality assurance assessment) was a form sent to the home and was completed by the manager who is no longer in post. Surveys were sent out to residents, staff and health professionals. We had only 10 surveys from residents returned.

The home has not sent any notifications of incidents that should be reported to us and no complaints have been received by us to gather any information from. We have received some concerns from staff that have been commented on in this report. The visit to the home was accompanied by the acting manager who had only been at the home for 2 weeks. A senior staff member and carer assisted with questions and written information required. Two of the residents were spoken to during the visit.

What the care home does well:

The service offers the residents a varied lifestyle and comments from the residents say the home is good and offers lots of outings and outside events.

The staff are good at providing the meals enjoyed by the residents with choices available and plenty of variety.

The staff and residents feel it is a homely place and that the correct support for each person is available.

What has improved since the last inspection?

The residents now have a much improved care plan that is centred around the persons needs. With the care plan is a health book which prompts good person centred health and social care. The 2 folders together make one individual care plan.

The home has improved the numbers of staff on duty to meet the needs of the people who live in this home. When more residents are home, such as at the weekends, the levels of staff is higher. This has allowed more trips out to go to places such as bowling, swimming or to the pub. (The trips out are commented on positively in the surveys received by us).

What was an office has now been changed into a lounge for the residents to choose where they would like to sit when relaxing. There is now a flat screen television and games to play on the screen or an area designated for craft work.

The gardens have been landscaped with vegetable patches up the raised steps. At the top of the garden there is now a chicken run with both the vegetables and chickens looked after by the residents. The side of the property has been cleared and a patio table and chairs is in place for enjoying the better weather.

What they could do better:

The staff team need to remember to date and sign information recorded as there is no way of knowing who and when documentation was completed.

As the development of the care plans have taken place the home needs to improve the way communication and involvement with residents is carried out. Picture or symbols would help understanding and staff could record how reviews and resident interaction has taken place.

There needs to be more photographs on files such as care plans and medication administration charts with key workers and regular visitors to the home on display for residents to see.

Some areas of the building are in need of improvement from poor lighting on the stairs to cleaner and odour free bedrooms.

Due to management problems over the past few months the home needs to recruit a skilled, qualified, suitable manager for quality and continuity for this service.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

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Choice of home

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

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. 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 the person and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

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

The home in the future will assess people prior to be admitted to Dunslund to ensure the service offered is suitable to the individual.

Although information is in place in written detail, the residents information will need to be made in a more suitable format for the residents to understand.

Evidence:

This home has accepted two residents since the last inspection. Full assessments were not completed due to the need to move these people from their existing home into Dunslund very quickly. Enough information was gathered and seen during this inspection. The two residents were asked to live together as they had been in residential care for a long time in each others company. Both have fitted in well and comments from a family member were seen by us on the appreciation of the care offered and on how well their relative had settled.

For future potential residents there is a form to complete and the acting manager informed us that the procedure is for a trained person from head office to visit and assess a potential candidate to ensure the service can meet that persons need. This

Evidence:

has been highlighted as a requirement at the last inspection due to a person being wrongly placed. The acting manager told us this has been listened to and that the pre assessment will be comprehensive for any future potential residents.

The home does have a Service Users Guide and brochure but both are written in text formats. The majority of residents at Dunslund would not be able to read the information. The home has recognised this and two staff who are in the process of training in others methods of communication are working towards a pictorial version for residents information.

Individual needs and choices

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 needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

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 information that is available on each resident has improved since the last inspection but does need to be in a format that is understood by the resident.

Residents do make decisions about the lives they wish to lead and are supported by the staff team to achieve this.

Risks are assessed and managed in a way to enable residents to lead a full and independent lifestyle.

Evidence:

The residents each have a care plan that does give information that is person centred. It is written by staff but is in a language as if written by the resident with 'I like', 'I need' written rather than Mr X likes. The details are clear but again, as mentioned with information the care plans are not in a format that can be understood by the person who owns that care plan. The two staff who have trained in other forms of communication need to get the care plans written with pictures or signs that are

Evidence:

understood and then get the resident to sign the care plan when changes or a review occurs. It was not evident how the residents were involved in the care plan or how the information was communicated to them.

Each resident also has a health book which actually gives far more detail about the person than just their health and is a good tool to assist the care plan development. (Staff do need to date and sign the entry's in this book to show reviews and comments that are current).

Choices and decision making was discussed with both staff and a resident. The lives the residents lead has grown with more choices available for them to plan their lives, places to go which has developed from just a trip to the local pub to employment found, day services, education and social activities. This evidence of choice is also reflected in the comments written on the surveys received with positive comments on the places visited and the events happening. 'We do more things now' and 'We can go on holiday or have trips out if we prefer'.

Four care plans seen, although they could have been in better order, showed the assessment of risk for each resident and that choices had not been restricted but that ways of managing the risk had been considered. One resident spoken said they do many more things now and are supported by the staff to do them safely.

Lifestyle

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 can take part in activities that are appropriate to their age and culture and 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 and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

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.

Residents do participate in a variety of education, occupation and community activities that is suitable and engages them in the community.

Residents are involved in the day to day running of the home and take responsibility in their daily lives.

Meals are enjoyed and offered with choice.

Evidence:

On the day of this inspection only 4 out of 14 residents were at home with others out at various day centres, adult training and work. The AQAA tells us about a grant that has been found to allow a resident to work with furniture making stools and the staff spoken to say the residents do lead a full and active week with community and outside activities. The one resident told us about the garden and on looking this has been

Evidence:

greatly improved with small vegetable plots allocated to the residents and a chicken run at the end of the garden tended by the residents. One resident told me of how he helps clean his room and another was busy dusting and hoovering during the inspection. 'I like cleaning the house' was the comment and noted was the smiles and banter between residents and staff. Residents also showed in their activities records that they enjoy swimming, ten pin bowling and going to the pub. This record is a new procedure that evidences the activities either enjoyed or not enjoyed and the plans made for a variety of future activities.

The AQAA tells us that residents have a holiday every year if they wish or some prefer to have day trips out instead. This is recorded in their notes.

The previous evening to this inspection the home had held a party for all the residents and the buzz was still evident with lots of smiles and reflections talked about of the event.

The meals for the week are on display in the kitchen with residents asked the night before for their preference. On the day of the inspection the main meal was shepherds pie or sausages. The staff spoken to said there is always a choice of 2 items on the menu but if the resident did not like either they could always have something different. The 10 surveys received at the Commission were all complimentary about the food with comments such as 'the food is good', 'I enjoy my food' and 'I can choose what I like to eat'. One resident said they like to help cook with the staff member. Records of the meals prepared were seen in the Safer Food, Better Business folder.

Personal and healthcare support

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 receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people 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.

If people are approaching the end of their life, the care home will respect their choices and help them to 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.

The home does support residents with personal care in their own preferred manner while still trying to promote independence.

Health care is supported by the community GP'S.

Medication is administered safely but methods of storage and the need to record vital information is not safe.

Evidence:

The residents who require help with personal support are assisted by staff. The AQAA informs us of the number of residents requiring this support. The 3 residents seen during this inspection appeared appropriately dressed. The home has a mix of male and female staff offering a choice of gender to assist the resident. Each resident has a key worker as stated in the AQAA and reflected by the two staff spoken to. On chatting with a resident it was clear the key worker was not known. Again on talking to the staff team a plan is to put up photographs of staff for residents to recognise their key worker and also to know when they are on duty. There is also a need to add photographs of residents to the personal care plans as again if a team from outside

Evidence:

had to assist with care or anyone went missing not all residents had photographs available.

The health care of the residents is supported by the local GP's. There are no concerns regarding anyones health needs and all medication is reviewed regularly.

The medication was looked at and noted to be in a locked trolley with a separate monitored dosage systems for each time of the day the medication is administered. The pharmacist is Boots and the home has no concerns with this system. Recently a trolley lock on a medication trolley became faulty and on the day of this inspection was waiting to be picked up and a new one had already been sent and all the medication transferred. The trolley is locked in a cupboard under the stairs. Some storage of bottles and boxes are within this cupboard and a fridge, yet to be unpacked, sitting in the store. This under stairs cupboard appears unhygienic. The shelves are unsuitable and as they are wooden not made for a clinical area. The walls are unpainted and the carpet appears so dirty it is difficult to see the pattern. The acting manager informed us that the home does not have any controlled drugs to date but that a register for recording is available if and when controlled drugs are required. On looking at the medication administration charts it was noted no resident had any allergic reactions to medication yet staff informed us that one person is allergic to penicillin which was not written on any of the paperwork. The staff team must know how it is important that information such as this is logged and highlighted. None of the recording sheets for medication administration have photographs on them to identify the individual residents and should be in place as a safe procedure for administering medication.

Concerns, 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. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

The home need to ensure residents are empowered to complain with complaints procedures easy for them to understand.

Staff are CRB checked before commencing employment and training does occur but it is not clear when to fully ensure residents are cared for by staff who understand signs of abuse and the procedures to follow.

Evidence:

Out of the 10 surveys received from residents 8 stated they did not know how to complain. The AQAA tells us that no complaints have been received in the home nor have any complaints been received at the Commission. On talking to the residents and reading comments written in the surveys there are no negative remarks but when talking with one resident it was unclear if that person knew who to go to if they were not happy. Once again the information is in the home about how to complain but as it is in written format the majority of the residents do not know how to or feel empowered to complain. The home needs to ensure that communication to meet all the needs is available and to include 'how to complain'.

The staff team are recruited and commence employment on the return of their CRB. One CRB was found to be missing but on contact with the homes Head Office the form was in their paperwork ready to be forwarded to the home.

Evidence:

It was difficult to evidence the training on the Protection Of vulnerable Adults as the 3 personnel files seen did not have up to date certificates and with the acting manager unable to show a training matrix it is not clear how current the training is. A staff member spoken to would report any concerns on but felt the past manager would not manage the situation appropriately.

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, comfortable, 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. People have enough privacy when using toilets and bathrooms.

This is what people staying in this care home experience:

Judgement:

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

The home is comfortable and homely but some areas of safety and cleanliness need to be improved.

Evidence:

The home has made changes to the building since the last inspection by moving the office to a small room upstairs and changing the office downstairs into a big lounge/activities room with a large flat screen television, T.V. games and tables in the window to allow various craft activities to take place.

Each resident has their own room with the majority of them having to share bathroom facilities. The rooms seen on this occasion are quite small and do not have the facilities/room to make en-suites for all. There is ample bathrooms for sharing and the home has a number of areas away from their bedroom to be able to sit, with others or alone if they so wish. It was noted on this visit that two rooms had an odour and did not appear as clean as they could have been. One bedroom was noted to have the curtain hanging off the rail and very dusty items around the room. The acting manager could not understand why the room was not clean and tidy as this person would not object to cleanliness. On the landing at the top of the stairs both lights were not working correctly and the steps were difficult to see with no natural light in this area and presented a risk to residents and staff.

Evidence:

The main kitchen and dining area is very clean and maintained to a good standard. Records are kept of cleaning duties carried out by the night staff and temperature records are in the kitchen folder. The fire records were seen and recorded weekly is the fire alarm system carried out by the senior on duty. A certificate of fire safety for the building carried out by Broadland Alarms on 08/09 was available and the gas safety record certificate for the 30/11/09 was also seen.

The outside of the property has been improved with areas to move around in and sit, vegetable patches to be tended and the chickens to be fed. The summer house at the top of the garden is to be moved to the side of the property to allow easier access for all residents.

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, qualified 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. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

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.

Residents are supported by a staff team who are aware of their roles and responsibilities..

Recruitment and training of staff need to be improved to ensure safe practices are followed and that residents are cared for by appropriate staff.

Staff do not have regular and appropriate supervision to ensure competency is taking place.

Evidence:

The two staff members spoken to during this inspection visit and the acting manager told us of the improved staffing levels and how the needs of the residents are met by more staff being on duty when the residents are at the home enabling more activities and outings to take place. Comments in the surveys received tell us that residents are happy and that staff support them more with their everyday lives.

The two staff spoken to told us that the home support the staff with gaining their NVQ qualifications and that they both have NVQ 2 and 3 in care. Conversations held and the comments both verbally and written on the surveys show the home as having a competent team.

Evidence:

The two staff members stated that the team work well together and although there had been some issues during the year these had been resolved and the morale of staff had much improved and the staff were working well in their key worker roles. There is a mixed gender of staff offering a preferred choice of staff support for the residents. We were told staff meetings do occur although only one set of minutes could be found and with the home management changed, paperwork was difficult to find.

Concern was shared over the recruitment process as on checking three recruitment files one was found to have a CRB missing (later found to be at head office) and one had no references yet the person had been employed and was working with residents unsupervised. The acting manager immediately put this person back on supervision shift and prioritised obtaining the references.

Supervision records were seen but noted was the last date of May 09 as being the last recorded. The staff member spoken to said they have not been taking place due to one senior leaving and the manager no longer in post. There was a list noted of who supervised who on the notice board but this was out of date with some staff named were no longer employed.

The training of staff has also fallen behind and mandatory training was out of date. Some of these courses had been recorded and head office had been sent the details by the acting manager on the 30/11/09 and a copy of this email was seen. The training matrix was not available and with only some certificates in personnel files it was difficult to see which staff was behind with which training.

Conduct and management of the 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 have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because 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. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

This is what people staying in this care home experience:

Judgement:

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

There has not been a registered manager in post to offer the correct consistency and support to show this is a well run home.

The ethos in the home has improved in the past few weeks.

Although there is no evidence of a quality monitoring system the residents appear happy and content.

Safe working practices do need to be improved to ensure health, safety and welfare of residents is promoted.

Evidence:

The Annual Quality Assurance Assessment had been completed by the last manager but was limited in detail with a number of boxes to complete left blank. The home has undergone a number of changes in management over the past year. Two managers have held the post and both have left the company with the first manager returning just two weeks before this inspection to cover as acting manager while recruitment

Evidence:

takes place. There are a number of potential candidates for the post who are being interviewed before Christmas.

The ethos, leadership and management approach in the home has not been as positive as would have been liked. The Commission had received calls and emails sharing concerns about the lack of management support. This was discussed with staff at this inspection who now state the team are much happier and working well together with a totally different and supportive acting manager.

The quality assurance carried out by the home at the beginning of 2009 could not be found. A call was made to head office during this inspection who confirmed a number of surveys had been completed by all people involved with the service, but no evidence could be found of the results of the surveys or any action/development plan created from the results. The administrator at the head office who was spoken to is about to send out further surveys for the start of 2010. Although a system for measuring the quality could not be found the residents spoken to and the comments received at the Commission were positive and residents stated they like living at this home.

As mentioned previously some of the training for staff under health and safety has not been kept up to date but this has been identified by the acting manager and a list was produced of who needed training such as first aid and food hygiene. This list had been sent to the head office to plan future training by an email on the 30/11/09.

The home has completed a risk assessment folder of any potential risks within the building which was seen and noted to have been completed in 2008 and due for a review.

The residents all have a money tin locked in the cupboard under the stairs that is for their weekly allowance. Three tins were chosen at random and the money counted. Each one had the correct money and written details of all transactions were seen with corresponding receipts. One resident told us he likes shopping and a comment received tells us that they can have their money when they like.

The home is required to receive a visit from a responsible person to carry out a monthly visit to talk to residents and staff, inspect the premises and see records. Then a written report on the findings is left at the home for the visiting inspector to see. Only one record of a Regulation 26 visit was found in the designated folder that was a few months old. The acting manager spent a long time trying to find records but they were not found.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

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

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
1	20	13	The home must record all information that is relevant for the safety of the residents such as allergies. To ensure medication is not issued that is unsafe for residents.	01/01/2010
2	20	13	The home must store medication in a suitable hygienic area To ensure that medication is not contaminated in any way.	01/01/2010
3	22	22	The home must have a complaints procedure that is appropriate for the residents needs. To ensure that residents are empowered to complain when they wish to.	01/02/2010
4	24	13	The home should have adequate lighting at the top of the stairs	01/02/2010

Statutory requirements

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No.	Standard	Regulation	Requirement	Timescale for action
			To ensure movement of residents and staff on the stairs/corridor is carried out safely.	
5	30	23	The home should be clean and odour free. To ensure hygiene standards are maintained.	01/02/2010
6	34	19	The home must ensure that all procedures of recruitment are followed with references and CRB's being available for inspection To ensure that residents are cared for by safe hands.	01/02/2010
7	35	18	Mandatory training should be carried out for all staff and updated at appropriate intervals. To ensure current practice is taking place for residents safety	01/03/2010
8	36	18	The staff must be regularly supervised. To ensure they are able to carry out their work appropriately.	01/02/2010
9	37	9	The home must have a fit person to become the registered manager.	01/02/2010

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
			To ensure the home is managed by a capable, skilled and qualified person.	
10	39	24	The home must have a system in place to measure the quality of the service. To ensure that the service is assessed, reviewed and improved.	01/02/2010
11	39	26	A responsible person must visit the home at least monthly and complete a report on the service offered. To ensure the home is providing the service required for the residents.	01/02/2010

Recommendations

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

No	Refer to Standard	Good Practice Recommendations
1	1	Information such as Service Users Guide and Homes brochure should be written in a communication format that is understood by the residents.
2	6	The home does need to complete all paperwork that is owned by the resident in a format that is understood by that person.
3	17	Communication as mentioned previously, would benefit the residents if able to choose from pictorial menus rather than written menus to enhance their understanding of the choices available.
4	18	It is good practise to have a photograph of residents on

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
		important documents such as care plans and medication charts.
5	23	The home should ensure that all training on protection from abuse is up to date for all staff.

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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