



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	The Friendly Inn
Address:	Gloucester Way Chelmsley Wood Birmingham West Midlands B37 5PE

The quality rating for this care home is:

one star adequate 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:
Sue Scully	1 9 0 2 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

The Commission for Social Care Inspection aims to:

- 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

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Information about the care home

Name of care home:	The Friendly Inn
Address:	Gloucester Way Chelmsley Wood Birmingham West Midlands B37 5PE
Telephone number:	01217795128
Fax number:	
Email address:	TheFriendlyInnCH@aol.com
Provider web address:	

Name of registered provider(s):	Mr Michael John Goss
Name of registered manager (if applicable)	
Ms Caroline Knight	
Type of registration:	care home
Number of places registered:	30

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	30

Additional conditions:
The maximum number of service users who can be accommodated is: 30
The registered person 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 (OP) 30

Date of last inspection								
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Brief description of the care home
The Friendly Inn Care Home is a converted public house. There have been several major extensions to the home over a number of years. The owner is currently in the process of upgrading the property with a new entrance along with other improvements. The home is registered to accept up to 30 residents in the category of old age requiring personal care.

Brief description of the care home

Accommodation is provided over two floors. The home has 30 single bedrooms, of which 29 have en-suite facilities. The Friendly Inn is located in Chelmsley Wood and is readily accessible to amenities such as shops, places of worship and public transport.

The home has a number of aids and adaptations to assist any frail residents including, emergency call system, shaft lift, hand and grab rails, a mobile hoist and assisted toilet and bathing facilities.

There is a well-maintained garden area at the rear of the building. Parking facilities are available at the front of the building and on-road parking is readily available outside of the home.

The Acting Manager advised that the weekly fees for living in the home is £344, top up fees are no longer payable. Additional items such as the services of a hairdresser, newspapers and toiletries are paid for separately.

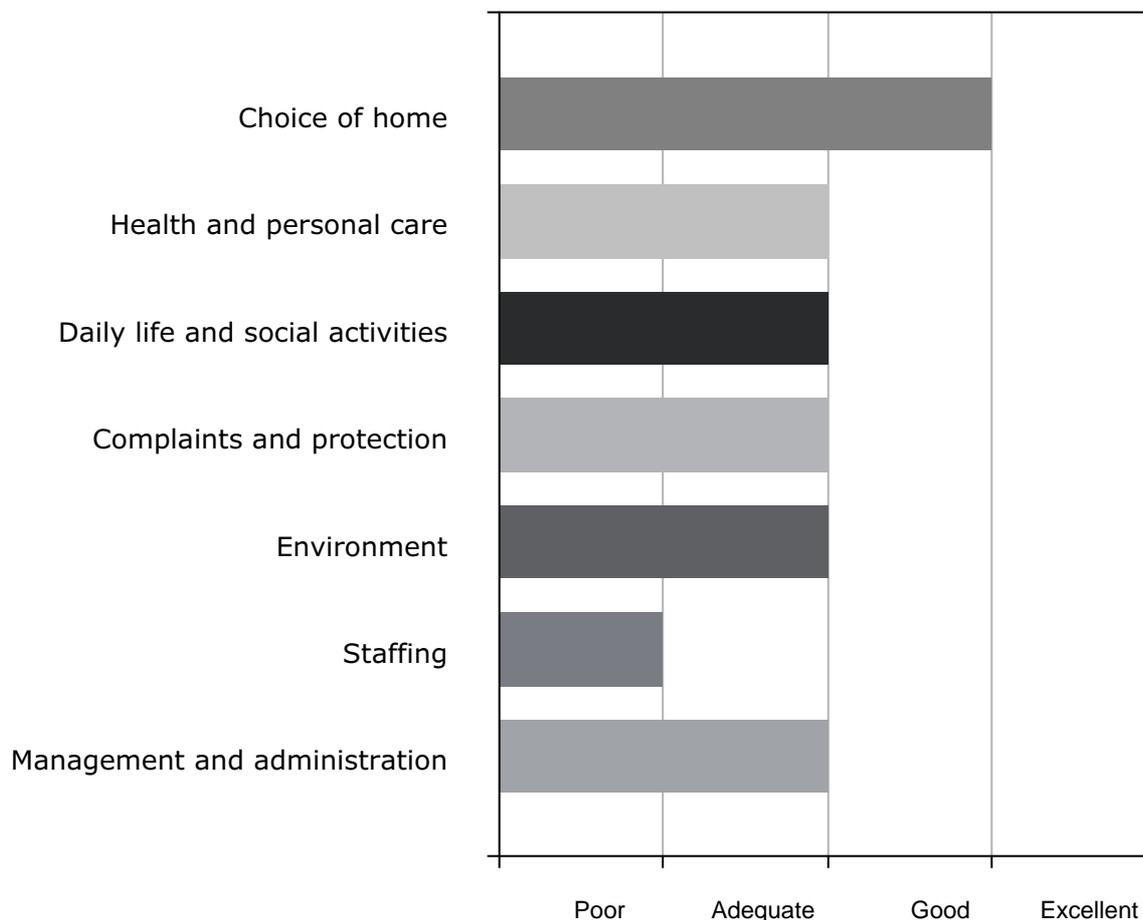
Summary

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

The quality rating for this care home is:

one star adequate service

Our judgement for each outcome:



How we did our inspection:

The focus of this inspection is to look at the outcomes for the people who use the service along with their views of the service provided, meaning they tell us if the home is meeting their needs, if the home is flexible and suits their lifestyle, and if the home enables them to maintain their independence, preferences and choice of how they want to be supported.

A visit to the service was completed over one day by two inspectors. The home did not know we were coming.

As part of the inspection process we talk to people using the service, sample records and send surveys to randomly selected people who have used the service over a period

of time. This helps us to build up a history of the service provided.

In addition to this, information is looked at during the inspection such as policies and procedures, and the general operation of the home in relation to meeting people's needs. We also contact other professionals involved with the home who can give us their views of how the home has delivered the service to people to meet their needs.

The home is also required to complete an Annual Quality Assurance Assessment (AQAA). The Commission sends this document to the provider before the inspection. The AQAA shows what the home is doing well and if and what the home could do better along with planned improvements for the future. This had been completed as part of the inspection process by the manager.

A random inspection was completed in December 2008 following concerns raised at a strategy meeting held with other health care professionals, about the care people were receiving certain areas were looked at during the visit which included care plans, risk assessments and medication administration. Statutory requirements were made at the random visit. These were also assessed to see if the home had complied with these at this visit and the findings are included in this report.

What the care home does well:

An overall review of all policy procedures, care practises is being undertaken by the manager this will ensure the progress made so far continues. A further key inspection of the service will be undertaken to assess the progress made when the review has been completed. The requirements from the last inspection have been met, this shows the homes commitment to improving the service further by listening to other people's views and acting on them.

What has improved since the last inspection?

The provider forwarded to us an action plan following the random inspection and a meeting held with the Business Relationship Manager and Regulation Manager on 18 December 2008. This report is best read in conjunction with the random inspection report to get full information about the matters raised.

While there are still improvements to be made the home have made good progress in that care plans have been reviewed , action has been taken with regards to information staff record about how people are cared for on a daily basis. Risk assessments have been reviewed so the control measures have been identified to minimise the risks when providing personal care. Care plans have been reviewed and there is ongoing improvement. Medication management has improved and staff are undertaking further training. The pharmacy inspector will complete a further inspection of the service to ensure people continue to receive their medication safely.

There are ongoing reviews of peoples needs and step by step goals have been introduced. The manager is aware of the improvements to ensure safe working practises.

What they could do better:

The manger must ensure staff follow the guidance in risk assessments to ensure safe working practise at all times.

People's care plans must ensure the relevant information is completed to ensue staff fully understand the persons needs.

Clear information must be recorded when other health care professionals visit. This will ensure the peoples' health and welfare is met.

Medical conditions should be explored further to enable staff to meet the person needs and know what limitations their medical condition may have on them.

Activity records must demonstrate the people living in the home lead a fulfilled life and have the opportunity to attend activities of their choice.

Training for staff must be completed in areas that will assist safe working practise and ensure people are cared for safely.

Food records need to demonstrate were required what people have eaten in particular

where needs to be monitoring completed of a person food intake. This will ensure people dietary needs are met and action is taken if their intake may be a potential risk to their health and wellbeing.

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.csci.org.uk. You can get printed copies from enquiries@csci.gsi.gov.uk or by telephoning our order line –0870 240 7535.

Details of our findings

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Choice of home

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Overall people can be confident their needs will be assessed before they move into the home. Information is provided to assist them in making a choice about moving into the home.

Evidence:

When a referral is made by the placing authority or by an individual wishing to live in the home the manager completes an assessment. This is where the manager meets with the individual and their family to discuss the person's needs. An assessment is completed by the manager where information is gathered from the placing authority and the person wishing to move in to the home.

We looked at the assessment for one person who had recently been admitted to the home since the last inspection of the service. The manager had visited the person and gathered information to ensure the home could meet the person's needs. The

Evidence:

assessment showed us that the information gathered enabled the manager and the person wishing to live in the home to make the decision if their needs could be met. While there was sufficient information included in the assessment there was some confusion about when this had been completed as the dates on the admission form and the assessment indicated that the person was admitted to the home before the assessment had been completed. The manager told us that she had visited the person in hospital and the assessment had been completed before the person was admitted to the home but the wrong date had been put on the assessment. This means the person had been assessed and their needs identified before the manager would consider the person moving into the home. This confusion over the date when the assessment was completed however would not affect on the homes ability to meet the person's needs.

Once the assessment has been completed a care plan is drawn up for the individual so staff know what they need to do for the person on a daily basis. Some of the information had not been completed such as medical conditions, inventory of the persons belongings, or social history. The manger told us these were yet to be completed. If all the information were to be completed then the forms used as part of the assessment would give good information to form a care plan for the person so staff would have the information to be able to meet the person's needs fully.

People wishing to move into the home are given a service user guide that tells them about the home, what they can expect and the terms and conditions of the service. They can also visit the home if they choose to see what the home is like and meet other people and view their bedrooms.

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

The people using the service are treated with respect and dignity. Further development is required in care plan and risk assessments to ensure peoples' assessed needs are recorded accurately so needs are fully met.

Medication records have improved and are being maintained in order to ensure people receive their medication as prescribed.

Evidence:

As part of case tracking we looked at three care files, this included a person who had recently been admitted to the home. Whilst progress has been made with the care plans those looked at were not always completed in full, for example, one care file we looked at said the person "suffered with hallucinations which could effect their emotional well being and cause's unusual confusion" the care plan went on to say "constant monitoring and extra support were required", there was no information to say what support was required, how staff would monitor or how they would identify the unusual confusion. This means staff would not have the information of what support is required and when to seek assistance with other health care professionals.

Evidence:

Another example recorded within a care plan, said "the person sufferers with clinical depression, staff are to give plenty of encouragement and reassurance"there was no further information so staff could identify the systems of the clinical depression so they have an understanding of the condition and take action without delay.

Care plans did not always reflect the needs identified in the assessments and were not updated as circumstances changed. For example one assessment completed by the social worker said the person needed assistance with nutrition as the person had a very poor appetite, a risk assessment had been completed by the home with the scoring that indicated the person was not at risk. According to the care plan completed by social services this person had not been eating while living in the community. The manager told us that the person ate quite well and did not have the same problem as when they were living in their own home. A review had been completed, however this information had not been included in the review and when we asked the manger for further details there were no records to support the information the manager had given us. It was also noted on the food records for this person staff had recorded "poor diet taken" on several occasions. There are systems in place for when people need monitoring with their food intake but on this persons records this had not been noted.

We looked at the health care plans for people although there was information about doctors visit and other health care professional the outcome of the visits were very brief for example " doctor visited to day antibiotic given", but the diagnosis was missing from the records sampled so staff would not know why the persons was taking the antibiotics.

Risk assessments for people living in the home have improved and identify possible risk and the control measures. It was concerning that although these were in place staff do not follow the instructions given in the risk assessments. For example one person required assistance having had a fall the Rik assessment said to use a hoist if the individual had a fall. When we spoke with the individual about the fall they had had, the person told us that three members of staff just picked him up of the floor they did not use a hoist.

We informed the manager who said she would investigate and take action. The manager must forward her investigation finding to the commission once completed as this is unsafe practise and could potential harm the person living in the home and staff.

There was some good information in one care plan such as how people communicate, medical history, nutrition, mobility, mental sate, reason for admission, their physical

Evidence:

and intellectual needs, daily routines, family involvement, and what they like to do socially.

In another care plan we looked at not all the forms had been completed and many of them were blank. This means not all the persons needs are known to ensure all their needs could be met. We spoke with some of the people living in the home and comments include

"The staff are ok no problems"

"There good girls"

"They look after me"

Staff were observed talking politely to people and asking them about what they would like to eat or drink. One person said that she goes to bed and gets up when she wants to. Another person said I can come and go as I please if I want to but at present it's too cold to go out. This means people are given a choice and make decisions for themselves if able.

The pharmacy inspector visited the service to complete a random inspection in December 2008; she left a number of requirements that the home needed to complete to ensure people receive their medication safely. During this inspection the transportation of medication was looked at as there were concerns about how staff move medication around the home. In addition to this the staff were putting medication into food so the person would be unaware of taking it. There had been no strategy meeting and there was no written consent from the individual to do this.

It was pleasing to note that the home had met the requirements from the random inspection in that medication is no longer administered from a person's bedroom and the drugs trolley is taken with the staff during the medication round. The practise of putting medication into food has now stopped and assistance has been sought from the doctor. There were other requirements made that were not assessed during this inspection and will be inspected by the pharmacy inspector at the next visit to the service.

Daily life and social activities

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

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

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

The home supports people living in the home to attend activities but records do not show what most of these are. This means people's lifestyle and choices may not be met. People have regular contact with family and friends which maintains links with the local community.

The menu provision is well balanced, nutritious and offers a choice each day.

Evidence:

Care files do not contain any evidence that residents are completing activities. The manger has introduced an activity folder where information will be recorded about the activities people attend. There were a number of activities that people could attend if they wish that was displayed on the notice bored. At Christmas there was a party and the lord major attended as it was someones 100th birthday. Although there are no records of what people take part in we spoke with some of the people living in the home and we received various comments and these include.

"They are always asking you to do some think such as exercise or go out"

Evidence:

"Its boring there's nothing to do"

"Staff have a chat with you"

"You just sit here all day"

"I suppose you could do something if you wanted to, I have just not wanted to its too cold to go out"

"We do many things' can not remember some of them games and things"

The manager has arranged an activity programme so information can be recored about what people would like to do, she said this to gather information of how people enjoyed or did not enjoy the activities arranged and seek their preference of what they would like to do.

Family and friends are always welcome and from daily records sampled they showed us when family visit and when people go out with relatives. Visiting relatives met with were happy with the care offered and had positive comments regarding being made to feel welcome and being able to visit when they wished.

The activity programme will be assessed at the next key inspection to see if the programme has been successful.

Meals appear to be well balanced and presentable. The menu shows people are given choice of what they would like.

Some of the people we spoke with said that the food provided was good and they did know sometimes what was for lunch each day but not always. The menu record showed that meals are well balanced, nutritious and that an alternative is available. Food records for people living in the home shows what has been presented each day, but does not show what people have eaten. There are systems in place for people who need their food intake recorded, but on one care file we looked at showed us that the person had had a poor diet on several occasions and needed their food intake to be recorded. Without food records being completed it will not be possible to identify if the persons food intake is sufficient to promoting their health and well being.

On the day of the inspection, the environmental health also visited the home. Legal Requirements were made that the home is working on.

The provider had already arranged for the kitchen to be refurbished, we are confident

Evidence:

the provider will comply with the requirements and recommendation made by the environmental health.

Complaints and protection

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

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

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

This is what people staying in this care home experience:

Judgement:

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

People living in the home and family members can be sure that their concerns will be listened to and acted upon. An abuse policy is available however staff must be able demonstrate their understanding of their role and responsibilities to ensure people are protected.

Evidence:

There is a complaints policy and procedure in place so people have the information who they can contact if they have any complaints. The complaints procedure is also available to family and friends. We looked at the records of the complaints received since the last inspection and the manager had conducted investigations into the concerns raised and the outcome was recorded.

We completed a random inspection of the service in December 2008 after receiving concerns about the care people were receiving. A safe guarding meeting took place and we completed the random inspection to ensure people living in the home were receiving their care safely. (The report can be found at www.csci.gsi.gov.uk) Since the random inspection the owner has provided us with an action plan and taken steps to improve the service further. Staff have also been enrolled on further training courses to enable them to develop their skills. ,

Evidence:

At the time of the inspection training records had not been updated. The manager forwarded a copy to the commission within a few days of the inspection. The records showed us that staff training needs updating in relation to adult protection and safeguarding people.

The home employ 22 staff but only seven of them had completed safeguarding training which would indicate that new legislation in the protection of vulnerable people is not known by staff.

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

People live in a home where the standard of the environment within this home had improved significantly and continues to improve with on going refurbishments.

Evidence:

Since the last inspection of the service the environment has improved with an extension to the front of the property and extended bedrooms to the front of the building. We looked at one bedroom which had been re decorated and extended. We spoke with the person's relative whose bedroom it was and they were very happy with the improved facility and the comfortable surrounding the provider was trying to achieve.

The kitchen areas and dining areas remain the same but are due for refurbishment in the near future. The home was clean and people's bedrooms were comfortable with personal belongings. There is an ongoing maintenance programme in place and during the visit further bedrooms were being decorated and further improvement to the environment were ongoing.

Staffing

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

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

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

There is adequate number of staff on duty during peak times, and this ensures people needs can be met.

Training records show us staff do not have regular updated training in areas to ensure safe working practise at all time. This may place people using the service at risk of harm.

People cannot be sure they are looked after by staff who have been safely recruited.

Evidence:

We looked at the rotas and these showed us there is adequate staff on duty to meet people needs. The training records had not been updated and the manager forwarded a copy of an updated version was sent to the commission a few days after the inspection. The training records showed us that staff training is not updated on a regular basis, for example the records showed us out of 22 staff seven staff had completed protection of vulnerable adult in February 2008. Fire training ten staff had completed this training in 2005. Health and safety four staff had completed this in 2004/05 Hoist training ten staff in 2006 Food and hygiene eight staff in 2008 Manual handling eleven staff in 2005. other training identified on the training record such as falls prevention, mental capacity act, first aid, diabetes, challenging behaviour, again

Evidence:

showed us these course are not updated regular or in some case not completed at all.

The action plan sent to us following the random inspection in December 2008 indicates that staff were to complete manual handling training; however this had not been included on the training records sent to us. The provider and manager must ensure the staff have the relevant training to undertake their work safely. This will ensure people living in the home are protected at all times by staff that has the relevant skills and competences.

We looked at the recruitment records for staff and these showed us some gaps in the recruitment process that may place people living in the home at risk, For example reference are sought after the staff start date. The manger stated that verbal reference are always completed, however these were not available for inspection. Start dates are not clear and induction records were not available. The staff member's training record showed us they held NVQ2 in care but there were no further training records, and the commencement date given to us by the manager was 4th November 2008. Another staff file we looked at showed us the induction record skills for care were blank and there were no references. The manager again informed us that verbal reference had been taken up, but there were records to support this. Criminal record checks had been completed to ensure they were suitable to work with vulnerable people.

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.

People are assured a steady progress had been made with the records management and the running of the home, and in general people's needs are met.

Peoples' financial arrangements are safeguarded by adequate audits and procedures.

Health and safety checks are completed to ensure the equipment that is used is safe, although risk management is not always followed by staff which could put the people living in the home at risk of harm.

Evidence:

There has been some improvement in care planning and any risks that are associated when providing support to people living in the home. The manager and provider must ensure staff complies with the instructions given to them in care plan and risk assessments to ensure people's needs are met safely. The manager needs to take a more hands on approach to care practise delivery, and this approach should continue,

Evidence:

until such time senior staff demonstrate they are able to take full responsibility for their role.

People spoken in general said they were OK, the staff were nice and they were happy with the care they received. The provider has improved the building with an extension to the front of the building, with decoration and new furnishing. One person spoken said "he has done a very good job". Not all records seen as part of this inspection visit were up-to-date. The manager was aware of what needs to improve and has already made some positive changes to ensure the needs of the people living in the home are met.

Staff meetings are held but some of these are not formal meetings and there is a general discussion on a daily basis. It is advised that formal meetings take place and this will ensure the instructions given to staff are adhered to and evidence is available to inform about the discussions held.

There were good records for peoples finances with audits completed regularly. The manager looks after a small amount of money for people who wish to have there hair done or a visit from the chiropodist. All receipts matched with the moneys that had been spent and all the transaction recorded. Some of the people living in the home were in debt, and the manager said the provider will invoice the family's or appointees, however she often pays for the hairdresser if the person has no funds available. The manager needs to review the financial arrangements for some people so she is not providing funding herself.

Training records showed us the last fire training had taken place in 2005. Fire doors were seen left open when we walked around the building; leaving these doors open could compromises fire safety. The undated training records sent to us after the inspection showed us that staff had not had fire training since 2005.

The manager and provider must ensure staff are trained to be able to do their work safely, lack of training may place people living in the home at risk of harm.

Are there any outstanding requirements from the last inspection?

Yes



No



Outstanding statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
1	7	15	<p>Care plans must be updated as the needs of the people living in the home change.</p> <p>This will ensure staff know the current needs of the people living in the home.</p>	16/02/2009
2	7	13	<p>(4)(B) The service must ensure that other professionals are involved in the prevent of falls for people who use the service where required.</p> <p>This will ensure all reasonable steps have been taken to minumise the risks to the individual.</p>	16/02/2009

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
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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	18	18	<p>The staff must undertaken training in safeguarding people and recognising the signs of potential abuse.</p> <p>This will ensure staff are able to report possible abuse and the manager report to the safeguarding team.</p>	30/04/2009
2	29	18	<p>All staff must undertaken induction training that is in line with skills for care.</p> <p>This will ensure staff have the knowledge about the people living in the home and complete mandatory training within the first six months of employment.</p>	31/05/2009
3	30	18	<p>All staff must receive adequate training and refresher as required to ensure safe working practises.</p> <p>This will ensure the people living in the home are unsafe hands at all times.</p>	31/05/2009

4	38	13	Updated fire training must be provided to all staff. This will ensure people are not placed at risk in the event of a fire.	30/04/2009
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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	3	The manager must ensure when she completes an assessment that all relevant documentation is completed. This will ensure staff have the information to care for people and meet their needs.
2	7	The manager needs to ensure that when a person is having their intake of food monitored staff record what is actually eaten. this will assist staff if the person appetite decreases and seek medical advice.
3	7	The manager needs to ensure that all information in care plans are completed in full. this will ensure people needs are met and they lead a fulfilled life style.
4	8	Th manager needs to ensure information about peoples health care when other health care professional visit are completed in more detail, this will ensure the home takes action if required if repeated illness id the cause.
5	12	It is recommended all activities inside the home and the local community are recorded. this will ensure people take part in activity of their choice.
6	15	The manager should give consideration to ensure the food record show what the person has actually eaten . this will ensure people who are on special diets receives a balanced diet and action taken when their food intake may need further medical input.
7	18	The manager should assess and review the financial arrangements for the people living in the home to ensure they have enough funds available.
8	31	The manager should ensure that policies and procedure are followed by staff and there is clear lines of accountability and responsibility for senior member of staff.
9	33	The manager should ensure that any audits completed to identify short fall in care pratices action is taken, to ensure

		th home is run in the best interest of the people living in the home.
10	35	The manager should assess and review the financial arrangements for the people living in the home to ensure they have enough funds available.
11	38	The manager should ensure all fire doors are closed and not left open. this will ensure people are not placed at risks in the event of a fire.

Helpline:

Telephone: 0845 015 0120 or 0191 233 3323

Textphone: 0845 015 2255 or 0191 233 3588

Email: enquiries@csci.gsi.gov.uk

Web: www.csci.org.uk

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