



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Garden Lodge
Address:	37a Lincoln Road Glington, Peterborough PE6 7JS

The quality rating for this care home is:

three star excellent service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	Date:
Lesley Richardson	0 8 0 7 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. 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.

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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- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

Document Purpose	Inspection report
Author	CSCI
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Garden Lodge
Address:	37a Lincoln Road Glington, Peterborough PE6 7JS
Telephone number:	01733252980
Fax number:	F/P01733252980
Email address:	gardenlodge37a@aol.com
Provider web address:	

Name of registered provider(s):	Mrs Touran Watts
Type of registration:	care home
Number of places registered:	10

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	10	0
old age, not falling within any other category	0	10
Additional conditions:		
The maximum number of service users who can be accommodated is: 10		
The registered provider may provide the following category 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: Old Age, not falling within any other category - Code OP Dementia - Code DE		

Date of last inspection								
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Brief description of the care home
Garden Lodge is a residential home in the village of Glington close to the city of Peterborough. The home is registered for 10 older people. Garden Lodge is a chalet bungalow providing residential accommodation on the ground floor, with office accommodation on the first floor. The residential accommodation consists of eight single and one double bedroom. Two bedrooms have en-suite facilities. There is one large communal room set out with separate seating and dining area, and a smaller seating area in an annex. There is a patio outside and a very large well-stocked garden. The home is close to village amenities, which include a shop, post office and public houses. Peterborough city centre is approximately six miles from the home. The service currently charges weekly fees ranging between 387 and 462 pounds

Brief description of the care home

depending on the assessed needs of the individuals. A copy of the last inspection report was in the reception area in the home for people living there or their families to view.

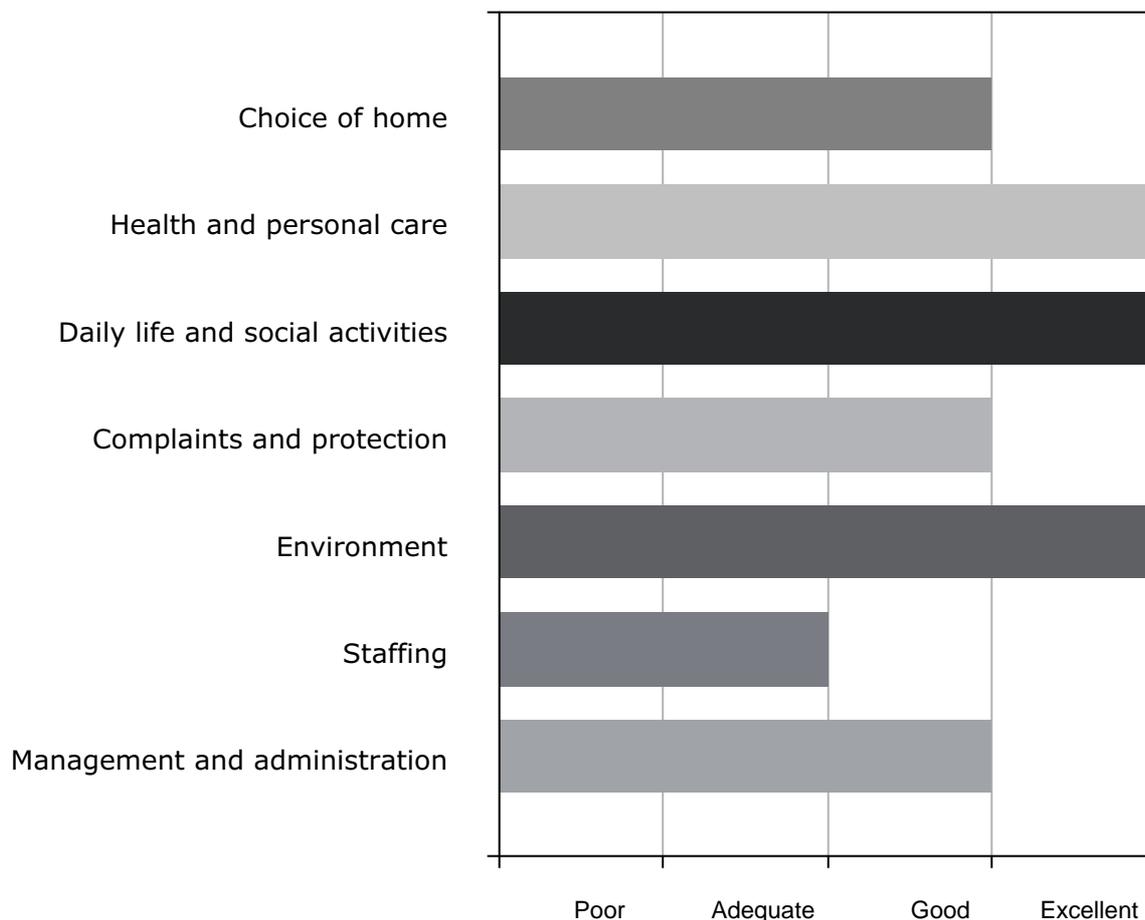
Summary

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

The quality rating for this care home is:

three star excellent service

Our judgement for each outcome:



How we did our inspection:

The quality rating for this service is 3 star. This means the people who use this service experience excellent quality outcomes.

This was a key inspection of this service and it took place over 6 hours as an unannounced visit to the premises. It was spent talking to the manager and staff working in the home, talking to people who live there and observing the interaction between them and the staff, and examining records and documents.

The requirements from the last inspection have been met. There have been 2 further requirements and recommendations made as a result of this inspection. The last key inspection was carried out on 10th July 2007.

Information obtained from the Annual Quality Assurance Assessment (AQAA) and from returned surveys was used in this report. The AQAA is a self assessment that focuses on how well outcomes are being met for people using the service. It also gives us some numerical information about the service. We received 6 surveys from people living at the home, 7 surveys from visitors and 4 surveys from staff members.

What the care home does well:

Staff members are polite and talk to people with respect. We talked to people during this inspection and they said the staff are nice, respect their privacy and one person said in a survey, "It seems to do everything well that I need. The director and staff are sympathetic to my needs". There were many positive comments from people living at the home, visitors and staff about the home and the care that is provided. A few are, "Makes one feel wanted, very homely", "I am so satisfied with everything that goes on", "Certainly in the few weeks we have had contact with Garden Lodge and their staff the service they give is very good and they obviously care a great deal about their performance", "There should be more small homes like this one as other residents can benefit from a family unit", "I was recommended to Garden Lodge by a friend whose aunt was a resident for 12 years. She said 'it is an excellent establishment - just like home'. ... The Garden Lodge home is far superior to any other I saw. Also reasonably priced" and a staff member said, "Garden Lodge is a brilliant home. The care is excellent. I feel happy coming to work with staff and enjoy spending time with residents. Is simple the best".

Assessments are completed before people move into the home, they have contracts with the home and they say they have enough information before they move in. People are referred to health care professionals, like dentists, opticians and dieticians. These visits are recorded in their care records.

People are able to write their own care plans and the information in these is put into another record that tells staff members what the person can still do and what they need to do to make sure this continues. The plans are easy to read and tell staff in great detail all about the person and how they want to be cared for.

Staff members organise trips, activities and events for people in the home. There is a lot of information in care records about what people like to do, and care staff are able to spend time with them so that they can do these things. Everyone we spoke to and received surveys from said there are enough activities and we saw staff members enjoying games of dominoes while we were there.

There is a choice of main meals each day and staff members stay with people who need help to eat. Everyone we spoke to said they like the meals and the food is good. People can have visitors when they want and there are places where they can meet in private. Visitors said the home helps people keep in touch with them and relatives told us they are kept up to date with issues that arise.

There have been no complaints made to the home in the last year. People said they know who to talk to and how to make complaints and one person said, "Well I haven't got anything to complaint about, I don't know what to do without all the help here". Staff members have training in how to keep people safe and what to do if they think abuse has happened. There have been 2 safeguarding referrals in the last year, but neither of these were about staff or people in the home.

The home is an adapted suburban house and it is situated in its own grounds. There are 2 lounge areas, plus other quiet areas for people to use if they wish. There is a

large, safe garden where people can sit and watch the visiting wildlife.

There are always enough staff members available for people and they don't have to wait for care. Recruitment checks are completed before people start working at the home, so that new staff members are safe to work there. Staff members are given induction training when they first start working at the home. Care staff also complete National Vocational Qualifications and at the time of this inspection 60% of staff have completed the training.

A quality assurance survey is carried out every year at the home, where people are asked what they think of the care and the environment in which they live. A report is written and action is taken about any issues that are found. People told us they have a meeting every 2-3 months to talk about things that are happening.

What has improved since the last inspection?

People now sign the care plans that staff members write to say they are happy with them. This means they can agree or disagree with what staff members think they need to do to care for the person.

Fire safety checks are completed at the required intervals and this is recorded.

What they could do better:

Medication must be stored safely and keys to the storage cabinet must be kept with the responsible staff member. The temperature of the storage room must also be taken and recorded to make sure medicines are stored in the correct temperature range.

All staff must receive mandatory training (fire safety and moving and handling) every year. Not all staff have had these in the last year. Training like safeguarding adults should also be given more frequently to keep staff up to date with new ways of working and current practices.

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 set out 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.

People have enough information before moving into the home, which means they are able to decide if they would like to live there.

Evidence:

All (6) of the people who we received surveys from said they had received a contract and that they had enough information before moving to the home. Assessments are completed before people move into the home and assessments by health and social care teams are also obtained to provide more information. We looked at the care records of 2 people who had moved into the home since the last inspection. There was a written assessment completed by the home that included information about both people's needs, and likes and dislikes.

We spoke to people living in the home who said either they or their relatives had visited before they moved in, or they had asked friends what they thought. One

Evidence:

person told us, "I was recommended to Garden Lodge by a friend whose aunt was a resident for 12 years. She said "it is an excellent establishment - just like home".

The home does not provide accommodation specifically for intermediate care or for rehabilitation purposes.

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

Care records are completed in enough detail and staff care for people in a positive way, which ensures the health and welfare of people living at the home.

Evidence:

People who commented in surveys said they get the care and support they need from staff members and during the inspection people told us care staff are nice, are polite and treat them with dignity and respect. We saw this during the inspection, that staff knock on doors before entering rooms and speak to people politely. There were a lot of positive comments from people living at the home and visitors who returned surveys, "Whatever I asked for staff to do for my grandfather they do it for him", "it is like one big family everyone is very nice and caring", "It seems to do everything well that I need. The director and staff are sympathetic to my needs" and "Makes everyone feel at home even people who are visiting".

Care plans for 3 people were looked at as part of this inspection. They show that each person has a plan that gives staff members' information about what they need to do to

Evidence:

meet most of the identified needs. Risk assessments, for things like falls and moving and handling, are completed and reviewed regularly.

We found the care plans give staff members' advice about how to meet people's needs, and there is a large amount of detail in all the care plans. A person centred plan is written by the person living at the home, or by a member of the care staff, but in the first person. This tells staff how each person likes to be cared for, what their preferences are, and their usual routine. This plan is supplemented by another care plan that contains more detailed information telling staff members what the person can do, what they need to do to help the person and why they are doing it. For example, one person has difficulty walking safely alone, the plan tells staff why this is and what support the person needs. Other plans for personal care tell staff exactly what the person is able to do for themselves and how they let staff know if there are any changes. The plans give the reader a sense of who the person is, describes them, their preferences and focuses on their abilities rather than their disabilities.

Everyone whose plans we looked at had signed the plans to say they were happy with what and how the plans had been written. People are involved in writing their plans, which means that they are personal to them and staff give them the care they want and need, rather than the care that staff members think they need.

Plans are reviewed monthly and we saw that most information and changes are recorded, and the plans are rewritten to give staff updated guidance. Reviews are detailed and clearly show that people have been asked whether they think the plan is working or whether it needs changing.

All of the people (6 out of 6) who returned surveys said they receive medical attention when they need it. There is information in care records to show health care professionals, such as specialist nurses, opticians and chiropodists, are contacted for advice and treatment. People are able to arrange their own appointments if they wish. We talked to one person who has recently developed a medical problem who was able to contact their GP and the local hospital for advice independently of the home. Another person's care records show how they were able to make a decision recently about how their continence is managed after obtaining advice from a health care professional.

Medication administration records (MAR) were looked at for all of the people whose care records we looked at and another seven people. The MAR sheets are completed and there are few records with entries missing. Entries for medications that have not been given show the reason for this. Amounts of medication remaining in blister packs of medication tally with the amount the MAR indicates are remaining.

Evidence:

Information about the quantity and date of medication received into the home is recorded, although handwritten records are not signed by the person writing the prescription. There is clear information on prescriptions for eye drops and 'as required' medication about when to give these and people who have medication via patches on the skin have the location of these written down so that staff don't put them in the same place.

Although there is a thermometer in the same room as the medication storage, room temperatures are not recorded. The thermometer showed the temperature at the highest recommended by most medication manufacturers during the inspection. These records must be kept to make sure temperatures are kept at a level that is safe to store medication. The storage cupboard is appropriate, although the key is not kept with a staff member but in a place that is accessible to other people entering the home and through open windows on the ground floor.

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

Staff members have a good understanding of peoples needs, and care records show how people are supported to live as they would like.

Evidence:

Staff at the home are responsible for arranging for entertainers to visit the home, activities and events. There are photo albums that display the activities that people have taken part in. All of the people who returned surveys to us said there are activities that they can take part in. One person told us about the garden and how they helped to maintain parts of it. We saw staff members sitting with people during the day and playing games with them, or helping them to do activities that they liked to do before moving into the home. One staff member played dominoes with 3 people while we were there. The staff member prompted people when this was needed, but didn't do things for them. For example, when one person had only taken 5 dominoes instead of 7 to start the game, the staff member asked the person how many dominoes they had and told them the number they needed. The staff member then asked them how many more they needed to take to make up 7. This not only means the person had to decide which dominoes they had to take, but encouraged them to continue using their existing numeracy skills. The staff member treated all the

Evidence:

residents equally, although one person was a little less able. This person was given help by the staff member, but instead of giving them extra dominoes the staff member simply told the person how many they needed and the person was then able to take more dominoes themselves.

Care plans tell staff members what people's interests were before they moved into the home. One person worked in a cinema when they were young and still likes watching old black and white films. Another person who lives at the home told us that if there is nothing specific planned, they would often watch an old film on television and that they did this during the inspection. Staff members were respectful while the film was on and didn't interrupt, but used this time to get other things done around the home.

Everyone we spoke to said there are activities for them at the home. One visitor said there is a console game that people use to keep fit and one of the people we had lunch with said this had proved to be a good way of getting a bit of exercise.

People are able to make everyday choices about when to get up and go to bed, how to spend their days, whether that is in their own room, in the main lounge/dining area. We saw and listened to how staff members interact with people and found they ask what people would like and how they would like it rather than telling people or giving limited options. Staff members we spoke to know the people they care for and were able to tell us their preferences and how they like to be cared for.

The home has an open visiting policy and people can have visitors at any time of the day. 5 out of 7 visitors who returned surveys said the home helped people keep in touch and they all said they are kept up to date with issues concerning that person. One visitor, whose relative cannot keep in touch said, "my mother does not recognise me and is only aware of having a son in a more or less abstract sense. As a consequence the very real attempts made by Garden Lodge to 'keep us in touch' inevitably lack the normal meaning of that phrase". A person who has lived at the home for many years told us they still go away on holiday with a relative every year.

The main meal is served at lunchtime and there is a choice of meals every day. We saw lunch being served in the dining room. Food was served appropriately in a relaxed and unhurried way and drinks were offered throughout the meal. Everyone we spoke to said they like the meals and the food is good, most people who returned surveys said they like the meals. Staff help people if they need this and we saw them being attentive and concentrating on what they were doing without being distracted. One person said in a survey, "will cook for individual tastes - all residents soon put on weight!". Information about people's food preferences is recorded in their care plans and one person's care records shows what staff needed to do to help them eat

Evidence:

independently when they first lived at the home and what they now do. The person is now able to cut up their own food instead of having staff do it.

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.

People know how to make complaints and concerns known and can be confident that these will be listened to.

Evidence:

All of the people returning surveys said they know who to speak to and almost all of the said they know how to make a complaint if they have to. They all said that staff always listen to what they say and act on it. Everyone we spoke to during the inspection also said they know what to do if they're not happy about something and something would be done about it. All of the visitors who returned surveys said they know how to make a complaint and they are appropriately dealt with. Everyone we spoke to during this inspection said they are happy with the service given to them. One comment we received in a survey shows this, "Well I haven't got anything to complaint about, I don't know what to do without all the help here".

The home has a complaints procedure and keeps a complaint log to show how they have looked at and the outcome of complaints that have been made. We were told during the inspection there have been no complaints made to the home in the last 12 months.

The staff training matrix shows that all staff members have received training in safeguarding (adult protection), although not all within the last year and for one

Evidence:

person this was several years ago. We talked to care staff, who told us what should be done if abuse was suspected. Information provided to CQC before the inspection shows there have been 2 safeguarding referrals and investigations in the last 12 months. Neither of these involved staff at the home, but were reported as a precaution because the manager thought abuse may have occurred.

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

The home is clean and provides a safe environment, giving people a very pleasant place to live.

Evidence:

The home is a adapted suburban house with an extension situated in the village of Ginton, north of Peterborough. People living at the home have access to a number of communal areas, including a fenced garden area around the property. The general decor is satisfactory, and it was clean and tidy, with no offensive smells. Everyone returning surveys said the home is clean and tidy and people at the home said the home is clean. One person told us about their room and invited us to look around it. It was clean, and they had been able to bring in some of their own furniture and decorate it as they wanted. This person said they really like their room as it is their own space.

People told us they are able to go out in the garden, or watch the visiting wildlife from the large windows in the dining room. There is a safe patio area with furniture that people use when the weather permits and a large grassed area with a pond and fruit trees. One person walked around the garden with us and told us that until recently they had helped look after it. They showed us where other people had planted fruit and vegetables (tomatoes and potatoes) and about the wildlife that visits, including

Evidence:

woodpeckers, a heron and squirrels.

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

There are enough staff members, but not all of them have up to date training to be able to care for people properly.

Evidence:

The training matrix shows new staff members are given induction training, which includes mandatory health and safety training. Although all staff have received fire training and moving and handling training, this isn't always updated on an annual basis. Training in these 2 areas must be given every year. One person had not received fire training and approximately half of the staff have not received moving and handling training within the last 12 months.

Additional training is given to staff so that they are able to properly meet people's needs. We looked at 3 staff files for this information and saw certificates for training in subjects such as deprivation of liberty, medication management, dementia and challenging behaviour. As mentioned in an earlier section of this report all staff members have received training in safeguarding adults, although some training had been given quite some time ago and in one case as long ago as 2003.

Information in the AQAA tells us 60% of care staff have a National Vocational Qualification in care at level 2 or above. The recommended number of staff with a NVQ

Evidence:

is 50%.

All of the people who returned surveys said staff members are available when they are needed and that they get the care and support they need. Two comments from the surveys were, "it is like one big family everyone is very nice and caring" and "Whatever I asked for staff to do for my grandfather they do it for him". People we spoke to during the inspection said there is always enough staff on duty.

All of the staff members who returned surveys said staffing levels are always high enough and this lets them spend time with people. One staff member said, "Garden Lodge is a brilliant home. The care is excellent. I feel happy coming to work with staff and enjoy spending time with residents. Is simple the best". We talked about staff being able to spend time with people in the section on Daily Life and Social Activities. In that section the emphasis was on how staff members interact with people to help them keep skills, but in this section the emphasis is on time being spent with people. That staff members have time to do this in an unhurried way shows not only that there are enough staff on duty, but they are able to use this time for people at the home, rather than carrying out chores.

We looked at recruitment records for three staff members employed since the last inspection and they all contained the appropriate recruitment documents including references, application forms, and PoVA/CRB checks. Gaps in employment histories are not looked at though. This must be done to make sure there is a complete account for where people have been employed and what they have been doing between jobs.

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

The home is a safe place to live and people are asked their opinion so that things they are not happy with are changed.

Evidence:

The home is managed by the owner, who is there on a day to day basis. She has been managing the home for many years. One comment from a staff member shows she is highly thought of by staff, "The manager makes sure her staff are happy and stress free as that we are able to work well and look after our clients. Our food, appointments, entertainment, residents needs come first. To name few, I think Garden Lodge is the best".

An annual quality assurance survey was carried out by the home in May 2009, a report has been written and shows the issues that were found. There were lots of positive comments and only a few issues that were minor. Even though these were minor issues they had all been dealt with and there was information to show what had been

Evidence:

done to improve things. People who live at the home have meetings every 2-3 months and 2 people we spoke to said they can raise issues at the meetings and have something done about them. There are staff meetings every 1-2 months where staff can also raise concerns and talk about issues.

We asked the home to complete and return an Annual Quality Assurance Assessment (AQAA) before the inspection. They did this within the time we asked for it and they gave us most of the information we asked for.

The home does not keep money on behalf of people who live there. If people are not able to keep money with them, the home pays for things they want and then invoices their relatives or whoever looks after their money.

Information provided before this inspection shows equipment, like hoists, lifts and fire-fighting equipment has been serviced or tested as recommended by the manufacturer. We looked at fire safety records and saw that things like fire alarm tests and emergency lighting tests are carried out at the required intervals.

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
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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
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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	9	13	<p>Medication must be stored safely and within acceptable temperature ranges.</p> <p>This is so that medication is only available to people who have responsibility for it and that the medication stays clinically effective.</p>	30/10/2009

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	18	Staff who have not received training in safeguarding adults within the last 2 years should have this training updated.

Helpline:

Telephone: 03000 616161 or

Textphone: or

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

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