

Key inspection report

Care homes for older people

Name:	Acorn Nursing Home
Address:	46-48 All Saints Road Bradford BD5 0NJ

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:
Stephen Marsh	1 0 0 2 2 0 1 0

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

The mission of the Care Quality Commission is to make care better for people by:

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

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Acorn Nursing Home
Address:	46-48 All Saints Road Bradford BD5 0NJ
Telephone number:	01274734004
Fax number:	01274740859
Email address:	
Provider web address:	

Name of registered provider(s):	Regency Healthcare (UK) Limited
Name of registered manager (if applicable)	
Type of registration:	care home
Number of places registered:	34

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	34
physical disability	34	0

Additional conditions:

The maximum number of service users who can be accommodated is: 34

The registered person may provide the following category of service only: Care home with nursing - Code N, 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 - Code OP and Physical disability - Code PD.

Date of last inspection

Brief description of the care home

Acorn Nursing Home is a thirty-four bedded care home, which provides both residential and nursing care. The home was formerly a vicarage and it is conveniently situated less than one mile from Bradford City centre and close to St Luke's Hospital. The home is well served by public transport and there is adequate parking to the front of the property. There are double and single rooms situated on the ground and first floor of the building, with two having en-suite facilities. There is level access to the main door

Brief description of the care home

and a passenger lift is available. The communal areas are situated on the ground floor, comprising of two lounges and a dining room. There are communal bathroom and toilet facilities located throughout the building. There are gardens and a patio area for the people to use and enjoy when the weather permits. Current fees for the service range from GBP 359:25 to GBP 465:08 per week Residential and GBP 525:00 to GBP 675:00 Nursing.

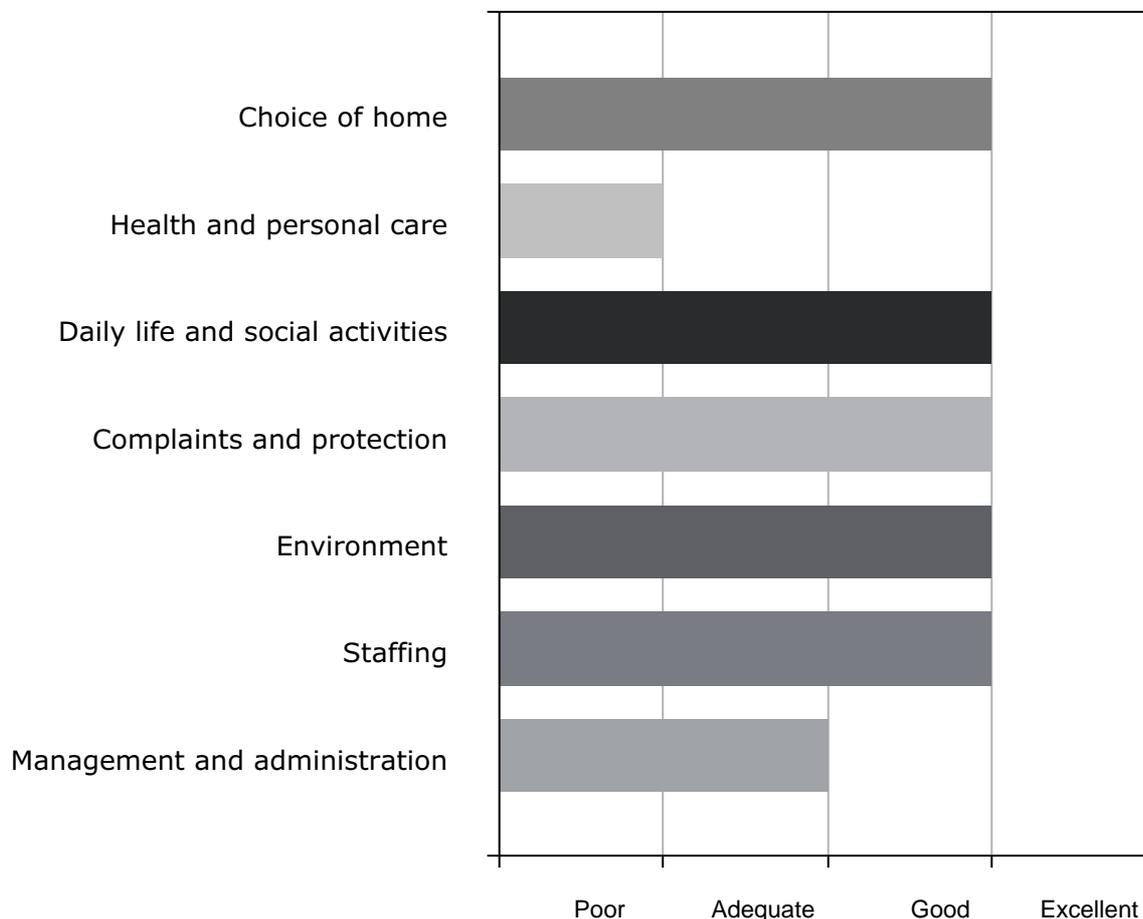
Summary

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 last key inspection of this service was the 10 September 2009 when 12 requirements were made.

Following the visit on the 10 September 2009 we served the registered provider with statutory requirements notices informing them where they had failed to comply with the Care Standards Act 2000 and the Care Homes Regulations 2001. The notices related to staff training in general and first aid training in particular. On the 9 December 2009 we made an unannounced visit to the service to check if sufficient action had been taken to address the breaches of regulations and found that it had.

The inspection process for this visit included looking at information we have received about the service since the last key inspection, as well as this unannounced visit to the home, which was carried out by two inspectors between 10:00hrs and 17:35hrs. The methods we used during this inspection included looking at records, observing staff at

work, talking to people living at the home and visitors, talking to the manager and staff and looking around the property.

On this occasion we did not ask the home to complete a self-assessment form or send out survey questionnaires to staff and people using the service.

The purpose of the visit was to assess what progress the home had made in meeting the requirements made in the last inspection report and the impact of any changes in the quality of life experienced by people living at the home.

Following the first day of the inspection visit we wrote to the registered provider regarding the serious concerns we had about some aspects of the service. These related to care planning and nutrition. Both areas of concern had been highlighted at the last inspection visit and requirements made. We received a letter from the providers on the 25 February 2010 indicating that action had been taken to address both areas of concern. Therefore on the 3 March 2010 we visited the home again to make sure the the providers had complied with the requirements, but found that they had failed to do so.

We have recently improved our practice when making requirements to improve national consistency. Some requirements from previous inspections may have been deleted or carried forward as recommendations, but only when it is considered that people that use the service are not being put at significant risk of harm. In future, if a requirement is repeated, it is likely that enforcement action will be taken.

Feedback was given to the manager at the end of the visit made on the 10 February 2010 and to the manager and operations manager at the end of the second visit made on the 3 March 2010.

Two requirements from the previous inspection have not been met. New timescales have been set and in line with our enforcement procedures we will be following them up to make sure they are dealt with.

What the care home does well:

The manager operates an open door policy and encourages people to tell her what they think about the service and facilities provided.

People are encouraged and supported to participate in a range of social and leisure activities, which helps to improve their quality of life.

The home encourages people to visit or stay for a trial period before they move in permanently so that they can experience at first hand the care and facilities provided. This helps people to decide if the home is right for them.

What has improved since the last inspection?

The pre-admission assessment is now more thorough and the manager will not admit people unless she is confident that the home can meet their needs.

Outstanding health and safety issues have been addressed and some improvements to the environment made, so that the home now provides people with a safe and comfortable place to live.

More emphasis has been placed on staff training and staff now receive formal one-to-one supervision with the manager on a regular basis to discuss their training and personal development needs.

The staff recruitment procedure is now thorough and employment files are now maintained in good order, therefore people living at the home can be confident their care and support is provided by staff suitable to work in the caring profession.

The maintenance files and fire safety records have been brought up to date, which means that documentation is now available to show that all equipment in use is serviced in line with the manufacturers guidelines, which means that people can be sure they are in good working order.

What they could do better:

Care plans and supporting documentation must be maintained in good order and give clear guidance to staff on how people's needs are to be met. This will make sure that people receive the level of care and support they require.

When we made a second visit to the service on 03 March 2010 we found that there had been an improvement in the way care staff were completing the diet and fluid charts. However, we found that nursing staff were not checking the charts to make sure people's nutritional needs were met. This must be addressed to make sure that people's health care is not compromised.

More effective quality assurance monitoring systems must be put in place and the registered provider must provide us with copies of the monthly reports on the conduct of the home required under Regulation 26 of the Care Standards Act 2001, so that we can be confident that the home is being run in the best interest of people living there.

The provision of appropriate assisted bathing facilities should be kept under review to make sure that they are adequate and meet people's needs.

Double glazed window units and vanity units should be replaced in bedrooms as required to improve the general environment.

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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Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Improvements have been made to the admission process and people will not be admitted to the home unless the manager is sure that staff are able to meet their needs.

Evidence:

Records show that people's needs are now always assessed before they move into Acorn Nursing Home either in their own home or temporary place of residence. Needs identified during this pre-admission assessment visit form the basis for the initial care plan, which is completed on admission. We looked at the pre-admission assessment for the last admission to the home and found that it provided staff with good information about the person's health, personal and social care needs.

People are invited to visit the home before admission to see at first hand the facilities provided, meet the staff and other people living there and stay for a full day if they wish to do so. People are also able to move in to the home on a trial period if they are

Evidence:

still undecided. This is good practice and shows that people are supported through the admission process.

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.

Care records still do not always provide accurate and up to date information, which means that some people might not receive the level of support and care they require to meet their health, personal and social care needs

Evidence:

Although some work has started to introduce the new care planning system it is apparent that a great deal more work is still required before the care plans can be used as working documents. The care plans and supporting documentation we looked at were generally disorganised with information either difficult to find, unclear, not updated or duplicated.

For example the care plan completed by the manager on the 1 February 2010 for one person recently admitted to the home showed that they had a grade 2 pressure ulcer to their right heel. However, on the 3 February 2010 a second care plan had been completed by another qualified nurse, which clearly stated that the person had a grade 2/3 pressure ulcer to their left heel. This was both confusing and obviously not the case. When the matter was discussed with the manager she could offer no

Evidence:

reasonable explanation as to why the second care plan had been completed, or why the nurse had recorded the wrong heel.

For another person the care plan dated 25 November 2009 showed that they had a grade 1 pressure sore to their buttock, which appeared to be healing. However, on the 6 December 2009 the care plan showed that the person had a grade 2 pressure sore to their right buttock however it was not clear if this was the sore previously mentioned or was in fact a new pressure sore. This is unsafe practice, which puts people's health care at risk.

We looked closely at the nutritional information available and food and fluid intake charts for two people that had recently experienced a significant weight loss and reviewed a further random selection. We found that in many cases there were gaps in the recordings or the charts simply could not be found. For example for one person admitted to the home on the 22 January 2010 only two fluid intake charts could be found. They showed that on the 2 February 2010 they only had 1000mls of fluid in a 24 hour period and on the 9 February 2010 they only had 700mls of fluid in a 24 hour period. On both occasions they had not been offered a drink after 5pm. The care plan for this person clearly stated that fluids must be encouraged and their intake closely monitored.

In addition, the food intake charts completed showed that on both dates they had only been offered food at main mealtimes and had not been encouraged to eat snacks during the day to supplement their poor diet. The person had been prescribed a diet supplement drink but on reviewing the medication administration record (MAR) sheet we found that they were refusing to take it. During the course of the visit we had the opportunity to speak to the person and they confirmed that although they disliked the taste of the drink supplement prescribed, they would like to try an alternative as they were very concerned about their weight loss. There was nothing in the daily notes or care plan to indicate that staff had discussed this matter with them or made any attempt to provide an alternative diet supplement.

On discussing this matter with the manager she acknowledged that staff had failed to accurately record people's fluid and food intake but said that everyone was encouraged to eat and drink plenty. It is however apparent that the qualified nurses are not checking records completed by the care staff, but just simply filing them away. This is unsafe practice, which puts people's health care at risk.

Following written confirmation from the provider that the above concerns had been addressed we returned to the home on the 3 March 2010 to make sure the

Evidence:

outstanding requirements had been met. However, although we found that the manager had started to improve the care plans, some plans we looked at still did not provide staff with clear guidance on how to meet people's needs. In addition, we also found that while the care assistants were now completing the food and fluid intake charts to a satisfactory standard the qualified nursing staff are still failing to check them on a daily basis and taking no action when it is obvious that people are not eating or drinking sufficiently. For example in one instance the fluid chart completed for one person clearly showed that they had only taken 270mls of fluid in a 24hr period. The nursing staff had not questioned this or taken any action to encourage the person to drink more. In a second instance the diet supplement drink for another person had been increased from one in the morning to one twice a day. However, when new medication administration (MAR) sheets had been started nursing staff had failed to transfer this information on to the new sheets. The manager could offer no explanation as to why this had happened but confirmed that an internal investigation would take place. The manager also confirmed that an external trainer is to provide staff with training on nutrition and the importance of record keeping which should help to resolve this matter.

We reviewed the medication system in place and found that with the above exception medicines are managed safely. Policies and procedures are in place relating to the receipt, safe storage, administration and disposal of medication and all nursing staff are in the process of updating their training.

Daily life and social activities

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

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

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

People living at the home are encouraged and supported to participate in a range of social and leisure activities which take into account their preferences and ability.

Evidence:

The manager told us that the daily routines are flexible and wherever possible people are encouraged to make choices about how they will spend their time whilst living at the home.

The home employs an activities co-ordinator who is responsible for organising activities, entertainment and outings for people living at the home. For people that don't like to join in group activities time is made to engage with them on a one-to one basis.

People living at the home told us that they are able to see visitors in their own rooms if they wished to do so and family and friends were always made to feel welcome and offered light refreshments when they visited.

During the visit we observed the lunchtime meal. The dining room cannot accommodate everyone living at the home therefore people can have their meals in

Evidence:

the lounges or in the privacy of their own bedroom. The meal served looked good both in quality and presentation and we saw that staff showed a good awareness of people's needs and preferences and offered assistance discreetly to people who were not able to manage to eat independently.

Complaints and protection

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

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

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

This is what people staying in this care home experience:

Judgement:

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

There are suitable systems in place to make sure that complaints are dealt with appropriately and people are protected from any form of abuse.

Evidence:

There is a clear complaints procedure in place and the manager confirmed that the home operates a zero tolerance approach when dealing with complaints and adult protection (safeguarding) issues.

People living at the home who were able said that they were aware of the complaints procedure and would have no problem at all in approaching the manager or registered provider if they had any concerns about the standard of care being provided.

Adult protection policies and procedures are in place and training records provided by the manager show that all staff have received training in the recognition and reporting of allegations of abuse.

Feedback from staff indicates that they are aware of the home's policy on "whistle blowing" and knew what to do if they suspected that people were being abused or working practices at the home were not in the best interest of the people living there.

Environment

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Improvements have been made to the environment and more work is planned to make sure the home continues to provide a comfortable, safe and pleasant place for people to live and is suitably equipped to meet their needs.

Evidence:

All the communal areas including lounges and the dining room are on the ground floor of the home, conveniently close to toilet facilities. The standard of decor and furnishing in these rooms is generally satisfactory and there is now an ongoing programme of refurbishment in place. For example, since the last inspection radiator guards have been fitted to reduce the risk of people being burned if they come into contact with the surface.

The home told us that work on replacing the double glazing units had been delayed because of the bad weather but would be going ahead as soon as possible. Bedrooms are situated on both the ground and upper floors of the building and there are two passenger lifts available to assist people with mobility problems. On admission people are encouraged to bring personal possessions into the home to personalise their room and it was evident during the tour of the building that many people had done so. The standard of decor and furnishing in bedrooms was generally good and some were in the process of being decorating.

Evidence:

We found that in some rooms the lighting was still only provided by a single bare low energy light bulb, which made the rooms look dark and gloomy. Bare low energy bulbs were also in use in other areas of the home including some corridors, the office and medication store room. The lighting in these areas should be kept under review to ensure the lighting throughout the home is sufficiently bright to allow people to carry out their daily lives unhindered.

We reviewed the communal bathing/shower facilities and found that the home continues to have one shower room on the first floor and bathrooms on the ground and second floors of the building. Currently the home does not have an assisted bath suitable for people with a physical disability as the baths in use are positioned against a wall and do not allow for staff access from both sides. However, we were informed by the manager that plans have been drawn up to convert an existing toilet and bathroom on the first floor of the home in to one large bathroom with an assisted bath centrally positioned. This will resolve this problem and assist people to maintained their personal hygiene.

On the day of the visit the home was clean and tidy. Externally the grounds are pleasant and well maintained.

Staffing

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

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

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

People living at the home are now protected by the recruitment and selection procedures in place.

More emphasis has been placed on staff training and staff are supported in developing the skills and knowledge they need to meet people's needs.

Evidence:

The home now has a thorough staff recruitment and selection procedure, which includes obtaining at least two written references and a Criminal Record Bureau (CRB) before new staff start work unsupervised. The manager is also in the process of updating all the staff employment files to make sure that all the relevant checks have been undertaken. This will make sure only people suitable to work in the caring profession are employed.

To support the care staff the home employs separate catering and housekeeping staff.

All new staff receive induction training in line with the Skills for Care Common Induction Standards. These are nationally agreed induction standards designed to help new staff get the skills and knowledge they need to care for people. Following induction there is an expectation that staff will study for a National Vocational

Evidence:

Qualification (NVQ) at level two or three above depending on the post they hold. This shows that the home is committed to making sure that people are cared for by skilled and experienced staff.

Since the last key inspection more emphasis has been placed on staff training and feedback from staff indicates that they are now happy with the level and standard of training provided and were encouraged to take up training opportunities. Staff also felt that the training they receive helps them understand the individual needs of people living at the home and keeps them up to date with new ways of working.

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

The management team are committed to improving the service however more needs to be done to make sure that people experience good quality outcomes in all areas of the service.

Evidence:

A new manager was appointed in April 2009 although she has still to complete the registration process. The manager is a qualified registered mental nurse (RMN), has a positive attitude to the inspection process and during the course of the inspection showed a willingness to work with us to maintain and improve standards at the home.

Through discussions with the manager it is apparent that at the present time she is finding it difficult to manage the home effectively because of the amount of administrative work required to bring the home up to the required standard. The home is therefore in the process of appointing a deputy manager who will have responsibility for the day-to-day management of the service as well as supporting the manager in her role.

Evidence:

Feedback from staff show that they feel generally well supported by the manager and found her to be approachable and caring. Comments included "the manager is very good and encourages all staff to take up training opportunities" and "the manager is trying hard to improve the service and make sure that people receive good quality care."

The manager confirmed that all staff have one to one supervision meetings with their line manager on a regular basis and this evidenced by the supervision records we looked at on individual files. Supervision meetings support staff to plan their personal and professional development and give them the opportunity to discuss any areas of concern in a confidential setting.

There are some recognised quality assurance monitoring systems in place although they need to be developed further so that concerns highlighted in the body of the report are identified sooner and not brought to the attention of the provider through the inspection process.

As part of the quality assurance monitoring process the operations manager employed by the company visits the home on a monthly basis and completes a written report on the conduct of the service as required under Regulation 26 of the Care Standards Act 2001. However, the reports we looked at showed little evidence to suggest that the concerns we had raised with the manager had been picked up during these visits. We have therefore asked the provider to forward us copies of the monthly reports so that we can be confident that shortfalls in the service are being addressed quickly and in the best interest of people living at the home.

We reviewed the way the home manages people's finances and were informed the policy is not to hold money in safekeeping for anyone but to help individuals to seek appropriate external help and support should they require assistance to manage their finances.

Since the last inspection the manager has put the maintenance file in order and documentation is now available to show that all equipment in use at the home including the passenger lifts and hoists are serviced in line with the manufacturers guidelines, which means that people can be sure they are in good working order.

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	Care plans and supporting documentation must be better organised and give clear guidance to staff on how to meet peoples needs. This will make sure that people receive the care and support they require and enable staff to use the care plans as working documents.	31/10/2009
2	8	12	Food and fluid intake charts must be accurately completed so that peoples health care is not compromised.	31/10/2009

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

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	7	15	<p>Care plans and supporting documentation must be better organised and give clear guidance to staff on how to meet people's needs.</p> <p>This will make sure that people receive the care and support they require and enable staff to use the care plans as working documents.</p>	31/03/2010
2	8	12	<p>Food and fluid intake charts must be accurately completed.</p> <p>So that people's health care is not compromised.</p>	31/03/2010
3	33	26	<p>Monthly reports required under Regulation 26 of the Care Standards Act 2001 must be forwarded to us.</p> <p>So that we can be confident that the home is being run in the best interest of people living there.</p>	31/03/2010

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	22	The provision of appropriate assisted bathing facilities should be kept under review to make sure that they are adequate and meet people's needs.
2	23	Double glazed window units and vanity units should be replaced in bedrooms as required to improve the general environment.
3	25	The lighting in all bedrooms and communal areas should be sufficiently bright to allow people to carry out their daily routines unhindered.
4	27	More should be done to make sure all staff are carrying out their roles and responsibilities effectively so that people's care needs are not compromised.

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

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