



Making Social Care  
Better for People

Inspecting for better lives

# Key inspection report

## Care homes for adults (18-65 years)

<b>Name:</b>	Rosedene
<b>Address:</b>	128 Franche Road Kidderminster DY11 5BE

<b>The quality rating for this care home is:</b>	zero star poor service
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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.

<b>Lead inspector:</b>	<b>Date:</b>
Debra Lewis	0 4 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 Adults (18-65 years) can be found at [www.dh.gov.uk](http://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](http://www.tso.co.uk/bookshop)

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

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

## Reader Information

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## Information about the care home

Name of care home:	Rosedene
Address:	128 Franche Road Kidderminster DY11 5BE
Telephone number:	02088630335
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	Minster Pathways Limited
Name of registered manager (if applicable)	
Mrs Anita Homer Golden	
Type of registration:	care home
Number of places registered:	5

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	5	0
mental disorder, excluding learning disability or dementia	5	0

### Additional conditions:

The maximum number of service users to be accommodated is 5.

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: Mental disorder, excluding learning disability or dementia - Code MD; Learning disability - Code LD.

Date of last inspection

### Brief description of the care home

Rosedene is a care home providing personal care for up to 5 people, male and female, with a learning disability, a mental health need, or a combination of both needs. It is an ordinary house in a residential road in Kidderminster. Within the home there are ensuite bedrooms for 5 people, 2 with their own living area as well. There is a shared kitchen, dining area and living room. The house is no-smoking, but there is a covered area in the garden for some people who do smoke. There are facilities such as shops and pubs nearby, and bus services into central Kidderminster. The home is owned by

### Brief description of the care home

Minster Pathways Limited. The responsible individual for Minster Pathways Ltd is Mr Colin Farebrother. The registered manager of the home is Mrs Lisa Gething. At the moment she is on maternity leave so the home has an acting manager, Ms Anita Homer.

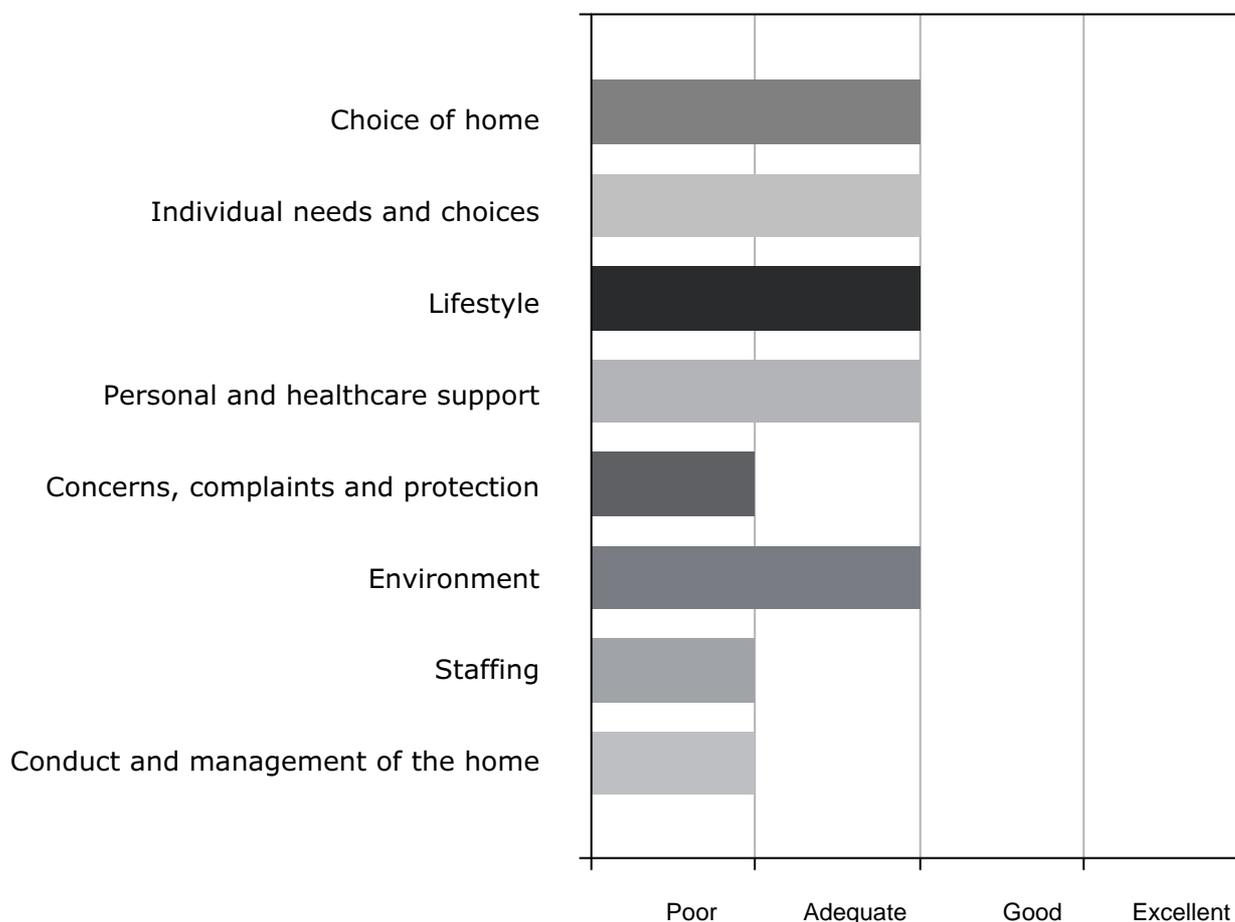
## Summary

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

The quality rating for this care home is:

zero star poor service

### Our judgement for each outcome:



### How we did our inspection:

This was the home's second inspection since it was registered in August 2007. It was a Key Inspection. This means that we checked all of the standards that have most impact on service users. This report includes findings from the visit to the home, as well as any relevant information that has been received about the home before this inspection. This includes details from a report on the home provided by the manager.

We were in the home over two days. The manager was not there on the first visit, as she did not know we were coming. The second visit was arranged with the manager so she knew we were coming. We met and talked with 3 of the 4 service users; with several staff on duty; and with the manager.

Surveys were distributed to the people living in the home but responses had not been received at the time of writing this report.

### **What the care home does well:**

People living in the home don't have to follow unnecessary rules. They like the food and can go out when they want, and see friends and family.

People living in the home can tell staff if they don't like something.

The home is clean and well decorated. Each person can arrange their room as they want it.

People living in the home like the staff.

The manager is qualified, and people living in the home like her.

### **What has improved since the last inspection?**

The home has a new medication storage cupboard so there is enough space to keep medicines safely.

Staff have had some training since the last inspection.

### **What they could do better:**

The home should produce clear information for people who may want to move into the home.

The home should keep better records of what care people need and get, to make sure they always get the right care.

They should make sure that any instructions about medicines are very clear, so people get the medicines they need.

The home still needs to make sure all staff know how best to protect people living in the home from being treated badly, or abused.

The manager still needs to make sure they keep a record of all staff who work there. This is to make sure proper checks are done before anyone works in the home, so it is less likely that the wrong sort of person would get a job there.

Staff still need more training, to make sure they know how to look after people in any situation.

The home should be doing regular checks on the home, to find out what people living there want and how it can be made better for them. They should also make things better when problems are pointed out by other people.

The home still needs to carry out fire drills, and to make sure staff are trained in fire safety, to reduce the risk of fire in the home.

The company needs to make sure the manager gets the training and support she needs to be able to run the home well for people who live there.

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](http://www.csci.org.uk). You can get printed copies from [enquiries@csci.gsi.gov.uk](mailto: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, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. 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 the person 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 **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Information about the home is available in an easy to read format, but it is not detailed enough for people, who may want to move into the home, to make a well informed choice about the home.

Evidence:

We looked at the written information available for people who may want to move into the home. No new people had moved into the home since the last inspection, so we were unable to look at any pre-admission assessments.

The service users' guide was written in an accessible format, but did not include the information listed in standard 1.2. This means that people who may want to move into the home, and their relatives and professionals, do not have the information easily available to make an informed choice.

## Individual needs and choices

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 needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

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 is aware of people's basic needs, but the records staff keep are not up to date and do not show much detail of individual needs. There is a risk that staff will do things their own way, without being aware of each person's established needs and preferences, so people living in the home may not reliably get the care they need or want. Some restrictions are in place without a clear written explanation for how they help the person.

Evidence:

We looked at assessments and care plans, risk assessments and records of people's money being managed by the staff. We talked to staff and people living in the home.

The home had some records of the care needed by people living there, and of things which may be a risk to them. The records were not always being kept up to date, for example plans of care were not being updated regularly (as recommended in the last inspection), and some risk assessments dated from 2007 without any evidence of

Evidence:

being reviewed since being written. The home had previously told us that risk assessments were monitored & reviewed regularly.

Plans were not person-centred and were quite generalised, without stating exactly what support staff should be providing. For example, one person's support for activities was described as "X to participate in social activities with staff support". It did not describe the person's interests, or the kind of support needed, or the frequency of activities etc. The last inspection report recommended that plans should be more detailed.

Plans also did not always explain why restrictions were placed on some people living in the home. One person had restricted access to their clothing. There was no record of this being planned or agreed.

People living in the home said they had little to do with their plans.

## Lifestyle

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 can take part in activities that are appropriate to their age and culture and 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 and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

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.

Some people who live in the home lead independent lives, and some need a lot of staff support. Most people lead active lives, but where more staff support is needed to encourage activities, staff input is sometimes limited.

Family and friends are welcome in the home, and people living in the home like the food.

Evidence:

We talked to people living in the home and staff. We looked at care plans and records of activities. We saw food being served and looked at menus and records of food provided.

Most people living in the home seemed to be occupied with activities of their choice ,

## Evidence:

such as college, swimming, going out for meals, shopping, family visits. Where more support was needed because of someone's particular needs, it was not clear that staff understood what was needed from them. For example, one person was described as lacking in motivation, however the only intervention recorded was "Staff to record in daily notes what social activities X has chosen to participate in and where".

Discussions with people living in the home and with staff showed that family contacts were welcomed. Daily routines did not appear to be restrictive. People said they usually liked the food in home, and staff knew which foods they disliked and did not serve them. There was not a menu choice but staff said they had recently revised the menus to act on feed back from people living in the home. Two people said they had made suggestions for food they liked (mixed grill, and kippers), which had not yet been served, but they felt confident it would be at some point. The menu had only been changed in January.

## Personal and healthcare support

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 receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people 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.

If people are approaching the end of their life, the care home will respect their choices and help them to 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.

People living in the home get some support with their personal and health care, but there is no clear system for ensuring they get all the care they need on a regular basis. Written instructions for staff to follow do not have the right information to make sure people get the support they need.

Evidence:

We talked to staff and people living in the home, and looked at care plans and medication records.

People living in the home were not always able to comment on the quality of support they received from staff, but did not mention any problems.

Written plans for staff to help people living in the home with their personal and health care were not easy to find and did not always contain details. Staff directed us to "Health Files" to view records of health appointments, but in some cases these files were empty or very incomplete. Staff said that one person living in the home saw a psychologist, but there was no record of this in the Health File. Staff said if it was not

## Evidence:

in there, we would need to look through all the daily notes. This was not an effective way to record specialist input.

A plan to support someone when they showed agitated behaviour gave a range of interventions, concluding with the instruction for staff to "Use p.r.n. [as required medication] if it continues". It did not state what medication, how much or how often. The instructions on the medication chart and on the bottle stated the dose was 1mg, on another plan it was shown as 50 mg. This was a potentially dangerous error which senior staff said they would amend immediately, as it could lead to confusion about the correct dose. On the second day of the inspection, we noted that this had been altered. However staff in the home should have noticed this error. Senior staff had been trained in medication administration.

The home had acquired extra medication storage space since the last inspection, and medication storage was tidy on the day. Records were kept of medication received, returned to the chemist, and given to people living in the home. Those seen were properly completed.

## Concerns, 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. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

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.

People living in the home feel they can tell staff about concerns they have. It is not clear how the home handles minor concerns.

The company's guidance to staff in the event of suspected abuse of people living in the home is misleading, and could enable abuse to continue. This was pointed out a year ago. Staff have not all had suitable training in this area, which also increases the risk to people living in the home.

Evidence:

We talked to staff, the manager and people living in the home, and looked at records, policies and guidelines.

The home had a suitable policy for managing complaints. However it still showed the wrong details for contacting the Commission for Social Care Inspection. This was pointed out a year ago. The Commission has not received any complaints about this service since the last inspection. People living in the home said they could tell staff if they had concerns. There were no complaints from people living in the home, or their relatives, recorded. It is good practice to record even minor concerns.

The home's policy on "Adult abuse and protection" included instructions to contact relevant authorities if abuse was suspected. However the accompanying guidelines

## Evidence:

were still very misleading and included guidance that managers should "institute immediate action" and "carry out an investigation". This guidance could prevent proper investigation and could allow abuse to continue if not managed by the correct professionals from outside the home. This was pointed out a year ago and a requirement was made at that time.

Some staff had been trained in Adult Abuse Awareness, some had not. Training had been done by Minster Pathways. Of those who had this training, some people's understanding of the safe procedures was limited. For example, some staff thought it was acceptable for them to question possible victims of abuse to try to find out what had happened. If they did this it could seriously hinder a proper investigation.

## 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, comfortable, 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. People have enough privacy when using toilets and bathrooms.

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 is clean, tidy and comfortable. Bedrooms suit the tastes of the people living in them. The laundry room is only accessible via the kitchen, causing a potential health hazard.

Evidence:

The home appeared to be clean, tidy and comfortable on the day of the inspection. Two people showed me their rooms, which were furnished as they liked and contained their own belongings.

Bathrooms and bedrooms were lockable. All upstairs windows had restricted opening as protection for people living in the home. All potentially hazardous chemicals were locked away to prevent accidental harm to people living in the home.

The only concern about the building was the location of the laundry room, which was in an outside shed, reached via the kitchen, dining room and garden. One person was occasionally doubly incontinent. We were told that soiled items were transported using the correct sealed bags, but it was still a concern that it went via the kitchen and that staff had to go outside. The manager was advised at the last inspection to contact the Environmental Health department for advice on this. She had not yet managed to do

Evidence:

so.

The home was a no-smoking home. There was a covered area outside which was used by smokers.

## 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, qualified 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. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

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.

The home's staff are insufficiently qualified to properly meet the needs of people living there, and do not always demonstrate appropriate behaviour.

Checks on new staff are not always as thorough as they need to be to prevent unsuitable staff from working with the people living in the home.

Staff training is inadequate so staff are not properly prepared for the work they do with people in the home.

Evidence:

Less than half of the staff (one person or three, depending which record was accurate) held a NVQ (National Vocational Qualification) although some were working on obtaining it. We saw inappropriate behaviour from staff (a senior staff member shouting very loudly and repeatedly at a new staff member in the presence of people who lived in the home).

There were enough staff on duty. There had been a high turnover of staff in the past year but the manager hoped the team was now settled. One regular bank staff worked in the home. It is hoped that a more settled and familiar team will be better for the

Evidence:

people who live in the home.

Staff recruitment checks were not all in place at the last inspection. They were still not all in place on the second day of this inspection, although this day had been pre-arranged with the registered manager. Some records were kept on computer and were inaccessible to inspection on the day. This meant the home could not show that sufficient checks had been carried out to avoid employing staff who may be unsuitable for work with the people living in the home. In addition, the home had allowed 4 new staff to start work during the past year with only a brief check being carried out beforehand. This is only meant to happen in highly exceptional cases, otherwise the full check (CRB, Criminal Records Bureau disclosure) is required. The home had previously told us that all staff had CRB checks prior to starting work.

Staff training had been identified at the inspection in February 2008 as being inadequate. Some training had been done in the past year but many staff were still untrained in important aspects of care. No staff had any training in mental health, except for the manager who had read a short booklet. There was no record of any learning disability training. Many staff were still untrained in fire safety, safeguarding from abuse, food hygiene and infection control. This could leave people living in the home at risk from poor or dangerous practices.

## Conduct and management of the 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 have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because 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. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

**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.

The manager of the home is qualified and experienced, but is not managing the service well. The provider does not give enough good quality training and support to the manager, to enable her to run the home well.

The home has been slow to start asking the people who live there for their opinions on how the home could improve, and slow to respond to advice and legal requirements from the Commission, which would make the home better for the people who live there.

The home is not kept safely and there is a lack of understanding among some staff about the importance of regular safety checks.

The provider is not giving the manager or the home the support or supervision needed to provide a good quality service for the people who live there.

## Evidence:

We talked with the home's manager, staff and people living there. We looked at some of the home's records, and at how they were managing safety in the home. We looked at the manager's report on what the home was doing (the Annual Quality Assurance Assessment, or AQAA).

The home's manager is recently registered with the Commission. She has manager's qualifications but has done no training in mental health apart from reading a very brief booklet. This was not sufficient for a manager in a mental health service to provide a good service to people with mental health needs.

The home had still not got an established quality assurance system in place, but had recently started to send out surveys to people living in the home, to relatives, staff and professionals. The home had not met several legal requirements issued almost 12 months ago, which concerned making the home safer and better for people living there.

The home was not being kept safe for people living there. The registered manager had not completed the risk assessments as recommended last year. There was still no assessment for the risks associated with gas appliances. These had not been serviced for over 20 months, which means they are not being maintained safely. The manager agreed to arrange for them to be serviced urgently.

Fire safety was another concern. At the last inspection in February 2008 we told the home they needed to carry out fire drills and staff fire safety training. A month later, in March, the home was visited by the fire authority and told again to carry these out, as well as pointing out other defects. When we inspected the home on 28.1.09 we saw records of 3 fire drills, which had taken place in 2008. These had only included 4 of the current 12 staff. None of the night staff had done a fire drill. When we revisited the home on 4.2.09 there were two more records of drills in place, one for early January 2009 and one for 4.2.09. Neither showed which staff had done the drills. A senior staff member, when asked by the manager if she knew of any other records of fire drills, pointed to the records of fire alarm tests. She then agreed with the inspector that these were not drills. This may indicate that more effective staff training is needed. Staff training in fire safety had taken place just once, in April 2008. There was no record of fire safety training for 6 of the current staff, including the night staff. The manager confirmed that there had been no other fire training since April 2008. This lack of attention to fire safety leaves people living in the home at risk of harm.

The AQAA report did not contain much information about what the home was doing, for example it did not mention what they had done to address previous requirements and recommendations. It did not mention quality assurance or health and safety in the

## Evidence:

management section, both of which are fundamental to providing a good quality, safe service for the people who live there. Some information was misleading, such as that given about staff recruitment checks and about risk assessments (see earlier sections).

The overall management of the service is not working well. The home manager does not receive regular one-to-one supervision and has not had the training she needs. We were told that staff training is often cancelled as the trainers are other home managers who have to attend to matters in their own homes. The registered provider did not respond to the Commission's request for information, a year ago, about how they would support and guide the manager.

Evidence elsewhere in this report indicates that the registered provider and manager need to develop and maintain this service in a way that is more person-centred and enables people to get the support that they need in a safer, more planned and more consistent way.

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	23	13(6)	There must be an appropriate policy on Safeguarding Adults and staff must receive suitable training in this subject. This is to reduce the risk of abuse to people living in the home.	04/02/2008
2	34	17 (2), schedule 4	<p>You are required to keep in the home a record of all persons employed at the care home, including in respect of each person</p> <p>(a) his full name, address, date of birth, qualifications and experience; (c) a copy of each reference obtained in respect of him; (d) the dates on which he commences and ceases to be so employed; (e) the position he holds at the care home, the work that he performs and the number of hours for which he is employed each week; (f) correspondence, reports, records of disciplinary action and any other records in relation to his employment; (g) a record of all training undertaken, including induction training.</p>	31/03/2008

3	35	18(1)(c)	All staff in the home must receive the training they need for their work. This includes (but is not limited to) mental health, food hygiene, safeguarding adults, and infection control. This is to ensure that the people living in the home receive a consistent good quality of care.	30/06/2008
4	41	17 (2), schedule 4	You are required to keep in the home a record of all persons employed at the care home, including in respect of each person  (a) his full name, address, date of birth, qualifications and experience; (c) a copy of each reference obtained in respect of him; (d) the dates on which he commences and ceases to be so employed; (e) the position he holds at the care home, the work that he performs and the number of hours for which he is employed each week; (f) correspondence, reports, records of disciplinary action and any other records in relation to his employment; (g) a record of all training undertaken, including induction training.	31/03/2008
5	42	23(4)	Appropriate precautions must be taken to reduce the risk of fire in the home. Specifically, fire drills must be carried out and staff must receive fire safety training.	31/03/2008

## 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	6	15	<p>Regulation 15.</p> <p>You must keep plans of care needed by each person living in the home, which reflect their current needs and personal preferences, including any restrictions on their choice and freedom.</p> <p>This will enable people living in the home to get the support they need and want.</p>	31/03/2009
2	19	13	<p>Regulation 13(2).</p> <p>You must ensure that medication is managed safely. Specifically, all records and instructions must be clear and accurate.</p> <p>This is to ensure that people living in the home receive the correct medication when they need it.</p>	28/02/2009
3	23	13	<p>Regulation 13(6).</p> <p>There must be an appropriate policy and procedures on Safeguarding Adults and staff must</p>	28/02/2009

			<p>receive suitable training in this subject.</p> <p>This is to reduce the risk of abuse to people living in the home.</p>	
4	30	16	<p>Regulation 16(2)(1).</p> <p>The manager must make, and record, arrangements to ensure hygiene is maintained regarding soiled waste, in consultation with the relevant environmental health authority.</p> <p>This is to reduce the risk of infection for people living in the home.</p>	31/03/2009
5	35	18	<p>Regulation 18(1)(c).</p> <p>All staff in the home must receive the training they need for their work. This includes (but is not limited to) mental health, food hygiene, safeguarding adults, and infection control.</p> <p>This is to ensure that the people living in the home receive a consistent good quality of care.</p>	31/03/2009
6	39	24	<p>Regulation 24(1).</p> <p>The registered provider must establish an effective Quality Assurance system.</p> <p>This is in order to show how the provider is responding to feedback from the people who live in the home and from the Commission and other interested parties.</p>	31/03/2009

7	41	17	<p>Regulation 17(2), schedule 4.</p> <p>You are required to keep in the home a record of all persons employed at the care home, including in respect of each person his full name, address, date of birth, qualifications and experience; a copy of each reference obtained in respect of him, the dates on which he commences and ceases to be so employed; the position he holds at the care home, the work that he performs and the number of hours for which he is employed each week; correspondence, reports, records of disciplinary action and any other records in relation to his employment; a record of all training undertaken, including induction training.</p> <p>This is to ensure that all staff have been checked for their suitability before working in the home, and that the manager can plan training to ensure people living in the home get the support they need.</p>	28/02/2009
8	42	23	<p>Regulation 23(4A)(b).</p> <p>You must comply with the Regulatory Reform (Fire Safety) Order 2005.</p> <p>This is to reduce the risk of harm by fire to people living in the home.</p>	31/03/2009

9	42	13	<p>Regulation 13(4)(a) and (c). The registered person must ensure that</p> <p>(a) all parts of the home to which service users have access are so far as reasonably practicable free from hazards to their safety; and</p> <p>((c) unnecessary risks to the health or safety of service users are identified and so far as possible eliminated.</p> <p>Specifically, you must ensure that gas supplies are maintained in a safe condition.</p> <p>This is to ensure the home is safe for the people who live there.</p>	28/02/2009
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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	1	You should update the service users' guide to ensure that it contains enough information for people to make an informed choice about moving into the home.
2	6	You should ensure the way care is planned is person centred.
3	14	Everyone living in the home should be enabled to enjoy the leisure activities they choose, and staff should actively and carefully support and develop such opportunities.
4	17	You should consider how to provide a choice of meals.
5	19	You should keep clear and accurate records of all required and delivered care, including health care given by external professionals such as GPs, Community Nurses, etc. This will help to ensure that everyone living in the home gets the routine care they need as well as any specific extra input.

6	22	You should ensure that any concerns are taken seriously and acted on, by updating your complaints policy and procedures and by recording any minor concerns, along with the outcomes for the person involved.
7	32	Staff should complete their NVQs without delay so that at least half of the staff are qualified.
8	34	You should manage your staff recruitment in a way that avoids the need for people to start work before you receive a full CRB disclosure.
9	35	The home should ensure that their induction training meets Common Induction Standards.
10	35	Staff should undertake Learning Disability Qualifications (LDQs).

## Helpline:

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

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