



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for adults (18-65 years)

| | |
|--|--|
| Name: | Parkview |
| Address: | 1 Armour Road Tilehurst Reading Berkshire RG31 6EX |
| The quality rating for this care home is: | three star excellent service |

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

| | |
|------------------------|-----------------|
| Lead inspector: | Date: |
| Kerry Kingston | 0 3 0 4 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 or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The Commission for Social Care Inspection aims to:

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

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

Reader Information

| | |
|---------------------|--|
| Document Purpose | Inspection report |
| Author | CSCI |
| Audience | General public |
| Further copies from | 0870 240 7535 (telephone order line) |
| Copyright | Copyright © (20092008) Commission for Social Care Inspection (CSCI). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CSCI copyright, with the title and date of publication of the document specified. |
| Internet address | www.csci.org.uk |

Information about the care home

| | |
|-----------------------|--|
| Name of care home: | Parkview |
| Address: | 1 Armour Road Tilehurst Reading Berkshire RG31 6EX |
| Telephone number: | 01189420596 |
| Fax number: | 01189455832 |
| Email address: | little@choiceltd.co.uk |
| Provider web address: | |

| | |
|---------------------------------|------------|
| Name of registered provider(s): | Choice Ltd |
| Type of registration: | care home |
| Number of places registered: | 7 |

| | | |
|--|-----------------------------------|---------|
| Conditions of registration: | | |
| Category(ies) : | Number of places (if applicable): | |
| | Under 65 | Over 65 |
| learning disability | 7 | 0 |
| Additional conditions: | | |
| The maximum number of service users who can be accommodated is: 7 | | |
| The registered person may provide the following category of service only: Care home only - PC to service users of the following gender: Either whose primary care needs on admission to the home are within the following categories: Learning disability - LD | | |

| | | | | | | | | |
|-------------------------|---|---|---|---|---|---|---|---|
| Date of last inspection | 0 | 4 | 0 | 4 | 2 | 0 | 0 | 7 |
|-------------------------|---|---|---|---|---|---|---|---|



A bit about the care home
Parkview is a care home, which looks after up to seven people. The people have learning disabilities and may have other things that they may need help with as well. The building is an old, large house and people have plenty of space.

Everyone has their own bedroom, they are on the ground or first floor. Only one room has it's own toilet and shower, other people share bathrooms and toilets.

Parkview is within a few minutes walk of the village of Theale and two miles from Reading town centre. The home is very close to shops, pubs and other useful places.

You can catch a train or bus to the big town from very near the house and people can also use the two cars that they have.

| | |
|--|---|
| | <p>You get into the house through a locked and gated fence, by pressing a buzzer and talking into a speaker. The house is owned by CHOICE Ltd. who also give 24 hour care to the people who live there.</p> |
| | |

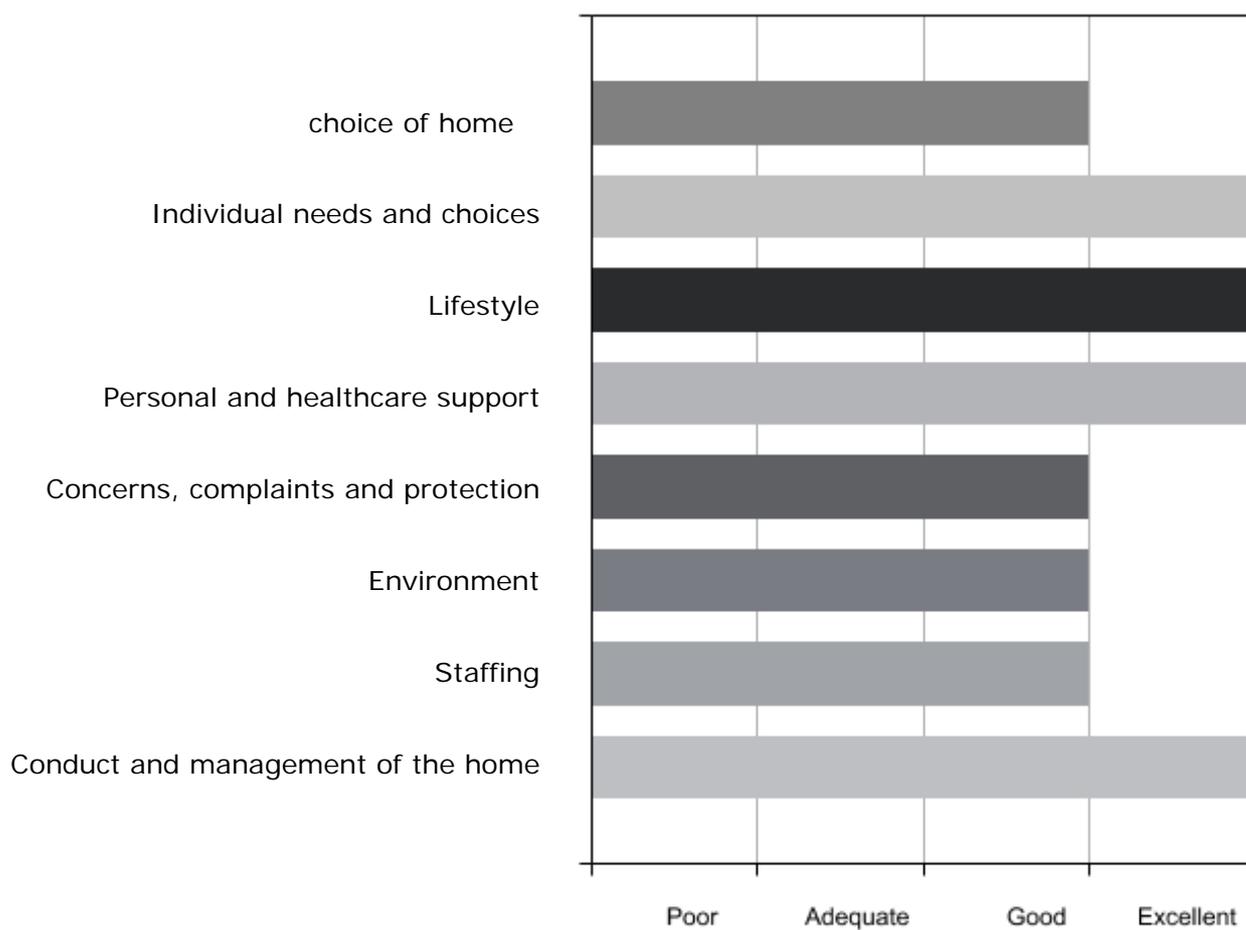
Summary

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 is what the inspector did when they were at the care home

The last Key Inspection of this service was on the 4th April 2007. It costs 1,662 pounds to 2,276 pounds per week, this depends on how many staff and how much time it takes to help the person.

This is a report for the key inspection, which included the inspector visiting the home. This was on the 4th of April 2009 between 10.30 in the morning and 4.30 in the afternoon.

Information was collected from paperwork sent to the manager, who filled it in and sent it back.

By talking to the manager and two staff.

People who live in the home do not like to talk to people they don't know so the inspector watched what was going on during her visit.





Things that have been written down about the people who live there and the home itself, were also looked at during the visit.

Any thing people have told us about the home since last time we visited is also put in the report.



What the care home does well



The home make sure they write down how
Staff help people with all the things they need to do.



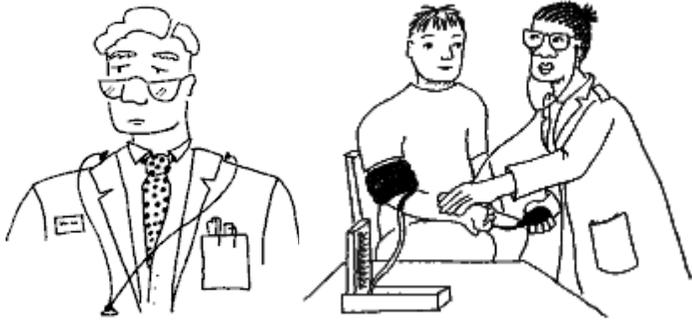
People can go out and do lots of things they like to do so they don't get bored or fed up.



The staff make sure that people are helped in the way that they like and feel comfortable with.



The home makes sure it writes down how to talk to people and how people talk back, so that people can understand each other as much as possible.



The staff help people to go and see the Doctor or nurse to make sure that they keep as healthy as they can and do not hurt anywhere.



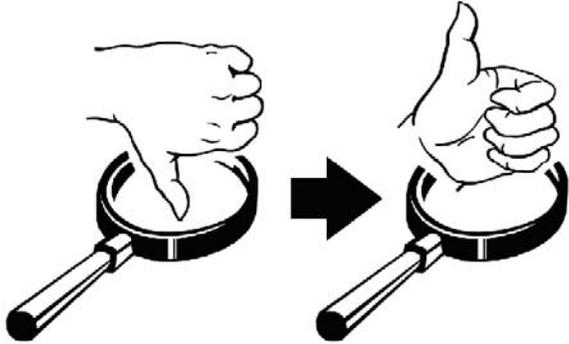
The house is kept nice and clean and is a nice place for people to live.



There are lots of staff so that people always have someone to help them and they can go out even if they need more help than other people.



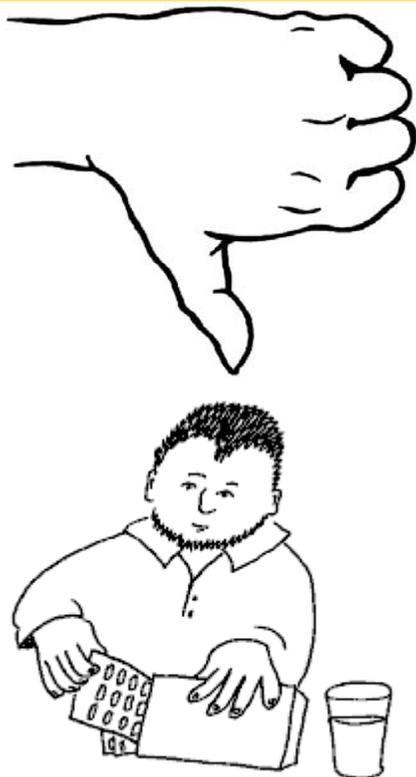
The manager has been at the home for along time and is very good at helping everyone to look after the people who live there in a very good way.



What has got better from the last inspection



The home makes sure that it tells us if something has gone wrong.



What the care home could do better

The staff could make sure that they

| | |
|--|--|
| | all know exactly when people need their medicine if they need some help to act properly. |
|  | If you want to read the full report of our inspection please ask the person in charge of the care home |
| | If you want to speak to the inspector please contact Kerry Kingston 33 Greycoat Street London SW1P 2QF 02079792000 |

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

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

Details of our findings

Contents

Choice of home (standards 1 - 5)

Individual needs and choices (standards 6-10)

Lifestyle (standards 11 - 17)

Personal and healthcare support (standards 18 - 21)

Concerns, complaints and protection (standards 22 - 23)

Environment (standards 24 - 30)

Staffing (standards 31 - 36)

Conduct and management of the home (standards 37 - 43)

Outstanding statutory requirements

Requirements and recommendations from this inspection

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

The home properly assesses people so that they can be sure that they can meet their needs. They are also careful to ensure that people who are currently living in the home are not disadvantaged, in any way, by a new housemate.

Evidence:

The Statement of purpose is on display in the hallway, it was reviewed in December 2008. Issues of privacy, dignity, individuality and respect are explained in detail, in the Statement of Purpose, which further describes what staff to do to ensure they offer people respectful and sensitive care.

There have been no admissions since 2006, except for a respite care person who stayed for two weeks in 2008, records of the respite admission have been archived.

The home has six people currently in residence. It is registered for seven, the manager and proprietor explained that it is difficult to fill the vacancy as they have to be very careful to select someone who is able to share their home with the group already living there. Some of the group are quite vulnerable and they ensure that any admission does not have a negative impact on the current residents.

The home has a robust transitional policy, which includes, how to deal with admissions, it details pre-move guidelines, settling in guidelines and a three month review.

Current residents have regular reviews to ensure that the home is still meeting their assessed needs.

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

People know their assessed and changing needs and are helped to make as many decisions as possible about their lives.

They are supported to be as independent as they are able, as safely as possible.

Evidence:

Care plans for four people were seen. They all include an essential lifestyle plan which covers all areas of peoples' lives such as people who helped with the plan, what do others admire about me, my life history, what is important to me, how I make choices and how staff support me to make choices by using photographs and objects of reference.

There is a very detailed communication passport, which includes the use of photographs and symbols and describes peoples' communication methods such as facial expression, behaviour, showing or giving pictures, taking you to things and vocalising.

The detailed individual communication passport clearly tells staff how people communicate such as 'I am able to show you what I like using photos/I really like going out and attending activities' 'How I complain' and includes a communication chart which includes speech, gestures, taking you to things, behaviour, body language. It is all carefully described so that people have an understanding of what the individual is trying to communicate. Also included is daily routines and 'for me to stay healthy and safe I need'.

How peoples' privacy and dignity is maintained is specifically noted in care plans. There are communication boards around the home for different aspects of life.

Evidence:

One plan includes some phrases and communication in a different language to help them to keep in touch with one of their parents' culture and background. One plan details specific issues to support someone with a severe medical and physical problem. Another describes someone's additional and diverse needs because of a sensory problem.

Risk assessments are detailed, up to date and simple to use. They describe what is needed to minimise risk and maximise independence. They are called risk management plans and include symbols and pictures so that the people who live in the home have the best possible opportunity to understand them.

The laundry, kitchen and front gate are kept locked when staff are not in attendance, this is risk assessed for individuals.

The manager has a good understanding of the Mental Health Capacity act and is working to ensure they meet the letter of the Law with regard to Deprivation of liberties.

Key workers meet with people on a monthly basis and record the meetings with peoples' methods of communication and what they felt they conveyed about their views at that meeting.

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

People are given opportunities to take part in interesting and rewarding activities and are assisted to take part in the community, whatever their needs or ability levels. They are offered balanced and nutritional meals and are involved in choosing and preparing them, whenever appropriate.

Evidence:

The home is in an ideal location, minutes from the local village and on a regular bus route to the town centre, the home also has use of two vehicles of its' own.

The manager reported that the home has very good relationships with the local community and the neighbours.

The front gates of the home are locked, this is individually and group risk assessed.

People have an individualised activity programme, which suits their particular needs. The activity plans include goals, which are discussed at the monthly meetings. The goals for March included a trip to London, a special outing and a cinema visit. The daily activity board displayed in the hallway included, horse riding, cinema, train trip, swimming, various day trips, meal out, meal and cinema and trampolining.

People attend activities and events in the most appropriate and safe groups that is, a one to one staffing ratio or two to one if that suits their needs and ensures they get equal access to community activities.

There is a day care building 'on site' where people can do art and craft work and access a sensory room. Other activities noted in day care notes included using the computer, walks, dancercise (exercises) at college, visiting the garden centre, going to

Evidence:

the park, bowling and drives.

Activities completed are further recorded in the day care folder, which also notes how people responded to the activity, this information can be discussed at the next key worker meeting or used for future planning.

The home has an allotment situated a few minutes walk away, which is used for gardening activities. They have successfully grown some of their own fruit and vegetables.

All individuals have some contact with family or friends, some people visit family homes and some have visitors to their home.

Families are involved in care planning and daily living, as is appropriate.

Menus seen were varied and nutritious. The menu is displayed daily in pictures and symbols on the notice board.

The home has a part time cook who helps to maintain a healthy and nutritious diet for people.

Weight charts are kept, as necessary and any specific nutritional needs, short or long term, are recorded in care plans.

People assist in the kitchen as is appropriate and this is used as an activity related to increasing daily living skills.

The interaction between staff and people who use the service, during the lunchtime period was limited but people were seen being offered a choice of drinks and one person requested a completely different meal than that on the menu, this request was granted.

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

The home meet the personal care needs of the people who live there, in the way that they choose and prefer. Their health needs are very well met and the home ensure that medication is administered as safely as possible.

Evidence:

The essential lifestyle plans are very person centred and include details of peoples' preferences, likes and dislikes and how staff support them with their dislikes, such as encouraging one person to sit in the small quiet lounge if they have had enough of the noise of the household.

The gender of staff preferred or appropriate to help people with personal care or other daily living is specifically noted on care plans. Peoples' sexuality, expression and preferences are noted as appropriate such as if people openly express their sexuality or not.

Communication methods are clearly and carefully noted for each individual so that staff are able to understand and make themselves understood as well as possible, with people who do not use conventional communication methods.

Interaction between staff and the people who use the service throughout the time of the visit was sensitive and respectful (although limited over the lunch time period).

People have a section in their Essential lifestyle plan called how I stay healthy and safe. There is also a health action plan, which notes the health need, current treatment, outcome and action to take with dates for initial consultations and follow ups, if necessary. The key worker monitors the plan monthly, the three plans seen were up-to-date.

Personal health records are kept, these record all visits to health professionals, including the psychiatrist, G.P, specialist, optician, dentist and dietician It was noted that appropriate specialist health support has been sought for someone who has a

Evidence:

serious and deteriorating health condition.

Medication procedures are robust, medication is stored safely and staff complete administration training before they are allowed to give it.

The home uses the Boots Monitored dosage system, no medication errors have been recorded in the last 12 months.

Two staff administer medication whenever possible.

One person has medication, as necessary to assist him to control his behaviour there are no individual guidelines for the administration of this medication although the guidelines for the use of, as necessary epilepsy medication are very detailed. The manager agreed that this would be rectified without delay.

The manager advised that all staff members receive training for the 'emergency treatment of casualties and this includes choking', two staff members confirmed this.

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

The home has a comprehensive complaints procedure and listens to people if they have complaints or concerns.

Staff know how to protect people from all forms of abuse.

Evidence:

The home has a comprehensive complaints procedure, which is produced in a simple format. Complaints are discussed with people at their one to one key worker monthly meetings and detailed communication passports inform staff and others how to tell if people are not happy. The Complaints procedure is also included in the Statement of Purpose and Service User Guide. The home has recorded two complaints in the past year, they were well recorded, including outcomes and dealt with appropriately.

The manager confirmed that there have been no safeguarding concerns reported in the past year.

All staff are trained in safeguarding and staff spoken to have a good understanding of the procedure, and what to do if they should suspect or come across any abuse.

The Commission has received no information with regard to complaints or safeguarding about this service.

The home uses physical intervention as a last resort, they use it on only one person currently, it has not been used since February 2008, the guidelines for its' use are about to be reviewed with a view to removing them.

Financial records for two people were seen, they were accurate, receipts are kept for all expenditures. People do not pay staffs' out of pocket expenses, these are paid from the day care and activities budget.

Peoples' sponsoring local authorities or the organisations financial department act as appointees for individuals with only three people in the home able to access peoples finances (two signatures at a time.)

The provider gives people an allowance of 250 pounds for clothing allowance and 250 pounds for holidays.

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

The house is kept to a very good standard of hygiene, is comfortable and is a pleasant environment to live in.

Evidence:

The building is well kept with good quality furniture and fittings.

Doors have sensory signage, as necessary to enable people with sight problems to identify the different living spaces.

Bedrooms are individualised, large and very comfortable. Bathrooms, toilets and the kitchen are very clean and hygienic, there are no specialist cleaning staff.

The home acquired a 4 star very good rating from the environmental health inspection this year, which was an improvement on the 3 star good of last year.

The garden is quite small but it is to be extended by filling in the swimming pool and using the space more effectively and safely, for the people who live in the home.

Any necessary equipment is provided as people need it and people are given accommodation as is appropriate to their needs.

The manager reported that maintenance gets completed very quickly, as necessary and the home is decorated regularly.

There is an outbuilding, which is used for set activities and relaxation, it gives people more space and allows them to escape from noise and or housemates, as they wish.

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

The home has a properly qualified staff team, in sufficient numbers to meet the needs of the people who live there.

The recruitment process ensures that staff appointed are safe to work with the people who live in the home.

Evidence:

The home has a total staffing compliment of 18 care staff and 1 cook. There are a minimum of four care staff on duty per shift the manager and deputy are usually additional to the care rota. The home has a core team of very stable staff with some staff having worked there for many years.

The Manager advised that any staff shortage is covered by bank staff, but more generally by regular staff doing overtime duties.

There is a robust recruitment process and as the home is easily accessible by public transport the manager reported that it does not have any particular difficulties recruiting applicants.

People who use the service are invited to sit in on the interview process but they generally prefer to show prospective candidates around the home, staff observe peoples' interactions with the candidates and listen to what people think about them, if they are able to articulate their thoughts.

The home keeps a record of interview questions and answers and the assessment of the candidate. The recruitment records, available on files kept in the home, for the last two staff members included all the necessary information to ensure they are safe to work with people.

Of the 18 care staff eight have attained an NVQ2 or above qualification and four people are pursuing one.

Two staff members spoken to confirmed that staff were encouraged to and had good opportunities for a large variety of training.

Evidence:

The home keep very detailed records of training completed and needed by the staff team, they have individual training records and the staff member responsible for training also has a training matrix that shows the senior staff when people need to have up-dates, and when they have not received necessary training. As well as the core safety training people also complete anti-discriminatory practise, makaton, values and attitudes, learning disability and mental illness, aspergers and autism and various other service user focused courses as basic training.

The manager and deputy have completed Mental Capacity Act training and the rest of the staff team are to complete it this year.

Staff confirmed that they have supervision every 6 to 8 weeks, and a monthly staff meeting, which they find very useful.

Staff have not had their annual appraisal in 2008 but the manager is aware of this issue and is to plan peoples' appraisals as a priority.

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

The home is very well managed in the best interests of the people who live there.

The home has various ways of checking the quality of care it offers.

People are kept as safe from accident or injury, as possible.

Evidence:

The manager has been in post for the past 17 years and has attained all the necessary qualifications, she has an in depth knowledge of the people who live in the home and the management role and responsibilities. She receives good support from her line manager and the organisation, in general.

Staff describe the management as supportive. The management structure within the home is registered manager, deputy and assistant managers. The home receives a minimum of monthly visits from the provider's representative.

To assess the quality of the care given in the home the provider sends questionnaires, on an annual basis to all interested parties, including people who use the service, their family and friends, if appropriate, care managers and other health professionals. There is also an annual assessment of the quality of the service provided, completed by an area manager from another area rather than the area manager who line manages the home. The results of the questionnaires, any information gained from individuals at their one to one monthly meetings and any issues noted by the area manager at the regulation 26 visits are developed in to an annual plan for the home.

Some of the things the have improved as a direct result of listening to the people who live in the home are, planning more social events, including meal preparation on daily activities plans and working harder to ensure people have regular contact with their family and friends.

Evidence:

The home has a Health and Safety audit on a six monthly basis and the manager confirmed that all the necessary regular maintenance checks are completed. Accident and incident records are detailed but it was discussed with the manager that she could consider more clearly indicating the action taken to minimise the risk of recurrence.

The home has recorded six accidents for the previous 12 months, none of a serious nature. Action is being taken to minimise the risk of injury from accidents to an individual who uses the service.

There are detailed Health and Safety risk assessments for safe working practises including lifting and handling and COSHH, a decision is taken on a daily basis about the ratios of staff that are necessary to accompany people into the community.

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 | Description | 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 | Description | 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 | 20 | To develop guidelines for the use of medication, prescribed to be used as necessary, to help people to control their behaviour. This would ensure that everyone gives the medication at the correct time and further safeguards the Person using the service. |

Helpline:

Telephone: 0845 015 0120 or 0191 233 3323

Textphone : 0845 015 2255 or 0191 233 3588

Email: enquiries@csci.gsi.gov.uk

Web: www.csci.org.uk

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.

Copyright © (2009) Commission for Social Care Inspection (CSCI). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CSCI copyright, with the title and date of publication of the document specified.