

Key inspection report

Care homes for older people

Name:	Manor Lodge
Address:	Manor Lodge Manor Road Chelmsford Essex CM2 0EP

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

Lead inspector:	Date:
Carolyn Delaney	2 9 0 1 2 0 1 0

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

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

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

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

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

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

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

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

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

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

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Manor Lodge
Address:	Manor Lodge Manor Road Chelmsford Essex CM2 0EP
Telephone number:	
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	Care UK Community Partnerships Ltd
Name of registered manager (if applicable)	
Type of registration:	care home
Number of places registered:	120

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	120	0
old age, not falling within any other category	0	120
Additional conditions:		
The maximum number of service users who can be accommodated is 120		
The registered person may provide the following category/ies of service only Care home with nursing code N to service users of the following gender , either, whose 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		
Date of last inspection		
Brief description of the care home		

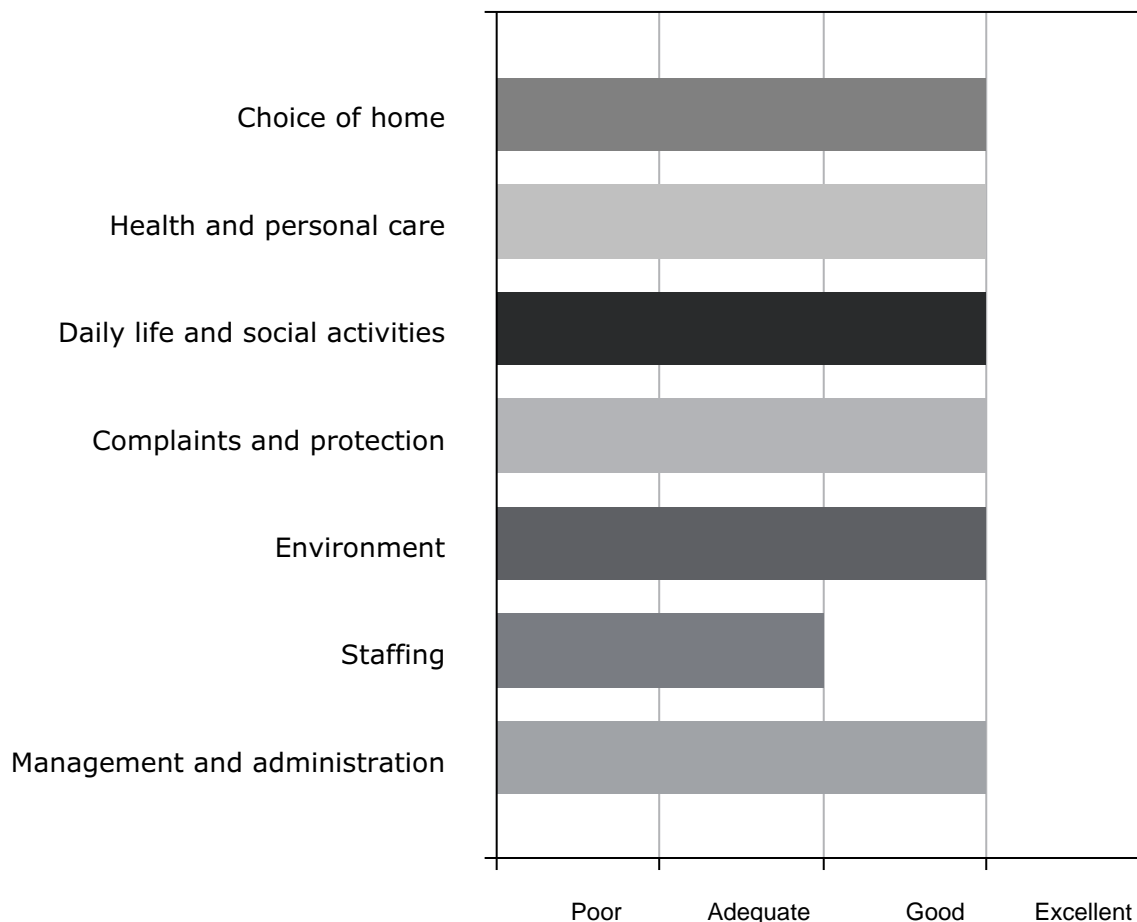
Summary

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

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

This was a routine unannounced inspection which included a visit made to the home.

As part of the inspection process we reviewed information we had received about the service since it opened, including notifications sent to us by the manager of any event in the home, which affects residents such as injuries, deaths and any outbreak of infectious diseases. We also looked at the information the manager provided us with in the home's Annual Quality Assurance Assessment. This document is a self-assessment, which the registered provider or owner is required by law to complete and tell us what they feel that they do well, how they evidence this and the improvements as a result of listening to people who live in the home.

We sent surveys to the home to distribute to residents and staff and to complete and tell us what they think about the home. At the time of writing this report we had received not received any returned surveys. During the inspection we spoke with eight

residents, four relatives, five members of staff and the manager.

When we visited the home we looked at residents care plans and information available to staff to help them support residents. We looked at how staff were recruited to work in the home and how they were trained to support residents.

We looked at how the home was managed and how residents were involved in this. We also observed how staff interacted with residents when supporting them with activities such as meals and providing recreation and stimulation.

A brief tour of the premises was carried out and communal areas including lounge and bathrooms were viewed.

Information obtained was triangulated and reviewed against the Commission's Key Lines for Regulatory Activity. This helps us to use the information to make judgements about outcomes for people who use social care services in a consistent and fair way.

What the care home does well:

The home is well managed and there are opportunities for people who live there to make comments and suggestions as to how things can be improved. A new manager has been employed and they plan to meet with all residents and their relatives to introduce themselves. Staff are trained to meet the needs of people living in the home and meet regularly with the manager to discuss work practices and to identify any training or development needs.

There is detailed information available for people to consider when deciding if the home will be suitable for them. A detailed assessment of each person's health and personal care needs is carried out before they are offered a place in the home. Information is obtained about each person's social history so as to help plan opportunities for activities and hobbies.

From information obtained at the initial assessment stage and through monitoring each person a detailed and individualised plan of care is developed for each resident. Staff include the wishes and preferences of residents in their care plans. There are systems in place for regularly assessing and monitoring residents general health, nutrition and any risks to their health and safety. People living in the home receive the medicines prescribed for them as part of their treatment.

There are opportunities for people living in the home to participate in a range of activities and hobbies including games, arts and crafts, knitting, socialising etc. Residents' relatives are encouraged to be involved in activities and to visit their loved ones. Residents are offered a wide range of meal options from an extensive menu and special diets are catered for.

Complaints and concerns are well received and investigated and responded to promptly. Staff are trained to recognise and report any signs of abuse or poor practice as part of the home's procedures for safeguarding vulnerable people from harm or abuse.

The home's environment is clean, safe, comfortable and well maintained. Residents have their own bedrooms and access to communal areas including garden, a coffee shop and cinema room.

What has improved since the last inspection?

This is the first inspection of the home.

What they could do better:

Staff must only be employed to working the home once all of the checks including references from their previous employers have been obtained so as to help ensure that only suitable people work in the home.

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

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

Details of our findings

Contents

Choice of home (standards 1 - 6)

Health and personal care (standards 7 - 11)

Daily life and social activities (standards 12 - 15)

Complaints and protection (standards 16 - 18)

Environment (standards 19 - 26)

Staffing (standards 27 - 30)

Management and administration (standards 31 - 38)

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 and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

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

This is what people staying in this care home experience:

Judgement:

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

People who move into the home know that their assessed needs will be met because there is a consistent process for determining their needs and they are involved in this.

Evidence:

The manager told us in the Annual Quality Assurance Assessment that information about the home such as the statement of purpose and residents guide were kept under review and were written in plain English so that residents could easily understand the information. They told us that the information could be made available in different formats such as large print etc to suit the needs of residents.

They told us that pre-admission needs assessments were carried out promptly by senior staff. (Nurses, the Clinical Lead Nurse, Residential Co-ordinator and the Manager.) They said that the assessment covered the range of needs of people and focused on the individual, and whether or not the home had the capacity to meet their needs. They said that where appropriate relevant specialists were involved and

Evidence:

contacted for input. They told us that where possible and appropriate, pre-admission needs assessments were carried out in the individual's own environment.

When we visited the home we spoke with seven residents and four relatives to ask them about their experience of moving into the home. Three residents told us that they had been given enough information about the home to help them decide it would be the right place for them. One person said 'My daughter made all the arrangements for me and came to see the place first'. Another resident told us 'They ask us what we want and they are happy to help us, I am glad I moved in here, I was not managing well at home'.

Two relatives told us that they had visited the home before their loved ones moved in. One said that they had meet with the manager to discuss their relatives needs and was happy with the home.

We looked at the arrangements for assessing a person's needs before they were offered a place in the home. We looked at the pre admission assessments for five people. We saw that staff had visited these people at home, in hospital or in other care homes to carry out the initial assessment. The reason for each person's admission was recorded as was their needs in relation to sight, hearing, communication, past and present medical conditions and medicines, personal care, mobility and nutrition. Any special needs or preferences were recorded as part of the assessment.

We looked at records maintained by staff when a person moved into the home. We saw that staff introduced new residents to people living in the home and staff and supported them in settling into their new environment.

Health and personal care

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

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

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

People who live in the home are well cared for and staff support them for their assessed health and personal care needs.

Evidence:

The manager told us in the Annual Quality Assurance Assessment that from the information gathered in the pre admission assessment a detailed plan of care was developed for each person living in the home. They told us that care plans were reviewed regularly in accordance with the needs of each individual. They told us that there was an effective system in place for assessing the health needs of residents. Assessments were carried out for the nutritional needs, weight, continence and identifying the risk of a person developing pressure sores. They told us that a range of specialists were involved with the individuals at Manor Lodge, including chiropodists, dentists, opticians, the local tissue viability nurse, social workers, dietitians and district nurses.

When we visited the home we spoke with resident about their experiences of living in the home and the care and support they received. Residents told us that they were

Evidence:

well cared for. One person said 'we are looked after well'. Another person said 'staff look after all our needs we get all the care we need'. Relatives told us that they were happy with the care and support that their loved ones received. One person told us 'the care is good here' and another person said 'I am happy that (resident) is well looked after'.

We looked at how information about the health and personal care needs of residents was recorded and how this was used to ensure that people received the care and treatment they needed. We looked at care plans and risk assessments for five people living in the home. We saw that each person's medical and social history had been taken into account when planning care. Care plans identified residents needs in relation to eating and drinking, personal care and maintaining safety. Wherever it was known the person's medical condition that affected their abilities was recorded. There were clear goals set in care plans and instructions for staff to follow so as to support residents in the way that they chose. Each care plan identified how much support or care the person needed such as whether they needed prompting or assistance. There was information recorded about what choices residents could make such as whether they could choose meals from menus, what clothes they would like to wear etc. We saw that care plans were reviewed and amended regularly as needed.

There were assessments carried out so as to monitor and improve residents health and well being. Staff regularly assessed residents nutritional status, weight and any risks to their health and safety. Risks of falls, developing pressure sores and malnutrition were regularly assessed and monitored. We looked at notifications received about incidents such as illness, admissions to hospital or resident deaths. From these records we saw that there had been ten incidents where residents sustained injuries, eight admissions to hospital and ten deaths. We saw that appropriate action had been taken by staff to support residents.

The manager told us us that there were policies and procedures relating to the safe handling and administration of medicines and that staff received training. We looked at medication administration records and saw that staff completed these appropriately when they received, administered or returned medicines. Records indicated that residents received the medicines they were prescribed as part of their treatment.

Daily life and social activities

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

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

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** 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 have opportunities to remain active, participate in activities and hobbies and to live their lives so far as possible as they choose.

Evidence:

The manager told us in the Annual Quality Assurance Assessment that an activities co-ordinator was employed at the Home for 37.5 hours per week. They told us that they worked with individuals on either a one to one or group basis, to meet their needs and preferences. They told us that activities were provided including therapeutic manicures, board games, quizzes, group games, seasonal tasks etc. They said that there were regular coffee mornings arranged and that support was provided to individuals who wished to go shopping in town, or for a cup of coffee. They told us that residents' significant others were encouraged to visit and to take part in activities

When we visited the home we looked at the arrangements for supporting people to live full and active lives according to their abilities and wishes. We saw that a list of planned activities was displayed throughout the home. These included coffee mornings, cinema, arts and crafts, board games, 'knit and natter', skittles and baking. We spoke with eight residents. They told us about the activities they enjoyed. Two residents told us that they enjoyed baking and and knitting. One person said that they

Evidence:

preferred to spend their time in their bedroom reading and watching television. They said 'there are always things going on we can do but I prefer my own company'. One person told us 'I go to my club every week, its nice to get out and about'. Two people told us that they can go out with staff for a walk when the weather is good.

We spoke with the activities coordinator. They told us about the plans to provide more opportunities for residents including building a green house for residents who enjoyed gardening and growing vegetables and fruits. They told us that they spoke with residents about their past lives and the activities they enjoyed so as try and provide suitable opportunities for individuals.

During the visit we observed staff support residents who had dementia to be occupied and stimulated. We saw that residents were helped to read books, play games and to chat in groups. Some residents were grooming a pet hamster and appeared to be enjoying this. One member of staff was reading a magazine to a residents and both were chatting together. Residents looked happy, cheerful and stimulated. One resident told us 'I am very happy here, they (staff) do my hair and everything'.

Each of the four relatives we spoke with told us that they were always welcomed to the home when they visited. Two people told us that they had been invited to events such as parties and celebrations.

The manager told us that the home offered a varied menu, with a range of choices available for breakfast, lunch and supper. They said that residents were fully supported to make their own selections, and their right to change their mind was respected. They said that hot and cold drinks and snacks were also available at all times. The manager said that individuals choose where they wish to eat, and meal times were relaxed and unhurried and that support was given at mealtimes in a sensitive manner as needed.

When we visited we looked menus. We saw that these were planned on a four week basis. There was a good choice of foods available for each meal, including the option of a cooked breakfast each morning and a choice of three meal options for lunch and evening meal. We saw that where residents had specialist dietary requirements such as diabetes or low fat these needs were catered for. We observed that people could take their meals in the dining room or their own bedrooms if they chose. One person said 'I prefer to have my meals in my room and thats ok'.

We asked people what they though about the meals provided. One person said 'the meals are very pleasant'. Another person said 'the food is good' and two people said

Evidence:

that the food was 'wonderful'.

Complaints and protection

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

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

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

This is what people staying in this care home experience:

Judgement:

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

People who live in the home know that their complaints and concerns will be listened to and resolved and that they will be safeguarded from harm.

Evidence:

The manager told us in the Annual Quality Assurance Assessment that all concerns and complaints were recorded as were details of any investigation and the action taken. They told us that complaints were responded to promptly and effectively. They told us that a Customer Experience Manager was employed and was available to support and assist with the management of concerns and complaints. The manager told us that all individuals were protected from harm and abuse at Manor Lodge. They told us that robust policies and procedures were in place and applied without hesitation when required. The manager said that the staff team had undertaken training relevant to their work role and responsibilities, including Common Induction Standards, PoVA and Customer Care.

When we visited the home we spoke with residents and visitors. Six of the eight residents told us that they knew how to complain. Two people told us that they would speak to one of the nurses or the manager. None of the residents we spoke with had any complaints or concerns about the home. We spoke with four relatives. One person said that they were concerned that there were not always enough staff available. They told us that they had 'mentioned this' to the manager but had not made a formal complaint. Two other relatives told us that there were some 'minor issues' such as

Evidence:

missing laundry and clothing not ironed. People who we spoke with told us that any issues were dealt with promptly. The manager told us that there had been three complaints made and showed us the records in relation to these. We saw that issues had been fully investigated and responded to in line with the homes policy and procedure.

We looked at the arrangements for safeguarding residents from harm and abuse. We saw that staff undertook training around recognising signs of abuse and their responsibilities for reporting any allegations or poor practices. We saw a copy of the home's policy and procedure and it provided clear instructions for staff and the manager to follow in the event of any incidents in the home. The manager told us that there had been two referrals made to the local safeguarding team and that these had been investigated and resolved.

Environment

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Residents live in a clean, spacious comfortable and safe environment and are encouraged and supported to personalise their rooms to make them more homely.

Evidence:

The manager told us in the Annual Quality Assurance Assessment that the home employed a full time maintenance worker, and a part time gardener, to ensure a safe, well-maintained environment. They told us that external specialists had carried out a comprehensive fire risk assessment. They said that the home had a full compliment of hotel services staff. They told us that the home provided private single rooms for each individual, which were furnished and equipped to provide a safe, homely environment, which met the needs of each individual.

When we visited the home we carried out a brief tour of the accommodation. The premises were newly built and residents had spacious single rooms with ensuite facilities. There were communal spaces including lounges and dining rooms. All areas were clean and free from unpleasant odours. Residents had access to a shop, a coffee shop and a cinema room.

All of the people we spoke with commented positively about the home's environment. We looked at a sample of records and saw that the home was well maintained and that checks were carried out including tests for fire alarms, checking hot water

Evidence:

temperatures and checking that equipment such as lifts, hoists etc were in good working order.

Staffing

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

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

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

Residents are cared for and supported by staff who know and understand their needs. However staff are not always recruited robustly and this could affect the welfare of people who live in the home.

Evidence:

The manager told us in the Annual Quality Assurance Assessment that staffing numbers, gender and skill mixes, were as required to meet the needs of the individuals at Manor Lodge. They told us that a two-week rolling rota system was operational. They told us that rota was 'flexed' as required, to ensure that sufficient numbers of staff were available during peak times.

The manager said that the staff team had undertaken training relevant to their work role and responsibilities, including the Common Induction Standards, Health and Safety, Food Hygiene, PoVA, Customer Care, Control Of Substances Hazardous to Health, Infection Control, Dementia and Fire Safety. They said that staff had instruction on safe moving and handling instruction and training relating to Skills for Life and National Vocational Qualification programmes were also offered.

When we visited the home we looked at the arrangements for recruiting, training and supervising staff so that they could care for residents appropriately. We looked at the recruitment file for four members of staff who had been employed to work in the

Evidence:

home. We saw that checks including Criminal Records Bureau disclosures and Independent Safeguarding Authority checks so as to determine their fitness to work in the home. We saw that where information was disclosed about one candidate that there was no evidence that this had been discussed or considered when making the decision to employ the person. We saw that while each person had references that these were from friends or colleagues for three people and not from their previous employers. This is not good practice and is not in line with the recruitment policy and procedure. We discussed our concerns with the manager and they said that all appropriate checks would be carried out for all newly employed staff.

We were provided with a training and supervision matrix and saw that there was a comprehensive training and development plan for all staff and that they received training in relation to the needs of people who lived in the home. We saw that staff met regularly with the manager to discuss ways of working and supporting residents.

We asked residents how they were treated by staff. One person told us 'staff are very nice'. Another person told us 'they are very very good'. Residents told us that staff were available when they needed them. Two of the four residents we spoke with said that they felt there could be more staff at times. One person told us that they 'had some serious concerns that there were not enough staff and that residents were left alone in the lounges at times'. We discussed this with the manager who said staffing levels were reviewed regularly and that there were plans to increase staffing levels on two of the units.

Management and administration

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

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

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

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

Evidence:

The manager told us in the Annual Quality Assurance Assessment about the changes made as a result of consulting with people who live in the home and their families. They told us that the residents guide had been modified to reflect the identified information needs of individuals who use the service, making it more meaningful for residents, and relevant to their day-to-day lives at Manor Lodge. They told us that the activities programme had been reviewed and updated so that it met the needs and preferences of the individuals. They told us that menus had been updated and were now presented more clearly.

The manager told us that there were regular meetings with residents and staff and that audits were carried out to monitor the service and to improve experiences for people living in the home. When we visited the home we spoke with residents and visitors. They told us that overall they were happy with the home and a number of

Evidence:

people made positive comments about the care, activities, environment, meals and staff. People told us that they felt that any issues or problems were dealt with promptly.

We looked at some records and saw that the home was well maintained and that appropriate checks were carried out and equipment and installations were kept in good working order, repaired and replaced where necessary.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

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

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
1	29	19	<p>People must only be employed to work in the home once all of the checks including references from previous employers and Criminal Records Bureau disclosures have been obtained.</p> <p>This must be done so as to ensure that only people who are suitable are employed to work in the home and that the interests and welfare of residents are protected.</p>	31/03/2010

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

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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