

Key inspection report

CARE HOMES FOR OLDER PEOPLE

Las Flores

**55 Ash Hill Road
Castle Circus
Torquay
Devon
TQ1 3JG**

Lead Inspector
Clare Medlock

Unannounced Inspection
30th April 2009 10:00

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

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

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

Copies of the National Minimum Standards – Care homes for older people can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop.

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

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

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Document Purpose	Inspection Report
Author	Care Quality Commission
Audience	General Public
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SERVICE INFORMATION

Name of service	Las Flores
Address	55 Ash Hill Road Castle Circus Torquay Devon TQ1 3JG
Telephone number	01803 293392
Fax number	01803 293392
Email address	Lasflores55@hotmail.com
Provider Web address	
Name of registered provider(s)/company (if applicable)	Mr Geoffrey Briddick
Name of registered manager (if applicable)	Vacant
Type of registration	Care Home
No. of places registered (if applicable)	25
Category(ies) of registration, with number of places	Dementia (25), Mental disorder, excluding learning disability or dementia (25), Old age, not falling within any other category (25)

SERVICE INFORMATION

Conditions of registration:

1. 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 categories:

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

Dementia (Code DE)

Mental Disorder (Code MD)
2. The maximum number of service users who can be accommodated is 25.

Date of last inspection N/A New service registration

Brief Description of the Service:

Las Flores is set in its own grounds in an elevated position overlooking Torbay and the harbour. It is close to Castle Circus and Torquay town centre. Las Flores offers residential care to older people who may be suffering from psychiatric conditions, organic or functional, and associated behavioural problems.

The home is arranged over two floors and can accommodate up to twenty-five people of either gender. A shaft lift goes from one floor to another. There is a minibus for people to use on recreational trips.

Fees currently range from £360 to £600 per week.

SUMMARY

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

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

This inspection was unannounced and took place on Thursday 30th May 2009. This inspection follows a new registration of ownership which triggers a key inspection within six months of the change of registration.

Prior to the inspection the staff returned an AQAA (Annual quality assurance assessment). This document provides us with an overview of what is happening in the home. It tells us about staffing levels, recent complaints, fees, and information about general maintenance and policies within the home.

This information gives us a picture of what life is like at the home and helps to focus on what we need to look at during our inspection.

At the inspection we 'case tracked' three people who use the service. This means we looked in detail at the care three people receive. We spoke to staff about their care, looked at records that related to them and made observations if they were unable to speak to us.

During the inspection we spoke with the acting manager, Provider, and five staff. We spoke with three people who use the service, but one in depth. We also observed interactions between staff and people who use the service. We also looked around the home, inspected medicine records, staff files and other records.

The current fees range from approximately three hundred and twenty nine pounds to six hundred pounds and vary depending on the needs of each person.

What the service does well:

The admission procedure shows that staff make sure they can meet the person's needs before they are admitted to the home.

People receive a good standard of personal care. Communication with health care professionals in the community is good. The care people receive is good

and provided in a safe and respectful way. Medicines are well managed at the home by staff. Staff at the home ensure people see the doctor or other health care professionals when they need to.

The care planning systems and documentation at the home are improving and mean that staff are beginning to know how to care for some one in a safe and consistent way that meets their individual needs and preferences.

People tell us that the food is good at the home and any issues regarding dietary requirements, preferences or weight issues are sensitively managed.

People who use the service and their relatives can be confident that their complaints and concerns will be listened to and acted on.

Las Flores is generally a safe and pleasant place to live and work. The Provider, acting manager and staff group have suitable qualifications and experience to care for people who personal care.

What has improved since the last inspection?

The Service User Guide and Statement of purpose had been updated for the purposes of the new ownership. The new ownership has benefited people and staff at the home because of the financial investment, which has improved many aspects of the home. This includes many items, of often expensive equipment, including many specialist adjustable beds, pressure relieving mattresses, new moving and handling equipment, new wheelchairs, and a new minibus with wheelchair access.

The investment in the home continues with the purchase and upgrade of many fire doors, emergency equipment, new telephone system, new televisions, and aerials ready for the digital switchover, the introduction of new computer, printer and Internet access and the introduction of a permanent maintenance man. Staff are keen to explain that further improvements within the garden are planned to introduce a designated smoking room and wheelchair accessible garden area.

Care Planning is improving in the home with clear, easy to read care plans and daily records. The introduction of a new key worker system improves continuity whilst new assessments can now monitor changes in a person's dependency. Nutrition assessments have also improved and kitchen records have also improved.

Staff are well supported and are beginning to access further training. Induction and supervision is also becoming more formal and effective.

What they could do better:

The safeguarding of people must be a priority in the home. People can be protected by ensuring staff have up to date skills and knowledge to show they are safe to care for vulnerable adults and know what to do in an emergency. Mandatory training must be kept up to date. This training must include moving and handling, fire safety, first aid, infection control, food hygiene, and the protection of vulnerable adults.

People must also be protected from financial abuse by making sure robust clear systems are in place which protect the personal monies of each person. Pooling of money is not appropriate.

The admission process should improve to ensure people are provided with enough information prior to and on admission to the home, especially if they have mental capacity. Staff should look at ways of making people feel welcome and orientated on admission. The Statement of Purpose and service user guide should be available within the home so people can have the necessary information about the services provided.

Other records in the home should continue to improve. Staff should make sure their records and care plans reflect their knowledge to show how care can be provided consistently. Any records kept by staff should be dated, signed and reviewed to monitor changes in a person's condition.

People should have access to meaningful activities during the day, people should be aware they can have a choice of food.

The Provider should continue with the planned programme of improvements and should consider the introduction of a quiet lounge.

Management of the home should also be improved. In addition to improving systems and training at the home, the provider should inform the Care Quality Commission regarding the departure of the previous manager and inform us of the arrangements until a new manager is appointed.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4. The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line – 0870 240 7535.

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

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

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

This is what people staying in this care home experience:

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

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

The admission procedure followed by staff at the home is good and ensures that people are thoroughly assessed before they come to the home. However, the information and procedure people receive before they are admitted is inadequate and means they do not have all the information to inform them about what life is like at the home

EVIDENCE:

The provider had provided a new service user guide and a statement of purpose for purposes of registering with the commission for social care inspection. However during the inspection the acting manager could not locate either document. People we spoke to said they had not received any written or verbal information when they had been admitted to the home. The provider

later came to the home and was able to download a statement of purpose and service user guide from the computer system. The provider gave assurances that these documents would be made more available.

People we spoke to said when they had been admitted to the home staff did not explain routines of the home, or where things could be found in the home. One person said it would have been really useful to know such things as what time meals were served, and what uniforms staff members wore.

When people are admitted to the home, they are provided with the contract from the funding authority.

Prior to the admission of each person, staff completes a preadmission assessment. This is then used to gather further information from healthcare professionals, so a detailed account of the needs of each person is gathered.

Las Flores cares for people with a wide range of mental impairments including dementia, bipolar disorders, and schizophrenia. Staff at the home have good working relationships with community health care professionals. Feedback from healthcare professionals on surveys showed that standards of care had improved over recent months.

People in the home are mainly from a white British ethnic group. Staff said if any person from any other ethnic background was admitted they would ensure they had all the relevant knowledge to meet their needs.

The acting manager told us that trial visits were encouraged, however due to the needs of people in the home, emergency admissions were not uncommon.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

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

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

This is what people staying in this care home experience:

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

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

People are cared for in a safe and effective way. The improved care plans are beginning to reflect the care that has provided, however improvements would reflect the detailed knowledge staff hold informally.

EVIDENCE:

Care plans have changed since the last inspection. Each person has a daily hardback A4 book where staff were called a summary of the day's events. A further A4 folder is used to summarise the care needs of each person. Each folder contained senior staff daily evaluations, dependency level assessments and care plans specific for that person. Care plans seen were brief and did not reflect the knowledge of staff. An example being under the heading continence read wears pads. Further discussion with staff confirmed a greater knowledge and detail regarding this issue.

Some care plans and assessments had not been dated or signed or reviewed. The acting manager told us that the care plan system was very new and staff are getting used to it.

Staff told us that the new key worker system was being introduced at the home, to provide continuity of care for people.

People in the home have access to community NHS services and access to healthcare professionals. Examples of healthcare professionals included, GP, district nurses, community psychiatric nurse, psychiatrist, occupational therapist, chiropodist, speech and language team, physiotherapist, optician, and dental services.

People in the home appeared generally well cared for. Records showed that people saw their general practitioner when necessary. People told us that staff helped them with their personal care as necessary. One person told us the only help he needed was staff running a bath for him and that staff ensured his privacy at all times.

People told us generally staff were very kind, with the majority being friendly and caring. Relative questionnaires as part of the quality assurance program read 'staff are invariably friendly welcoming and forthcoming' whilst another wrote 'staff are very helpful'

The management of medication is performed well at the home. There is a small core group of staff who are responsible for managing medications. These staff have received medication training. One member of staff said although she had received basic medication training, further in-depth training had been organised.

Medication is stored in either locked trolleys all locked cupboards. Storage was well organised, clean and secure. The acting manager said one member of staff was responsible for the ordering and disposal of medication. Medications as are supplied mainly in monitored dose systems using blister packs. Additional medicines are stored in specified named boxes. A spot check of controlled drugs was performed and found to be correct and well-managed. Fridge temperatures for medication and recorded daily and homely remedy policies were in place, although no homely remedies were in use at the time of inspection.

The records for the administration of medication were clear. Each person had a photograph to help staff with identification. Where handwritten prescriptions are copied onto the medication Administration record, to staff sign to ensure the prescription is written correctly. This is seen as good practice. Disposal of medications is also well-managed at the home, with signatures being obtained by the collecting pharmacist.

People in the home appeared well cared for. People who were unable to walk were moved appropriately and safely using hoists, lifting belts and slings. Appropriate footwear was in place and walking aids well within reach helps people maintain independence. Pressure relieving equipment was present throughout the home and specialist beds will present the people who needed to be transferred by hoists or who were less mobile. Staff at the home told us that in recent months the local primary care team removed medical equipment that had been loaned to the home. Staff said the new provider had instantly replaced this equipment by purchasing specialist beds, pressure relieving mattresses, new lifting equipment, new wheelchairs, and other medical equipment. Staff said this had been provided without question.

Staff was seen to knock on doors before they entered and made sure doors were closed when personal care was being provided. Screens are available in shared rooms to promote privacy

Staff told us that because the home provided personal care only, the services of district nurses was often obtained for guidance, support, and treatment.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

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

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

This is what people staying in this care home experience:

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

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

Although the routines of daily living are varied and flexible, people in the home do not always have access to meaningful activities. People in the home are not always aware they have a choice of meals.

EVIDENCE:

Although there is a program of activities in the home, people we spoke to said that was not enough going on in the home to keep them occupied. During the inspection the provider and acting manager were taking some people out for lunch and short trips. People appeared to enjoy this activity. The less able, frailer people in the home were observed to sit in the lounge area for long periods of time with no meaningful activities being provided. One person we spoke to said he was not interested in what was on the TV.

A poster in the entrance hall advertises the program of activities that occur in the home. People we spoke to said they particularly enjoyed the monthly musicians that came to the home.

Relative questionnaires as part of the quality assurance program were seen. One comment included 'I would like to see something organised on a daily basis to keep him occupied' and another comment read 'she often complains that she has few people she can relate to'.

People who were more mobile were able to wander freely around the home. Other people chose to stay in their rooms, or join other people in the communal lounge area.

In the last week, the new provider has purchased a new minibus with wheelchair access. This minibus is intended to increase the amount of trips available for less mobile people in the home.

Staff told us that families and friends are able to visit the home and take their relative or friend out if they choose. Visitors are able to visit the home at any time. One person said although he received visitors there was nowhere private to entertain visitors should one choose not to use the privacy of their bedroom. This useful observation was fed back to the provider who immediately began to think of solutions to this issue.

People told us they thought the food was good at the home, but there is not really a real choice of what to eat. On the day of inspection a meal of pork chops in apple sauce and selection of vegetables was provided.

The kitchen was well organised, clean and well stocked. Cleaning records and kitchen management records were well-kept.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

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

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

This is what people staying in this care home experience:

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

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

People who use the service and their relatives can be confident that complaints and allegations will be dealt with appropriately.

The recruitment procedures, policies and knowledge of some staff helped to protect people from abuse. Improvements in training would further protect people.

EVIDENCE:

The commission of the social care inspection/care quality commission have not received any complaints about the home since the last inspection. The acting manager told us they have not received any complaints either. There have been no safeguarding issues raised with the commission social care inspection/care quality commission since the last inspection.

People told us they felt confident and able to raise issues or concerns with the acting manager or any of the staff at the home. People seen at the inspection who were unable to verbalise their feelings were monitored by staff who were able to sense escalations in behaviour and were able to distract and calm the person in a relaxed way.

Aggressive behaviours demonstrated were managed well and professionally.

All staff spoken to were aware of how to correctly report allegations of abuse and had contact numbers should be alert not be managed appropriately by senior staff in the home. None of the staff spoken to had received training in the protection of vulnerable adults.

Staff told us they had to have a POVA check and CRB (criminal records bureau police check) before they were able to work. These checks are kept within staff files.

Environment

The intended outcomes for Standards 19 – 26 are:

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

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

This is what people staying in this care home experience:

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

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

Las Flores is a clean and homely place to live and work.

EVIDENCE:

The home appeared generally well maintained, clean and tidy. There were no offensive odours noted in any areas of the home.

The recent environmental health inspection had been acted upon. Kitchen records had improved since the last inspection and cleaning schedules have been followed.

The new provider had purchased many items, of often-expensive equipment. This has included specialist adjustable beds, pressure relieving mattresses,

new moving and handling equipment, new wheelchairs, and a new minibus with wheelchair access.

The investment in the home continues with the purchase and upgrade of many fire doors emergency equipment, new telephone system, new televisions, new aerials ready for the digital switchover, the introduction of new computer, printer and Internet access and the introduction of a permanent maintenance man. Staff are keen to explain that further improvements within the garden were planned to introduce a designated smoking room and wheelchair accessible garden area.

During the inspection one person made a suggestion to have a private visitor's room. When suggested to the provider this idea triggered a very positive reaction by the provider who was keen to improve the service.

There were no obvious risks identified during the inspection. All areas of the home were well maintained. One-bedroom was being converted to include an ensuite. Some rooms have ensuite facilities whilst others are within close proximity to a number of toilet facilities. There are assisted baths for those with mobility restrictions and normal baths for more independent people.

Call bell systems are available in each room and throughout the home.

The acting manager produced a risk assessment for the home and said the new provider had taken any action.

Laundry facilities are provided in the home, washing machines are specialist unable to wash items of foul laundry. Staff have access to personal detective equipment to prevent this spread of infection.

Staffing

The intended outcomes for Standards 27 – 30 are:

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

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

This is what people staying in this care home experience:

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

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

People who use the service are cared for by a stable group of staff who have had sufficient recruitment checks.

EVIDENCE:

On the day of inspection there were two care staff, one senior care staff the acting manager, the provider, a domestic, a cook and the maintenance man on duty.

Staff told us that generally there was sufficient numbers of staff on duty to meet the needs of people in the home, but this depended whether people with challenging behaviours were calm or agitated. One member of staff said it only took one person to be agitated and aggressive to cause other peoples needs not to be met.

Staff told us they were encouraged and supported to access NVQ (formal vocational training) and funding to allow this to happen. Staff told us the induction has become more formal since the acting manager has been in place.

Staff agreement has improved since the last inspection. Three staff files were inspected and contained all the information required. Photographs of staff were yet to be downloaded from the camera, application forms, to written references, CRB and POVA check, and medical check were present.

The acting manager was introducing a new programme of training which is reported on in a later section of this report.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

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

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

This is what people staying in this care home experience:

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

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

Improvements are needed to the management of people's money and the mandatory training programme to prevent people from risk.

EVIDENCE:

The registered manager has left the home since the last inspection. The commission social care inspection/care quality commission have not been informed of this departure.

Since the managers departure the acting manager has taken over management of the home. Staff said the atmosphere in the home is calmer

and more organised in recent weeks. Staff also said the acting manager was very approachable but firm when needed and carried out requests promptly and efficiently. People who use the service also said that the acting manager was very professional and the provider offered a friendly presence in the home. Staff said the provider had improved many aspects of the home and was very approachable.

Staff said morale at the home had improved in recent weeks and standards of care had also improved.

Despite a requirement being made at the previous inspection mandatory training has not been made a priority by senior staff at the home. The emphasis has been on obtaining free NHS training courses which are dependent on spaces being available. However this means that many staff are out of date for their mandatory training updates. Staff told us that much of their mandatory training was out of date, but they were aware that the acting manager was starting to access more training. One member of staff said all their mandatory training was out of date. The acting manager had written a training matrix, which highlighted the gaps in mandatory training. The majority of staff had lapsed moving and handling training, health and safety training. Six of the seventeen staff had not received fire safety training and many were not up to date with infection control training.

The management of people's money in the home is poor. Currently people's money is pooled within one bank account, which means that people who spend too much money may be using another person's money as the cash flow is adjusted. Whilst records of all transactions and receipts are maintained, there is no way to show that people with money in their account are not substituting people who are overdrawn in their account. The provider informed us that he had highlighted the shortfall, and had put 500 pounds in the account so practically this does not happen. However a discussion was held about the appropriateness of pooling people's money without their consent or knowledge. The provider said he would introduce a system that is used in his other home, which is more robust.

Evidence of financial viability was not inspected on this occasion, as it had been inspected as part of the registration process. However it was highly evident throughout the inspection that financial investments had been made in the home since the new ownership. The acting manager said what ever he had asked for had been provided without question.

SCORING OF OUTCOMES

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

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

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

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

CHOICE OF HOME	
Standard No	Score
1	2
2	3
3	3
4	2
5	3
6	X

HEALTH AND PERSONAL CARE	
Standard No	Score
7	2
8	3
9	3
10	3
11	3

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	2
13	3
14	3
15	2

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	3
18	1

ENVIRONMENT	
Standard No	Score
19	3
20	3
21	3
22	3
23	3
24	3
25	3
26	3

STAFFING	
Standard No	Score
27	3
28	3
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	2
32	3
33	3
34	3
35	1
36	3
37	3
38	1

Are there any outstanding requirements from the last inspection? No

STATUTORY REQUIREMENTS

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

No.	Standard	Regulation	Requirement	Timescale for action
1	OP7	13	Care plans must be dated, signed and reviewed. This will show that is the program of care is safe and will monitor any changes in the person's condition.	05/11/09
2	OP18	13	The provider must ensure all staff receive POVA training. This will ensure that staff are aware of the different types of abuse and how to make an alert locally.	05/11/09
3	OP35	13	The provider must introduce a system, which safeguards the financial interest of people in the home. This will mean that money belonging to people is not pooled.	05/11/09
4	OP38	13	The provider must ensure the mandatory training programme is complete and up to date. This will ensure that staff have all the skills and knowledge to care for people in a safe way	05/11/09

RECOMMENDATIONS

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

No.	Refer to Standard	Good Practice Recommendations
1	OP1	The provider should ensure that the statements of purpose and service user guide are available within the home, to people being admitted to the home and other stakeholders.
2	OP4	The provider should ensure staff are aware of the importance of providing people with sufficient information and guidance when they are admitted to the home
3	OP7	The provider should ensure that the care plan reflects the care that is given and contains sufficient information for staff to be able to provide care in a safe way.
4	OP12	The provider should ensure all people in the home have access to stimulation through leisure and recreational activities.
5	OP15	The provider should ensure people are aware that there is a choice of food available at the home.
6	OP19	The provider should consider providing a quiet communal area for people and their visitors.
7	OP31	The Provider should inform the care quality commission regarding the departure of registered manager
8	OP31	The provider should submit a new application to register the new manager



Care Quality Commission

South West

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