

Key inspection report

Care homes for older people

Name:	Borrage House
Address:	8 Borrage Lane Ripon North Yorkshire HG4 2PZ

The quality rating for this care home is:

three star excellent service

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

Lead inspector:	Date:
Rachel Martin	0 2 0 7 2 0 0 9

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

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

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

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

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

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

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

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

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

Reader Information

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Information about the care home

Name of care home:	Borrage House
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Telephone number:	01765690919
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Email address:	jean.rowlinson@anchor.org.uk
Provider web address:	www.anchor.org.uk

Name of registered provider(s):	Anchor Trust
Type of registration:	care home
Number of places registered:	40

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	40
Additional conditions:		
Date of last inspection		
Brief description of the care home		
<p>Borrage House is located near to the centre of Ripon. It is owned and operated by the Anchor Trust and is registered to provide residential care for up to 40 older people. The building was originally a private house, which has been extended and converted into the current care home. The original part of the house has three floors and a two-floor extension has been added at the rear. The resident's accommodation is located on the ground and first floors and there is an passenger lift providing easy access to the first floor. Office and storage space is located on the third floor. There is large garden and parking space to the side and rear of the main property. At the time of this visit the weekly fees ranged from £375.77 to £534.00. Up to date information about fees and terms and conditions should be sought directly from the home.</p>		

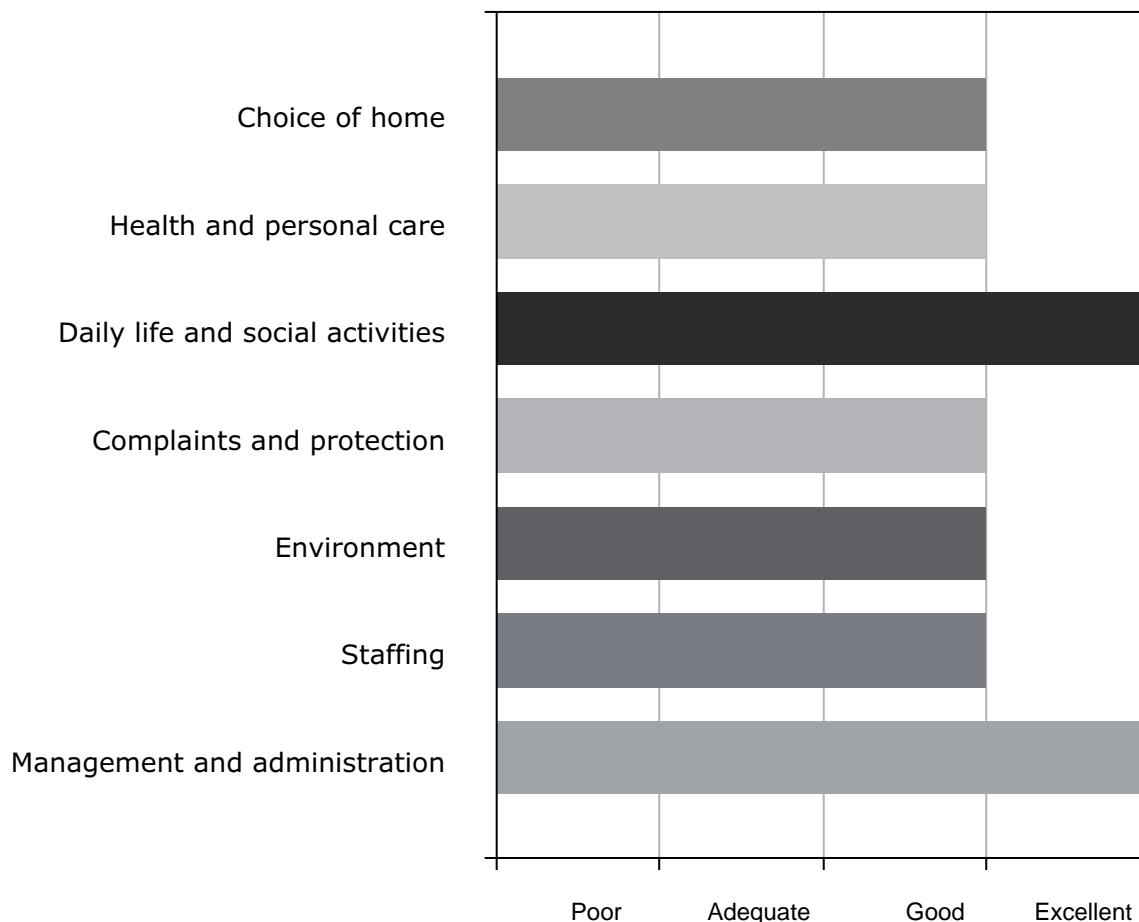
Summary

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:

This was an unannounced key inspection of Borrage House. The site visit was completed on 2nd July and was completed by one inspector. We looked at a selection of records, observed care practice and meal times, looked around the building and talked to people who live at the home, the staff and management.

Before our inspection visit we reviewed all of the information we had received about the service since the last inspection and we asked the home to complete a self-assessment. This was completed well and returned to us on time. It provided the information we had asked for and told us what the home did well and what could be improved. We also sent a selection of surveys to the home, for the manager to hand out and ask people to complete and return to us. Eight people who live at the home and five staff members completed and returned surveys to us. The results from these surveys have been included in this report where appropriate.

What the care home does well:

People have their needs assessed and are given information about the home to help them decide if it is the right place for them before moving in. People we spoke to during our visit told us how they had come to look around before moving in and six out of the eight people who returned surveys told us that they'd had enough information to help them decide if Borrage House was the right place for them before moving in.

People have their health and personal care needs met by kind and respectful staff. Good quality care records are available and safe systems are in place to help people take their medication. Comments made to us included 'very kind, willing and helpful', 'they always knock before coming in and if you are on the phone they'll say I'll come back', 'if you feel you want a bath you just have to say can I have a bath about seven this evening and I've never known it be refused' and 'their ability to treat mum as an individual; to understand her personality as a private and shy person; to treat her sensitively and with utmost respect has to be commended'.

People can choose to take part in a variety of social activities and events, can make decisions about their daily lives and have a choice of tasty and nutritious meals. Comments made to us included 'the activities are very good, she's wonderfully efficient, enthusiastic, kind, always finding different things to do', 'good activities which we very much enjoy', 'I find it very good, very occasionally a bit of a disappointing meal, but on the whole it's very good, I enjoy my food' and 'meals are good and on time'.

Any concerns that people have are taken seriously and people are protected by the home's complaints and safeguarding procedures. Comments included 'anything you want to know, she's (the manager) always there and asks what you want' and 'all the office staff are very kind and helpful'. All eight people who returned surveys told us that there was 'always' someone that they could speak to informally if they weren't happy and six told us they knew how to make a formal complaint if they needed to.

People have a pleasant and comfortable place to live, which is well maintained and kept clean and tidy. People told us that some of the things the home did well were 'cleanliness' and 'the garden's kept well'. People had been involved in choosing new colour schemes and furnishings when bedrooms, bathrooms and communal areas were decorated.

There are appropriate numbers of staff on duty. Staff are properly recruited and are provided with the training they need to do their jobs. Comments made about the staff by people living at Borrage House included 'very kind willing and helpful', 'the staff are par excellence' and 'warm friendly staff'.

Borrage House is well managed and run in the best interests of the people living there. There are systems in place to ensure that people receive a good service and are kept safe. The manager was able to tell us about the changes that had been made in response to resident's comments and suggestions. For example, providing more domestic cover at weekends and increasing the hours that the activities coordinator works each week.

What has improved since the last inspection?

Since the last inspection the home has continued to provide a good service to the people who live there and to make improvements. For example, new care plans have been put in place to provide more personal and individual information about people's needs.

Work has been completed to improve the home, such as refurbishing the kitchen, decorating and providing new furnishings in some of the communal areas and refurbishing bath and shower rooms. People living in the home were involved in choosing the new colour schemes.

The manager has also improved the way the home is staffed. For example, increasing the hours that the activities coordinator works each week and providing better domestic cover at weekends. Both of these changes were made in response to suggestions from people living in the home.

What they could do better:

We have made two good practice recommendations as a result of this inspection. We found that some minor improvements could be made to the way some medication was being stored and that in a few instances a better audit trail could be kept for medication that was being kept for more than one monthly cycle. We also noticed that staff were not always signing and dating the assessments or paperwork that they completed. This is important so that it is clear who completed something and when it was completed.

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

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

Details of our findings

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Choice of home

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

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

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

This is what people staying in this care home experience:

Judgement:

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

People have their needs assessed and are given information about the home to help them decide if it is the right place for them before moving in.

Evidence:

In their self assessment the home told us that they assess people's needs before people move in, to make sure that the home can meet their needs. They also told us how written information is provided, telling people about the home.

We looked at the care records for someone who had recently come to live at the home. These records contained an assessment that had been completed by the home before the person moved in. They also contained information that the home had gathered from other professionals involved in the person's care.

We talked to someone who had recently moved into Borrage house. They told us how they had come to look around before deciding to move in. In surveys we asked people

Evidence:

if they had received enough information to help them decide if Borrage House was the right place for them before moving in. Six people answered 'yes', one person said 'no' and one person said 'don't know'. We also asked if people had received a contract. Again six people answered 'yes', one person said 'no' and one person said 'don't know'.

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

People have their health and personal care needs met by kind and respectful staff. Good quality care records are available and safe systems are in place to help people take their medication.

Evidence:

During our visit we talked to people who live at the home about the care and support they received. People told us that the staff were 'very kind, willing and helpful', 'they always knock before coming in and if you are on the phone they'll say I'll come back' and 'if you feel you want a bath you just have to say can I have a bath about seven this evening and I've never known it be refused'. In surveys we asked people if they received the care and support that they needed. Three people said 'always', four said 'usually' and one said 'sometimes'. When we asked if people got the medical care they needed six said 'always' and one said 'usually'. Comments made to us by relatives included 'their ability to treat mum as an individual; to understand her personality as a private and shy person; to treat her sensitively and with utmost respect has to be commended'.

Evidence:

We observed the care and support people received during our visit. Staff spoke to people politely and treated people well. For example, responding pleasantly to requests for help and asking people what they wanted. The home does each person's laundry separately to help maintain people's privacy and dignity. One person told us 'here they do your laundry on it's own, so you don't have to label things, the laundry facility is particularly good here'. The manager also told us of plans to provide a separate hairdressing salon, so that people can have more privacy while they are having their hair done, away from the main communal areas.

Each person who lives at Borrage House has their own care records, which provide staff with information about their care needs and preferences. During our visit we looked at three people's records. These records were completed well and provided detailed information about people's needs, including their preferences and information about their past lives. The records had also been tailored so that they met people's particular needs. For example, one provided staff with information about frontal lobe damage caused by a stroke, to help them understand and manage one person's behaviour better. Another record provided information from a throat specialist so that staff can help someone live with swallowing difficulties in a safe way. The records also showed that doctors, nurses, dietitians and the community mental health team had been involved when people needed them.

A member of staff showed us how the home stores and administers medication. Staff told us that staff who administer medication have completed training, which includes completing a workbook. Each person had a medication administration record (MAR) with their photograph on it. The recording on the MAR's we looked at corresponded to the medication that had been given from the blister packs. We looked at the controlled drugs book and checked the controlled drugs that were in stock. The records and stock balances were correct and the recording in the book was neat and tidy. When we watched staff give out medication they did so in a safe way. However, we did find some areas of practise that should be improved. There was some unlabelled paracetamol packets in the trolleys. Staff told us they knew who these belonged to and that they divided the medication between the three medication trolleys for convenience. However, this is not good practice and medication should always be stored in and administered from the labelled container it was dispensed in. Eye drops that needed refrigeration were being stored in a fridge until they were opened. However, they were then being kept at room temperature in people's rooms. The manager should check with the pharmacist that this is a safe practice and will not effect the medications effectiveness. Where medication was being carried over from one month to the next staff were not always recording the balance of medication available on the new MAR. This means that a full audit trail is not being kept and it is

Evidence:

difficult to work out if the correct balance of medication is available and records are correct.

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.

People can choose to take part in a variety of social activities and events, can make decisions about their daily lives and have a choice of tasty and nutritious meals.

Evidence:

People we spoke to told us 'the activities are very good, she's wonderfully efficient, enthusiastic, kind, always finding different things to do' and 'good activities which we very much enjoy'. In surveys we asked people if the home organised activities that they could take part in if they wanted to. All eight people who returned surveys answered 'always' to this question. We spoke to the activities coordinator about her work. Her hours have been increased to thirty-five hours each week following positive feedback from people living at the home. She told us about the activities she helps provide and showed us a photo album with photo's of people enjoying events at the home. Regular activities include the home's shop, crafts, quizzes, walks, games, trips to local coffee mornings and visitor attractions, visiting entertainers and school groups. During our visit the hairdresser was doing people's hair and we observed the activities coordinator reading poetry to a group of people during the afternoon, while other people chose to watch Wimbledon on the television.

During our visits we saw visitors coming and going. Staff made them welcome and

Evidence:

offered them refreshments. People told us how they could choose when and where to eat breakfast, with a lot of people choosing to eat in their rooms before they got up. One person told us how they could ask for a bath or shower when they wanted one, rather than having to stick to a rota. We also saw that people could spend time where they wanted. For example, we saw people using the garden, the sun lounge, quiet lounge or in their rooms depending on what they wanted to do. Comments made by staff about the home's activities and routines included 'friendly atmosphere', 'the activities coordinator encourages the residents to try new things i.e. water painting', 'good hospitality - friendly and welcoming' and 'it's all about the residents and what they want'.

Comments made to us about the food at Borrage House included 'I find it very good, very occasionally a bit of a disappointing meal, but on the whole it's very good, I enjoy my food' and 'meals are good and on time'. In surveys we asked if people liked the meals at Borrage House. One person answered 'always' and seven answered 'usually'. Improvements that people thought could be made were 'more variation in menus' and 'breakfast could be served earlier'. The manager told us that they were looking at the home's menus and asking residents what they preferred or thought could be improved. During the day we saw people being offered drinks and snacks in between the main meal times.

We spent time observing the lunch time meal and ate lunch with two people who live at the home. Their comments about the meals included 'oh, it's usually pretty good' and 'it's very nice'. They also told us that people can eat in their rooms if they prefer. There was a choice of liver and bacon or beef stew and dumplings, served with mashed potatoes, swede and braised leeks and celery. There was also a choice of pudding. The menu was displayed on a large board that people passed as they entered the dining room and staff asked people what they wanted when they were sat at the table. We tried the stew and found it to be tasty and the meat tender. The dining room was a pleasant place for people to eat, with the tables set nicely and condiments and jugs of juice on each table. Staff served and helped people in a pleasant way throughout the meal. However, we did notice that the staff call system was located close to the table we sat at and this was disturbing for the people sat there, as it kept going off with a loud beeping sound throughout the meal.

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.

Any concerns that people have are taken seriously and people are protected by the home's complaints and safeguarding procedures.

Evidence:

In their self assessment the home told us about the policies and procedures they have in place for handling complaints and protecting people from abuse. They also told us that information about making complaints was displayed in the home and made available in the written information that is given to people about the home. During our visit we saw that information about the home's complaints procedure was displayed on the notice board.

The people we spoke to during our visit told us that the staff were approachable and that they could raise any concerns they had. Comments included 'anything you want to know, she's (the manager) always there and asks what you want' and 'all the office staff are very kind and helpful'. All eight people who returned surveys told us that there was 'always' someone that they could speak to informally if they weren't happy. When we asked if people knew how to make a formal complaint six people said 'yes' and two said 'no'.

There have been no formal complaints about Borrage House made directly to us since the last inspection. We looked at the record of complaints that is kept by the home manager. These showed us that any complaints made to the home have been looked

Evidence:

into and handled appropriately. Since the last inspection the manager has also started to record any minor concerns that have been raised and the action taken to resolve them. This is good practice and helps the manager identify any re-occurring problems. There has been one safeguarding incident in the home since the last inspection. The home reported it to the police, notified us about it and handled the incident appropriately.

Staff told us that they had covered safeguarding vulnerable people in their induction training and that some staff had completed an additional one day course. All five staff who returned surveys told us that they knew what to do if someone had concerns about the home. The manager told us that the home is currently developing an online training facility and will soon be asking all staff to complete an online safeguarding course.

Environment

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

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

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

This is what people staying in this care home experience:

Judgement:

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

People have a pleasant and comfortable place to live, which is kept clean and tidy.

Evidence:

We looked around the building and found that it was well maintained and decorated nicely. There was new furniture, carpets and curtains in one of the lounges, which had recently been redecorated. The manager told us how people had been involved in deciding the new colour scheme and people we spoke to confirmed this. The bathrooms were very nicely done, with tiles and wall coverings that gave them a pleasant and homely feeling. The manager said that again people living in the home had been involved in choosing the tiles and decoration. There was plenty of modern equipment available, with a choice of different types of assisted baths and easily accessible showers. Maintenance records showed us that this equipment was well maintained. The kitchen had recently been refurbished, with new cooking equipment being provided.

People's rooms were individual and contained furniture, ornaments and pictures that they had brought with them from their previous homes. The rooms were homely and individual and people had been given choices about the colour scheme if their room had been redecorated. The home's private grounds and gardens were also well kept. The garden was accessible for people using wheelchairs, with bright flowers and shaded seating areas that people enjoyed during the day. The home's gardener was

Evidence:

working in the garden during our visit.

The people who returned surveys were asked if the home was kept fresh and clean. All eight people who returned surveys answered 'always' to this question. People told us that one of the things the home did well was 'cleanliness' and 'the garden's kept well'. During our visit we found the home to be clean and tidy, with no unpleasant smells. In their self assessment the manager told us that infection control measures are in place, including providing staff with training and personal protective equipment such as gloves and aprons. The domestic staffing had recently been re-organised to provide more weekend cover. This had been in response to suggestions made by people living at the home.

Staffing

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

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

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

There are appropriate numbers of staff on duty. Staff are properly recruited and are provided with the training they need to do their jobs, so that people are protected and kept safe.

Evidence:

We talked about staffing levels with the manager, staff and people who live at the home. There is usually a team leader and five care staff on duty between 7:30am and 3:30pm, with a team leader and four care staff on duty between 2:30pm and 10:30pm. A team leader and two carers cover the night shift. The manager works in addition to the home's care staff, but does provide help with the care work when needed.

Staff we spoke to felt that the staffing levels generally worked well and the manager confirmed that she can increase the usual levels if needed due to people's needs. For example, if staff were caring for someone at the end of their life and need to sit with them. In surveys we asked staff if there are enough staff to meet the individual needs of people living at the home. Five staff completed the surveys, with three staff answering 'always' and two answering 'usually'. When we asked people living in the home if staff were available when they needed them three people said 'always' and five said 'usually'. People we spoke to during our visit were generally happy with staffing levels, although one person did comment that sometimes staff seemed very

Evidence:

busy.

Staff were very positive about the home, with comments made about Borrage House including 'I've worked for Anchor for 13 years and would not want to work for any other company' and 'I have worked at Borrage House for 16 years and know it's a good home'. Comments made about the staff by people living at Borrage House included 'very kind willing and helpful', 'the staff are par excellence' and 'warm friendly staff'.

The five staff who returned surveys all told us that references and a criminal records bureau check had been obtained before they started work. We also looked at the recruitment records for two recently recruited care staff. These records showed us that the required checks had been completed before the staff started to work in the home. New staff had completed a suitable induction, based on the 'skills for care' induction standards.

Training at the home is organised through the Anchor training department. A number of staff in the home have been trained so that they are qualified to train other staff in important subjects. For example, two staff are qualified fire trainers, two can deliver manual handling/back care training and three are qualified NVQ (national vocational qualification) assessors. This helps the home keep staff up to date with training in these subjects. All staff who returned surveys told us that their induction covered what they needed to know 'very well' and that they are given training relevant to their role, that keeps them up to date, gives enough knowledge about health care and medication and helps them understand individual's needs. In their self-assessment the home told us that sixteen out of the home's thirty permanent care staff had already completed an NVQ in care, with other staff working towards NVQ qualifications. During our visit the manager told us about the new computer learning system that is being put in place and how this will improve training records and staff access to training.

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

Borrage House is well managed and run in the best interests of the people living there. There are systems in place to ensure that people receive a good service and are kept safe.

Evidence:

The manager of Borrage House is an experienced manager, who is well qualified and is registered with us. Staff and people living in the home told us that she was approachable and did a good job. The manager is supported by a deputy manager and Anchor's corporate management systems, which include regular visits from an area manager.

People are encouraged to manage their own money with the help of their families where possible. The home only helps people manage small amounts of personal money if people want them to. An interest free bank account is used to store people's money and a cash float is available at the home for people to access money when they want. Records of each financial transaction are kept, including receipts, and these

Evidence:

records are signed by two staff to make sure they are accurate.

Systems are in place to involve people in decisions about the home and to help make sure the home is providing a good service. The manager completes monthly reports and checks and the results of these are sent to senior managers. The area manager visits the home monthly to talk to people and check the quality of care being provided. We saw a report of the visit that had been completed in June. We also saw the records of recent residents' meetings which showed that people were asked their views and consulted about changes being made in the home. For example, discussing the redecoration and being involved in the choice of paint colours and soft furnishings. The manager was able to tell us about the changes that had been made in response to resident's comments and suggestions. For example, providing more domestic cover at weekends and increasing the hours that the activities coordinator works each week.

In their self-assessment the home told us about the maintenance and safety checks are regularly carried out on the home and its equipment. They told us that all of the important maintenance inspections were up to date. During our visit we checked some maintenance records and found that this was the case. For example, the home's lifting equipment had been inspected by a maintenance company in February 2009 and the inspection certificate was available to prove this. The manager completes a monthly health and safety check, which includes looking at any accidents that have occurred and checking that important training is up to date.

We also looked at how the home protects people from fire. The manager has completed health and safety training, including a two day fire training course. Two staff have also been trained as fire trainers. The home's fire risk assessment had been reviewed in January 2009 and personal emergency evacuation plans were in place for each resident. We looked at records which showed us that regular checks took place to make sure that the fire alarm and other fire equipment were working correctly. Records were also available for other regular health and safety checks, such as maintaining safe hot water temperatures and making sure thermostatic valves were working safely.

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

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

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	7	Care records and assessments should always be signed and dated by the person who has completed them.
2	9	<p>Medication should always be stored in and administered from the labelled container it was dispensed in.</p> <p>When medication is carried over from one monthly cycle to the next the balance of medication carried over should be recorded on the medication administration record.</p> <p>The manager should check with a pharmacist that the practice of storing eye drops (which say keep refrigerated on the packaging) at room temperature in people's rooms after they have been opened will not affect the medications effectiveness.</p>

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