

Key inspection report

Care homes for older people

Name:	Shire House
Address:	Sidmouth Road Lyme Regis Dorset DT7 3ES

The quality rating for this care home is:	zero star poor service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
John Hurley	1 8 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 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

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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.

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Information about the care home

Name of care home:	Shire House
Address:	Sidmouth Road Lyme Regis Dorset DT7 3ES
Telephone number:	01297442483
Fax number:	01297442483
Email address:	
Provider web address:	

Name of registered provider(s):	Sentry Care Limited
Name of registered manager (if applicable)	
Type of registration:	care home
Number of places registered:	22

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	22

Additional conditions:		
The maximum number of service users who can be accommodated is 22		
The registered person may provide the following category of service only: Care home only - Code PC to service users of either gender whose primary care needs on admission to the home are within the following category: Old age, not falling within any other category (Code OP)		

Date of last inspection								
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Brief description of the care home
Shire House is established in a large detached house set in its own grounds on the western outskirts of Lyme Regis. The home is accessed by a driveway and is surrounded by mature grounds and gardens there is level access to most parts of the gardens. There are large parking areas at the side of the house for visitors convenience. The original Edwardian house has been extended to provide additional bedrooms. There are two communal lounges and a separate dining room on the

Brief description of the care home

ground floor. People who live at the home are accommodated on the ground, first and second floors of the home and a passenger lift is available to the first floor for less ambulant residents. There are eighteen single and two double bedroomsuites, all of which are decorated to a good standard. Of the twenty bedrooms, eighteen have ensuite facilities. There are sufficient communal bathrooms and WC s to meet the needs of residents, including an assisted bath. Shire House provides 24-hour personal care, all meals, laundry and domestic services.

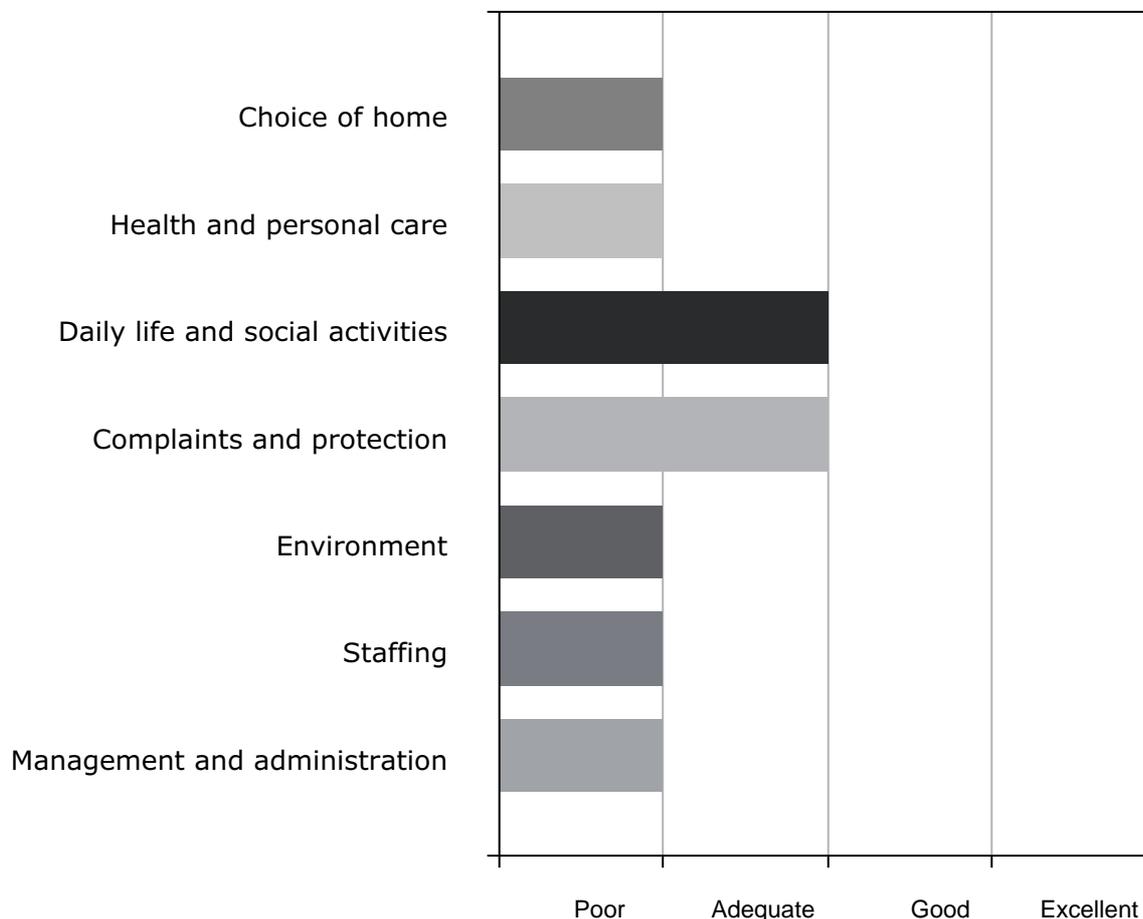
Summary

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

The quality rating for this care home is:

zero star poor service

Our judgement for each outcome:



How we did our inspection:

The inspection was undertaken over the course of two separate days at the end of December in 2009. The reason for the second inspection was to check compliance with the immediate requirements that were made following the first day of the inspection. The focus of the inspection was to look at relevant key standards under the Commission for Social Care Inspection (now the Care Quality Commission) 'Inspecting for Better Lives 2 Framework'. This focuses on outcomes for residents and measures the quality of the service under four headings; these are excellent, good, adequate and poor. The judgment descriptors for the seven sections are given in the individual outcome groups and these are collated to give an overall rating for the quality of the service provided.

The registered manager was not available during the inspection but their deputy and senior staff assisted us to complete the inspection.

We looked at three selected care files in detail and sampled others. We looked at the staff files, undertook a tour of the building and looked at all the documentation relevant to the running of a care home. We also spoke with visiting relatives and district nurses.

What the care home does well:

The home continues to provide a welcoming and friendly environment .

It continues to be evident that individuals who live in the home and can express themselves, despite the shortfalls identified from this inspection the service provided is highly regarded by those that live in the home and consider there is a real effort to meet the needs of individuals.

The people who live at the home inform us that staff are kind to them and treat them well. They said that their individual rooms meet their needs and that the food is home cooked and of good quality.

People important to those who live at the home say they can visit at any time within reason and consider that the staff at the home keep them informed of significant events as appropriate.

What has improved since the last inspection?

Although there has been efforts made to address the shortfalls identified at the previous inspection there has been no significant improvement to comment on.

What they could do better:

The registered manager must ensure that no person moves into the home without their needs being assessed. Once the person takes up residency a care plan must be documented in partnership with the new resident or their advocates. The assessment documentation must be robust and any assessment made using numerical scoring must be understood by the assessor.

Care plans and associated reviews must take into account all of the information available to the reviewer and include the person, or their representative, where ever possible. The resulting plans and updates must contain sufficient detail to enable staff to deliver care in the manner agreed acknowledging all of the risks involved with that care package.

All accidents and incidents must be recorded and action taken to minimise any risks established following evaluation of the issues.

The registered manager must establish safe medication practices within the home so as not to put people at risk of harm. Similarly all risk assessments must be updated to ensure people are not at unnecessary risk of harm.

The hot water temperature must not put people at significant risk of harm from scalding and all windows must have robust risk assessments for their use if they are to remain unrestricted in their opening.

The management must ensure that its recruitment practices fully establish the fitness of those who wish to work at the home. Staff must not start employment at the home until such time as their fitness has been fully established. Staff need to have a comprehensive induction into the home and plans must be made to ensure that all staff have the necessary statutory training required.

The registered manager needs to do more to evidence that it promotes equal opportunity within the home through its policies and documentation.

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

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

Details of our findings

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Choice of home

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

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

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

This is what people staying in this care home experience:

Judgement:

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

The registered manager did make appropriate arrangements to assess the needs of those who have entered the home. This puts people at serious risk of not having their needs met.

Evidence:

We looked at the documents in relation to the last two people to take up residence at the home. As the people were both privately funded this placed a responsibility on the registered manager to ensure that they carried out an initial assessment of need from which they produced a care plan in consultation with the person or people important to them.

There was no evidence that an assessment of need had been conducted or interim care plan drawn up which would guide and inform staff as to how the two people wished for their needs to be met.

Evidence:

Through discussion with the deputy manager and by sampling the training matrix we established that the recommendation that "when carrying out initial assessments the assessor has had the necessary training to interrupt the results of the assessment tools used" at the previous inspection had yet to be considered.

We were informed that no person was receiving intermediate care at the time of our inspection.

Health and personal care

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

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

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

This is what people staying in this care home experience:

Judgement:

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

The care plans (when available) and subsequent reviews do not give an accurate picture of the person at the centre of the care, which may mean they have unmet needs

The administration of medication may put people at risk.

People are treated with dignity and respect.

Evidence:

Care plans are generated from initial assessment of needs and reviewed thereafter. There is evidence that some people are included in the care planning process but not all.

We looked at a sample of the care plans and reviews in order to assess how the National Minimum Standards are consistently met within the home. In general terms the plans give details of some but not all of the tasks to be completed by staff. However these need to be developed to evidence that the home is providing person

Evidence:

centered care, for example files state what the task is but not what staff have to do to carry out that task in a way that has been agreed with the individual.

We further noted that some people have specific medical symptoms such as Hypoglycemia but no plan of care or directions to staff on how this affects the person's life were evidenced.

With regards to the two people who had just taken up residence at the home they had no plan of care drawn up. We spoke with staff about these peoples' needs who informed us of some of the issues (tasks) but not how to meet them. The staff talked in terms of one person being "muddled" but did not consider any of the causes of this. They did not know what may help or hinder this persons' confusion or if this confusion was due to a mental health issue, physical health issue or just because the person needed a little more time to become accustomed to their new living arrangements.

We spoke with the new residents in private who confirmed that they had not been involved in any care planning but confirmed that they had made an active choice to attend the home. They did not appear to have been made aware of the care planning process and subsequent reviewing systems. Through discussion we established that they considered that the district nurses meet all their needs and the staff at the home were there to assist as directed ie "just to provide meals". One of the new residents told us "I am not sure they(staff) would know what I need, no one has asked me.

In some of the other plans we sampled we found similar issues where peoples' presenting problems had been acknowledged for example, "becomes confused and anxious in the afternoons" but did not go on to explain why this might be or what should be done by staff to assist the person at this time.

Whilst in discussion with staff and people who live at the home we established that some people self medicate. This ensures people have the opportunity to maintain some degree of independence. However there are risks associated with self medicating which robust and regular assessments can ensure that people who self medicate do not put themselves or others at risk of harm. We looked at one persons file who was described as self medicating and found that it is recorded that the person has some degree of confusion, there was no risk assessment available in relation to this person self medicating.

One person who had just taken up residency was receiving medication on a Per Required Needs (PRN) basis but as already discussed there were no care plans and so there was no evidence that staff had clear guidance on how to give medication via this

Evidence:

route. Staff need to have clear instructions for giving any medication on a PRN basis to ensure that it is given appropriately.

During the tour of the premises we observed creams and ointments in several locations, communal bathrooms and peoples' private bedrooms. It was noted that in most cases they did not have opening or discard dates on them.

We spoke with a visiting district nurse who informed us that they were generally very pleased with the care people receive but did state that there are "different standards of care depending on who is on duty at the time".

We spoke to a visiting relative who informed us that they were "very happy with the care and attention given to their relatives". All of the people who live at the home considered they were treated well and with dignity and respect.

Daily life and social activities

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

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

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

More needs to be done to ensure that all people who live at the home have opportunities to have their social and recreational needs met.

Visitors are welcomed and individuals are assisted with maintaining contact with relatives and friends

Evidence:

People who use the service were observed in a number of different locations. They choose when to get up and when to retire. They have free access to their bedroom and communal facilities.

Those who use the service are able to meet privately with visitors either in their rooms or in a designated lounge. Most of those who were spoken with indicated that they were happy with their life in the home and confirmed that the staff support them in following their preferred lifestyle.

Visitors were observed entering or leaving the home. All visitors were warmly welcomed. We looked at the visitor book that evidenced who was visiting and who had recently been in to the home prior to our visit. People we spoke with confirmed that

Evidence:

there are visitors at any reasonable time.

Whilst sampling the care plans available we did not see any evidence to suggest that activities, peoples interests or aspirations were noted in the care planning documentation.

At the last inspection the home was seeking to employ someone to lead activities for the resident group. At this inspection this was still the case. People who live at the home informed us that there are things to do and the pace of life suits them, but at the time of the inspection no activities were observed with the exception of the television being on.

We were informed by most of those who use the service that the food was always good and that choices were available. People told us that the staff knew peoples likes and dislikes and as such were able to cater for their needs. However some people said they had to wait for long periods to get their lunch and that it can sometimes take a long time to get a pudding, they put this down to "not having enough staff ".

Complaints and protection

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

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

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

The people who use the service felt confident that any complaints or concerns would be listened to and taken.

All staff should receive training with regards to the Protection of Vulnerable adults.

Evidence:

The people who we spoke with informed us that they felt able to complain and said they would have no concerns complaining to any staff member should they have need to. They felt that the manager and staff are very approachable and will deal with any issues, no matter how minor, there and then if they could.

The home keeps a record of any complaints made. There have been no issues recorded at the home or made to the regulator at the time of the inspection.

We looked at the staff training records and found that despite us recommending that staff should have Safeguarding Vulnerable Adults training this has yet to be actioned. This means that some staff may not be clear as to the correct procedures to follow in the event of concerns being raised which in turn may put people at unnecessary risks from harm.

Environment

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

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

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

More needs to be done to ensure the safety of those who live at the home.

People who use the service can personalise their private space.

Infection control procedures need to be improved upon in order to protect those who live at the home.

Evidence:

People informed us that they are able to bring personal possessions with them into the home. We looked at a sample of the bedrooms used by people who use the service and found that they had been personalised with pictures, furniture and photographs to reflect the individuals taste.

We looked around the premises shortly after entering the home and again later in the day. This large home does not lock the front door and so people have free access to come and go as they please. As the home provides accommodation and care for people with enduring mental health problems which can result in them leaving the home without being observed, the risk of this happening and any action was not documented.

Evidence:

We looked at the laundry which was clean, tidy and well organised. The hot water temperature at the sink exceeded 50 degrees centigrade.

The ground floor bathroom was bright clean and airy. There was still no pedal bin in this area. In response to a requirement at the last inspection a risk assessment had been carried out with regards to the temperature of the hot water as it was in excess of 50 degrees centigrade.

The action as a result of the risk assessment was to turn the supply of water off to the tap in the sink. The hot water tap in the bath had a plastic cover over it in an attempt to ensure that it could not be used as the temperature was the same as the sink. This was not effective as the tap could still be switched on. Therefore the hot water temperature continued to pose a significant risk of harm to people at the home and so an immediate requirement was made to address this risk. Further more the practice of switching hot water off undermines the infection control practices within the home and is an unacceptable response

All other hot water taps in communal bathrooms and ensuite facilities delivered water at a similarly high temperature.

We were told by the deputy manager that no person had access the toilets on their own which minimises the risk of scalding. However we observed one person using the communal facilities independently. The deputy acknowledged that the person identified does use the facilities independently.

During our tour of the building we noted that a cupboard door on the first floor next to toilet was unlocked. The cupboard contained a hot water tank and associated pipes which were extremely hot. This is a potential risk of scalding.

We looked in a number of peoples rooms and noted that not all windows had there opening restricted and radiators and associated pipe work were uncovered. Whilst there was risk assessments in relation to unguarded radiators that were up to date several rooms had there radiator covers removed and not replaced, there was no evidence that the issue of unrestricted windows featured in the home's risk assessments. We left an Immediate Requirement instructing the registered manager to address this issue. We returned to the home three days later and found that the issues had been addressed in full.

The home has a lift between the ground and first floor. We found that the lift did not have an inner door. The risk assessment in relation to the lift stated that no resident

Evidence:

or visitor uses the lift unaccompanied. The staff we spoke with said that some residents use this unaccompanied thus undermining the risk assessment. We pointed this out to the deputy manager who agreed to ensure that no person uses the lift without a staff member present. They also agreed to consult with other agencies and lift manufacturers to ensure that the lift continues to meet the current legislation.

We observed that the dining room carpet was cleaner than noted at the previous inspection however plans should be made for further deep cleaning or replacement to bring the floor covering up to a better standard. The dining area was pleasantly laid out. The seating had not been updated and the cushions provided were still unsecured.

We noted that one person uses bedrails. We looked at the persons' file that did not contain any risk assessment with regard to thier use. There was also no useful assessment as to why they were in use and how there fitting had been maintained and reviewed. It was observed that there were large gaps between t ends of the bed and mattress which posed a entrapment hazard. This was pointed out to the deputy manager.

From carrying out a tour of the building it was clear that there has been some inward investment.

Staffing

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

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

Not all staff have the necessary training with to provide a safe service to those who live at the home.

The recruitment of new staff does not fully establish the fitness of those who wish to work at the home and may put people at risk of harm.

Staff must have a comprehensive induction into the work that they do in order to promote the safety of those who live at the home.

Evidence:

When we carried out a self conducted tour we spoke with a female member of staff who was sat in the lounge watching TV. She told the us this was her first shift. When the deputy manager became available we asked them who the member of staff was. Through discussion it was established that she was employed as a cook and confirmed it was her first shift. She also added that the new cook was to be supervised by the person who had recently been cooking for the home. We looked at the new cooks' file which showed an application for the job as cook had been completed and dated on 07/12/09. The file had no CRB or ISA first, no record of either being applied for, no references had been obtained and there was no record that reference had been requested. We explained our concern that a breach of regulations in relation to employment. The deputy manager asked the new cook to leave until such times as the

Evidence:

appropriate checks had been completed.

We checked the file of the person who was set to supervise the new cook. The deputy manager informed us that this person used to own the home but sold it in November 2008. They also informed us that they had been working at the home for several months.

The file we looked at contained two certificates of training attended but no other records of recruitment. We asked the deputy manager about the lack of recruitment records, we were informed that they thought that as they had been the previous owner they did not need them.

There was one other new staff member identified by the deputy manager. They had been employed in a domestic role. We spoke with them about their induction into the home. As they had difficulty understanding English we were unable to establish if they had received an induction. Their staff file did not mention any difficulty in comprehending English. The deputy reassured us that this member of staff had received an induction but there was no evidence available to support this.

We looked at the training matrix which evidenced that despite a previous requirement to ensure all staff have had the necessary Statutory Training this had yet to be achieved.

We spoke with several staff during our inspection who were able to tell us some of the needs of the individuals they care for. Our observations during the inspection was that there was good degree of positive interaction between the staff and residents.

As already mentioned people who use the service consider that at key times in the day there are insufficient staff to assist them.

Management and administration

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

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

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

The registered manager needs to introduce systems to ensure the National Minimum Standards are established and maintained at all times. Failure to do this will put people at risk of unnecessary harm.

The health and safety of people who live and work at the home is not protected due to the lack of action with regards risk assessments and action to minimise risks.

The registered manager must ensure that records required by regulation are robustly maintained.

Evidence:

The Registered Manager was not available during this inspection. We were assisted by the staff and deputy manager who did so in a professional manner. We are concerned that the improvements identified and required following the inspection in 2009 had not been addressed. The provider also assisted with the inspection but acknowledged that they did not have full information about regulatory requirements.

Evidence:

We found that a number of key issues that can seriously affect the well being of people who live in care homes have not been maintained to a satisfactory standard as outlined in this report, for example medication practices, recruitment practices and risk assessments. This means that significant improvements in the management of the home are required in order to re-establish the National Minimum Standards.

The feedback from the people who use the service confirmed that they continue to feel a sense of belonging living at the home and gave examples of how staff do that little bit extra to help out. They informed us that they can raise issues with the management, can identify who the manager is and are confident that issues are dealt with promptly and effectively.

The staffs files did not evidence that staff are receiving formal supervision and so management have no formal way of ensuring standards are being consistently applied.

We looked at records relating to accidents and found that not all accidents are being recorded. This undermines any of the care planning process as the records are not available to evaluate.

As already discussed risk assessments were out of date or not fit for purpose so the health and safety of those who live and work at the home may be compromised.

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
1	7	15	<p>The registered manager must ensure that all care plans and reviews accurately reflect the needs of the person and give enough detail to guide and inform staff as to how to meet the agreed needs</p> <p>(Previous timescale of 17/07/2009 and 15th January 2010 not met).</p> <p>Not looked at during this inspection.</p>	17/07/2009
2	9	13	<p>The registered manager must ensure that the receiving, administration, recording of and returning of medication is carried out in accordance with the National Pharmaceutical requirements so as not to put people at risk of harm.</p> <p>(Previous timescale of 07/07/2009 and 15/01/2010 not met)</p>	07/07/2009
3	26	13	<p>The registered manager must ensure that infection control policies are adhered too so as to promote the well being of those at the home.</p>	07/07/2009

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
			(Previous timescale of 07/07/2009 not met).	
4	29	19	The registered manager must ensure that any prospective staff member has their fitness to work with vulnerable people established in order to protect those who live at the home. (Previous timescale of 07/07/2009 and 24/01/2010 not met).	07/07/2009
5	30	18	The registered manager must ensure that all staff under a formal recorded induction into the work they are going to perform to ensure people are not put at risk (Previous timescale of 17/07/2009 not met).	17/07/2009
6	30	18	The registered manager must ensure that all staff have the necessary statutory training to ensure that peoples needs can be met in a safe manner. (Previous timescale of 01/08/2009 not met).	01/08/2009
7	37	13	The registered manager must ensure that all accidents are recorded and evaluated to maintain the	07/07/2009

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
			<p>safety of those who live at the home.</p> <p>(Previous timescale of 07/07/2009 not met).</p> <p>Not looked at during this inspection.</p>	
8	38	38	<p>The registered manager must ensure that the hot water temperature does not pose a significant risk of injury.</p> <p>(Previous timescale of 18/06/2009 and 15/12/2009 not met).</p>	18/06/2009
9	38	13	<p>The registered manager must ensure that all risk assessments demonstrate how the safety of the people who use the service or work at the home is being maintained.</p> <p>(Previous timescale of 17/07/2009 not met).</p> <p>Not looked at during this inspection.</p>	17/07/2009

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
1	19	13	The registered manager must ensure that the hot water temperature does not pose a significant risk of harm to those who use the service So as to ensure people are not at risk of harm	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
1	3	14	The registered manager must ensure that all people who are to reside at the home have their needs assessed. To ensure that peoples needs are met and they are not at risk of harm	15/01/2010
2	3	14	The registered manager must ensure that those staff carrying out initial assessments the assessor has had the necessary training to interpret the results of the assessment tools used.	15/01/2010

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 that peoples needs are met and they are not at risk of harm	
3	7	15	The registered manager must ensure that people are consulted with regards the contents of their care plans To ensure that peoples needs are met in a way that suits the individual	15/01/2010
4	7	15	The registered manager must ensure that all care plans and reviews accurately reflect the needs of the person and give enough detail to guide and inform staff as to how to met the agreed needs. To ensure there are no unmet needs	05/02/2010
5	9	13	The registered manager must ensure that the receiving, administration, recording of and returning of medication is carried out in accordance with the National Pharmaceutical Guidance so as not to put people at risk of harm. To ensure that people are not put at risk	15/01/2010
6	12	16	The registered manger must ensure that there are	12/02/2010

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
			<p>opportunities for all to be involved in meaningful activities based on peoples assessed needs and aspirations.</p> <p>To ensure the wellbeing of the people who live at the home</p>	
7	19	13	<p>The registered manager must ensure that all windows that are unrestricted in their opening do not pose a significant risk of harm to those that use the service, or a risk assessment is put in place.</p> <p>So as to ensure people are not at risk of harm</p>	05/02/2010
8	19	13	<p>The registered manager must consult with Environmental Health Officers and take action if required to ensure the lift meets the current regulations governing the use of passenger lifts</p> <p>To ensure that those who live at the home are safe from harm</p>	05/02/2010
9	26	13	<p>The registered manager must ensure that infection control policies are adhered to.</p>	12/02/2010

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
			So as to promote the well being of those at the home	
10	29	19	The registered manager must ensure that your recruitment systems demonstrate that you are satisfied that all staff members are appropriately and safely recruited. To ensure the protection of those who live at the home	26/01/2010
11	30	18	The registered manager must ensure that all staff have the necessary statutory training to ensure that peoples needs can be met in a safe manner. To ensure staff are trained to met the needs of those who live at the home	12/02/2010
12	30	19	The registered manager must ensure that all staff undergo a formal recorded induction into the work they are going to perform to ensure people are not put at risk To ensure staff are trained to met the needs of those who live at the home	28/01/2010
13	31	7	The registered provider must undergo trianing to ensue that they have the	01/04/2010

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
			<p>necessary skills to continue to be responsible for the care home</p> <p>In order to support and promote good practice at the home</p>	
14	36	13	<p>The registered manager must ensure that all accidents are recorded and evaluated to maintain the safety of those who live at the home</p> <p>In order to protect those who live and work at the home</p>	05/02/2010
15	38	13	<p>The registered manager must ensure that the hot water temperature does not pose a significant risk of injury. This must be regulated at close to 43 degrees C</p> <p>In order to protect those who live and work at the home</p>	05/02/2010
16	38	13	<p>The registered manager must ensure that all risk assessments demonstrate how the safety of the people who use the service or work at the home is being maintained.</p>	05/02/2010

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
			In order to protect those who live and work at the home	

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	17	the manager should consider that all staff have specific training with regards to the Protection of Vulnerable Adults.
2	27	The registered manager needs to consider if there are sufficient members of staff available at lunch time to meet the needs of those who live at the home.

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