



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Hickathrift House

**217 Smeeth Road
Marshland St James
Wisbech
Norfolk
PE14 8JB**

Lead Inspector
Elaine Boismier

Unannounced Inspection
24th March 2009 10:00

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

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Hickathrift House
Address	217 Smeeth Road Marshland St James Wisbech Norfolk PE14 8JB
Telephone number	01945 430636
Fax number	01945 430609
Email address	hickathrift@barchester.com
Provider Web address	www.barchester.com
Name of registered provider(s)/company (if applicable)	Barchester Healthcare Homes Ltd
Name of registered manager (if applicable)	Dianne Morton
Type of registration	Care Home
No. of places registered (if applicable)	57
Category(ies) of registration, with number of places	Dementia (57), Old age, not falling within any other category (57)

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 the following gender:

Either

whose primary care needs on admission to the home are within the following categories:

Old age, not falling within any other category - Code OP
Dementia - Code DE
2. The maximum number of service users who can be accommodated is: 57
3. One named service user, over the age of 50 years with physical disabilities, (PD) may be admitted for respite care.

Date of last inspection 7th November 2007

Brief Description of the Service:

Hickathrift House is a registered care home providing care and support for 57 older people, some of whom have been assessed as having dementia care needs.

The home, owned by Barchester Healthcare Homes Ltd, is situated in the village of Marshland St. James, which is approximately eight miles from Wisbech. The home is purpose built. Most of the home is on the ground floor, and there is a lift to the first floor area. There are well maintained gardens and a paved quadrangle area which has benches and flower beds. There is a large car park at the rear of the home.

The fees are £299 to £690 per week with additional costs for newspapers, private chiropody and hairdressing. Further information about fees can be obtained from the home

A copy of our last report is available in the main foyer of the home. Copies of these can be obtained by request from the home or via our website at www.csci.org.uk

SUMMARY

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

(This summary includes information about the home between the last inspection, in November 2007 and this inspection, in March 2009).

The quality rating for this service is **2 star**. This means the people who use this service experience **good** quality outcomes.

We, The Commission for Social Care Inspection (CSCI) carried out this unannounced key inspection, by two Inspectors, between 10:00 and 15:30, taking 5.5 hours to complete.

Some of the people living at Hickathrift are not able to say what it is like living there, so an Inspector spent some time observing and recording the experience of some of the people using the service. This activity is called short observational framework for inspection (SOFI).

We also looked around the building and spoke with some of the residents, who we case tracked. Case tracking is a focussed method of speaking with some of the people and looking at their records and speaking with the staff who are closely looking after the person. We spoke with some of the staff and observed them at their work and we looked at some of the records. Although the Manager was away for most of the inspection she was available towards the end of it.

Before our inspection we received five surveys from residents and three from the staff. We also received a completed Annual Quality Assurance Assessment (AQAA) that gives us information about the home.

An application to vary a condition of registration was received on 27th August 2008 and the subsequent decision of approval was made on 25th November 2008. This variation was to increase the number of service user category, DE (dementia) places following the creation of a new dementia care unit.

An application to register the Manager was received in January 2008 and this was approved in March 2008.

For the purpose of this report people who live at the home are referred to as 'people', 'person' or 'resident/s'.

What the service does well:

People live in a safe and friendly home. One person said it was 'Excellent' to be living at the home.

A resident's surveys said that there was 'Care in abundance'

A resident said that the soup was 'Excellent'.

A resident said that the staff were, 'Very, very good.'

The staff were very happy working at the home.

What has improved since the last inspection?

The overall rating of the home has improved from that of being 'adequate' to that of being 'good'.

All of the 5 requirements have been met and the one recommendation is being considered.

What they could do better:

More specific and accurate details could be included in some of the care plans and the risk assessments. We expect the home to manage this issue rather than we make a requirement on this occasion.

The recording and storage of medication could be better. We expect the home to manage this issue rather than we make a requirement on this occasion.

The suitability of activities could improve. We expect the home to manage this issue rather than we make a requirement on this occasion.

The understanding and care of people with dementia could be improved by the further training of the staff. We have made no requirement on this occasion as we expect the home to take action.

We expect the home to continue to make improvements by ensuring that the staff receive supervision at least six times each year.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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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.

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

1 & 3 Quality in this outcome area is **good**.

There is a good standard of information about the home to assist any prospective resident in their decision where to live.

This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

A copy of the last inspection report was available in the main foyer of the home and was next the home's Statement of Purpose. All of the five residents' surveys said that the person had received enough information about the home before they moved in.

A requirement was made for preadmission assessments to be in more detail. The AQAA told us that 'Service users are fully assessed prior to admission, which ensures that we can meet their assessed needs and that we are admitting within the boundaries of our registration'. We looked at a preadmission assessment carried out by the home, for a person admitted in 2009. The assessment was carried out before the person moved in and the

assessment information was satisfactory. There was also information provided, about the person's health needs, and this was part of the preadmission information. This requirement has been met.

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.

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

7,8,9 & 10 Quality in this outcome area is **good**.

People's health and welfare are generally well protected.

This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

A requirement was made about care plans. The AQAA noted that 'Individualised Care Planning with regular reviews and where possible family and resident involvement' was part of the home's practice and examination of some of the people's care plans, and case tracking, confirmed what the AQAA told us. The care plans were in detail, providing guidance for the staff in how to meet the needs of the person.

There were, however, some minor deficiencies in the detail, for example there was no clear description of a person's pressure sores. This information would enable the staff to know if the district nurse would need to attend sooner, should there be a deterioration in the pressure sores.

For one person we noted that their risk assessment, for moving and handling, was not accurate as this recorded the person had no problems with their eyesight or hearing. Talking with this person and examining their care plan indicated that the person had difficulties with both their hearing and their vision. The monthly evaluation of this risk assessment did not reflect these difficulties. Other risk assessments, for example the development of pressure sores and nutrition, were, however, actively reviewed.

One of the three people we spoke with said that they knew about their care plan; another person had signed their name with regards to their recorded end of life wishes.

The requirement about care plans has been met. We expect the home to take action to improve any of the minor deficiencies that we have reported on, rather than make a requirement on this occasion.

We spoke with a visiting optometrist who told us that 13 of the residents were to have planned eye checks, with their agreement, that day. We saw, in people's care records that visits and contacts are made by district nurses, chiropodists, diabetes specialist nurses and general practitioners. The AQAA told us that 'We have excellent links with tissue viability nurse and specialist nurses such as pain relief and dieticians.'

Within those care plans that we examined we saw that the people were weighed each month and there were no records of unintentional weight loss. For those people assessed to be at a high risk of pressure sore development we noted that pressure relieving mattresses were provided.

From the results of our SOFI we found that of the 4 people we observed 29% of the time the people had a positive state of well-being with 54% they were 'passive' and 16% of the time the people were either withdrawn or asleep. The results indicated, with those for the engagement of the staff (see Standards 10 and 30 of this report) that the staff might need further training in caring for the person with dementia.

All of the five residents' surveys said that the person always or usually received the support, including medical support, and care that they needed. One person wrote, 'Care in abundance'. One person said it was 'Excellent' to be living at the home.

According to the AQAA 'Risk assessments in place for residents who self administer' and examination of a person's care records indicated that this was the case. The AQAA also said 'Controlled drugs appropriately stored and registered' although we found evidence that went against this statement. Within the controlled drug cupboard, on the dementia care unit, we found a plastic bag containing a resident's money. We also found three boxes of medication for injections that were not controlled drugs, stored in the

controlled drug cupboard. This was removed and placed in the appropriate lockable facility. Such inappropriate storage increases the risk of the misappropriation of controlled drugs.

The controlled drug register was examined and the amounts of controlled drugs, that we counted, reconciled with the recorded balances. However, there was no name and address of the dispensing pharmacy although this is required information that allows a clear audit trail.

The AQAA also told us that 'All medication only administered by appropriately trained and designated staff' and examination of the staff training records and discussion with some of the staff indicated that this was the case.

The air temperature of the medication room was monitored, and recorded temperatures of these were satisfactory although there were no records for the monitoring of the drug fridge. The majority of people's medication is kept in individual lockable facilities in the people's own rooms. We discussed the monitoring of the air temperatures, in these rooms, with a member of the staff and with the Manager; currently there is no practice to monitor such temperatures.

We examined three people's medication administration records (MARS) and these noted variable doses, ensuring that the person would not be given an excess of medication. Although one of the MARS had omissions of recording, for the 22nd March 2009, (the medication was no longer within the blister pack), the recording of the other MARS was satisfactory. We did not look at how the home receives and disposes of medication on this occasion.

Although the standard for medication, Standard 9, has not been met, we expect the home to take action on the areas identified, rather than we make a requirement on this occasion.

During our SOFI and other areas of our inspection we saw the staff interact with the residents in a kind and caring manner. We also saw the staff knock on people's doors before they entered their rooms. We received comments about the staff, from the residents, that included the 'Girls are very, very good.'

The results of our SOFI indicated that the level and standard of engagement of the people varied according to the person's demeanour. For example one of the people, who was less passive than another of the residents, had more episodes of engagement by the staff and this was of a deeper level than for the other resident. The first person was encouraged to touch and feel an ornamental Easter chick (on the Easter Bonnet), whereas the second person, who was more passive, was not encouraged to do this.

We noted also that when one of the residents was moved, to another place, by a member of the staff, the person was not told what was happening at any

time, before or during them being moved. (See Standards 8 and 30 of this report).

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.

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

12,13,14 & 15 Quality in this outcome area is **good**.

People are provided with opportunities to live a generally good quality of life.

This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

Four of the five residents' surveys said that the home provided suitable activities with one of these surveys saying, 'Lots of things to do. Night time events are fun.'

One of the staff surveys, and a member of the staff who we spoke with, considered, however, there was a need for more activities for those people with dementia and this was a recommendation following our last inspection. The Manager agreed with this and said that this was one of the home's priorities for 2009, to improve the level of activities, especially for those people with dementia.

People we spoke with said that they chose not to take part in the activities provided and although there is a range of activities, on the activities programme, one person said that they did not want to take part 'in their silly games' but was quite happy with their own company and watching the television.

The care plans recorded any activities that the person had taken part in, such as Bingo, and that there was a three monthly review of what people wanted to see as part of the activities programme. In the dementia care unit we saw the corridors were provided with ornaments and items of 'by-gone' years and soft toys. We asked a member of the staff if any of the people made use of these items and we were told that sometimes the people took them into their rooms. Although this standard has not been met we consider that, as the home has recognised that activities are to be improved upon, we have made no requirement.

People told us that they receive their guests when they like and we saw that this was the case, from our observations and from the visitors' record book.

Bedrooms were personalised with photographs, personal items of furniture and ornaments.

All the people we spoke with said that the food was 'Very good' with one of the people telling us that the soup was 'Excellent'. The lunch time, in the dementia care unit, was a calm experience for the people, with time being allowed for the people to finish their first course before they were served with their second course.

People told us that there was a choice of menu and one person said that they were planning to have the liver and bacon for lunch. The menus were clearly on display and accurately reflected the day's options of food. All of the five residents' surveys said the person always or usually liked their food.

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.

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

16 & 18 Quality in this outcome area is **good**.
People are listened to and are safe from the risk of abuse.

This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

The AQAA told us that of the four complaints received, by the home within the last 12 months, all of these were resolved within the 28-day required timescale and two of these were proven.

All of the three surveys, from the staff, said that the person knew what to do if a concern, about the home, was made known to them, by any person visiting or living in the home. Of those people we spoke with all of them said that if they were unhappy about something they would know who to speak to, including the Manager. All of the five residents' surveys said that the person knew what to do if they were unhappy about something or wanted to make a complaint.

The record of complaints was seen and there was no recurring element or theme to the nature of the complaints. We have received no complaints about the home.

The AQAA said that the home has not been subjected to any safeguarding investigations and the AQAA also told us that 'All staff receive training in POVA'

although currently the home has identified a number of the staff who have not attended such training. According to the staff arrangements are in place to ensure that all of the staff have identified this training.

The staff we spoke with told us what they would do if they suspected abuse against a resident had taken place. Although the contact names and details for Barchester and for the CSCI are available for staff and for visitors there were no contact details for other safeguarding agencies such as social services or the police. The Manager stated that this information would be made readily available.

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.

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

19 & 26 Quality in this outcome area is **good**.

People live in a safe, clean and comfortable home.

This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

The home was well maintained and well decorated, airy and light with the exception of one instance. We saw that any person, living in bedroom number two, had their main window looking directly into a staff office, rather than into the garden.

In January 2009 we received a copy of a letter to the Manager from a social worker, following a report that a resident had been found in the car park. The person was able to exit the home via unlocked doors. According to the staff door alarms have now been installed and we found that the front door was

locked and internal doors were also locked. Access via these was by a call bell and door codes respectively.

According to the AQAA there have been improvements made to the premises, 'Newly decorated and refurbished rooms. New communal space' with an area that has been identified for improvement, namely 'the gardens and outside communal areas'. We noted that the sensory garden would be unsafe for any person with physical or mental health needs to access this area safely, unless closely supervised. The staff and the Manager told us that arrangements are in place for this area of the home to be made safer for people to come and go without such a risk of harm.

All of the five residents' surveys said the home was always clean and fresh. All areas of the home that we visited were clean and we smelled no stale odours.

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.

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

27,28,29 & 30 Quality in this outcome area is **good**.

People can be confident that they are safe from the risk of poor care.

This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

The AQAA told us that, within the last 12 months, there have been 31 members of care staff who have left their employment. This is considered a high number. However the staff we spoke with told us they were 'Very happy' and 'I love working here'.

A requirement was made about staffing numbers to ensure that the people in the dementia care unit had the support and care that they needed and this requirement has been met. All of the three surveys from staff said that there was always a sufficient number of staff on duty unless there was unplanned sick leave. We saw, during our SOFI, that there was a sufficient staff on duty and the staff, working in all areas of the home, said the same. One of the people said that once they called for assistance the staff were 'There in 5 minutes' whereas two other people told us that the response time of the staff varied, depending on what the staff were doing. One person said that they once waited up to an hour to go to the toilet, due to the delay in staff responding to their call, although they told us that this incident was not an ongoing problem.

Of the 39 members of care staff the AQAA told us that 8 of these have a National Vocational Qualification, level 2 or equivalent, in care i.e. 20.5%. Current information, provided at the time of our inspection, demonstrated that there has been an improvement as 13 of the 39 care staff (33.3%) of these have the National Vocational Qualification (NVQ) level 2 or equivalent in care. The Manager told us that more of the staff are due to be signed up to start their NVQ training in care.

An examination of two files of staff that were most recently employed was carried out and all of the required information was available.

Of the 39 members of care staff the AQAA told us that 34 of these have attended recognised induction training. Two of the three surveys from staff said that the person was satisfied with their induction training and ongoing training although the 3rd staff survey said that their induction training could have been more 'intensive' to 'have been more beneficial'. An examination of some of the staff training files indicated that the staff had attended an induction training to include learning about how to assess and care for people and having an awareness in health and safety and safeguarding matters. A member of the staff told us that they 'shadowed' an experienced member of staff, as part of their induction training.

The staff told us that they have attended a number of training events to include infection control, tissue viability, care planning, administration of medication and the care and management of diabetes. Within one person's care files we read a letter from a diabetes specialist nurse to the Manager that said, 'Your staff are always eager to learn and always have very good knowledge of diabetes at all my visits'.

As part of the registration process a site visit was carried out by an Inspector, on the 6th November 2008, when it was established that the majority of the home's staff had undertaken basic dementia awareness training although confirmation was later sent that all staff were attending this training along with catering staff and the activity co-ordinator. This had also been incorporated into the induction programme for newly appointed staff. The Manager, following our feedback of the results of our SOFI, acknowledged that the understanding and care of people with dementia could be improved by the further training of the staff. We have made no requirement on this occasion as we expect the home to take action.

When we spoke with the staff we found evidence that the staff clearly knew the individual needs of the residents.

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.

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

31,33,35,36 & 38 Quality in this outcome area is **good**.

People benefit from a well managed home.

This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

We received an application to register the Manager on the 3rd January 2008 and this was approved on the 18th March 2008.

Certificates of the Manager's training were available and these included her being an accredited assessor and trainer for first aid. She has also attended training in safeguarding and fire safety. The overall management of the home has improved as indicated in the improved overall rating of the home, from that of 'adequate' to that of 'good'.

According to the Manager the registered company, Barchester Healthcare Homes Limited, carry out surveys asking residents their views about the home. The Manager told us that Hickathrift, based on the results of these surveys, was assessed as 'Good'.

The AQAA was completed, on the whole, in a satisfactory and timely manner.

A requirement was made with regards to monthly visits being made by a representative of the registered company. Reports of these monthly visits were seen for January and February 2009 and these recorded views of some of the residents, some of the staff and audits of some of the records, such as health and safety and staff records and assessments of the home's environment. This requirement has been met.

The home does not keep any of the people's personal monies. Records of any transactions, such as those for chiropody and hairdressing, are maintained in individual names, and according to the staff, invoices are sent to the person responsible for paying these costs. Records of the transactions were seen and these were satisfactory.

A requirement was made about staff supervision. An examination of some of the staff supervision reports indicated that there is working progress in the supervision of the staff. These recorded sessions indicate that supervision was carried out in December 2008 and March 2009. A member of the staff told us that they had had a 1:1 supervision session, by a senior member of the staff. This requirement is considered as met although we expect the home to continue to make improvements and ensuring that the staff receive at least supervision at least six times each year.

The AQAA notes that service checks are in date for fire detection and fire alarm equipment, emergency lighting systems, hoists and lifts and gas appliances. Portable (electrical) appliance tests were, according to the AQAA, last tested in January 2008 although we saw one person's television and other electrical appliances were next due a test in 2010, indicating that the tests had been carried out this year.

The AQAA also notes that 30 staff have attended training in prevention and the control of infection and 20 of the staff have attended training in 'malnutrition care' and helping people with eating. The AQAA informed us that four of the catering staff and 20 of the care staff have attended training in safe food handling.

Staff told us that they have attended training in moving and handling and fire safety. Records for hot water temperatures, in bathrooms and showers and records for fire alarms and emergency lighting service checks and tests were satisfactory. According to a member of the staff, fire drills are carried out

approximately every three months, with the last fire drill being carried out on the 18th December 2008.

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	3
2	x
3	3
4	x
5	x
6	N/A

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

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

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

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

STAFFING	
Standard No	Score
27	3
28	2
29	3
30	3

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

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

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

Commission for Social Care Inspection

Eastern Region

Commission for Social Care Inspection

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