

Key inspection report

Care homes for adults (18-65 years)

Name:	151 Tunbury Avenue
Address:	151 Tunbury Avenue Chatham Kent ME5 9HY

The quality rating for this care home is:	one star adequate 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:
Eamonn Kelly	2 9 0 4 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 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 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:	151 Tunbury Avenue
Address:	151 Tunbury Avenue Chatham Kent ME5 9HY
Telephone number:	01634671768
Fax number:	
Email address:	tunburyave@mcch.org.uk
Provider web address:	www.mcch.co.uk

Name of registered provider(s):	MCCH Society Ltd
Name of registered manager (if applicable)	
Type of registration:	care home
Number of places registered:	3

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	3	0
Additional conditions:		
The maximum number of service users to be accommodated is 3.		
The registered person may provide the following category/ies 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								
Brief description of the care home								
151 Tunbury Avenue is one of a number of residential and other services managed by MCCH Society Ltd.								
The service specialises in supporting people who have learning and physical disabilities. The home enables access by staff and residents to transport shared between several homes run by MCCH.								

Brief description of the care home

Details of fees and other charges and information about services and facilities may be obtained from the manager.

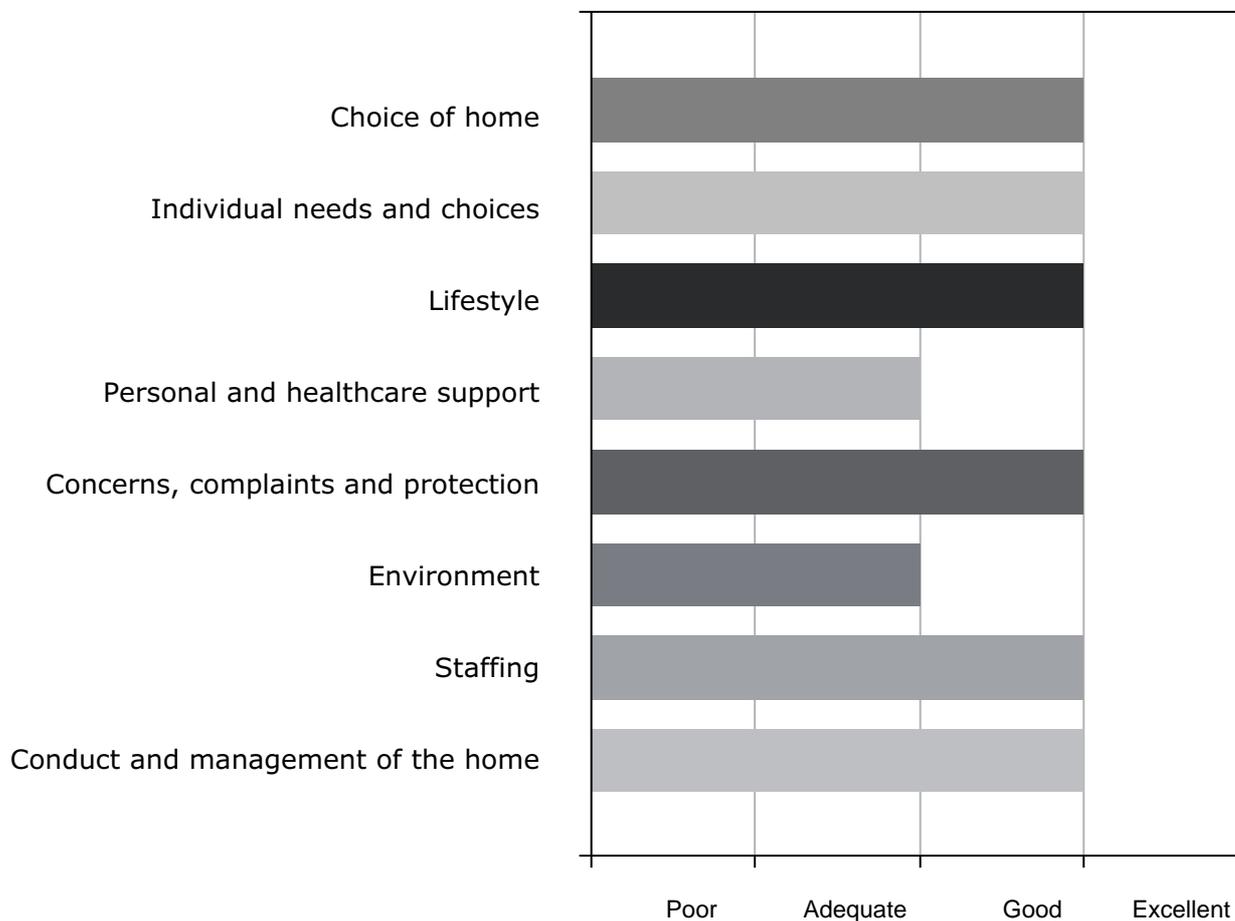
Summary

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

The quality rating for this care home is:

one star adequate service

Our judgement for each outcome:



How we did our inspection:

The quality rating for this service is 1-Star. This means that people who use the service continue to experience adequate quality outcomes.

The inspection took place on 29th April 2010. It comprised discussions with three support workers and three residents. The manager was not present at the time of the inspection visit.

Care practices were discussed and all parts of the premises were visited. Some records were seen during the visit principally those addressing the personal and healthcare support of residents.

We received an annual quality assurance assessment (AQAA). This provided information about how residents are currently supported and how the service is being developed. The information in the AQAA was helpful in the preparation of this report.

The previous inspection report and annual service review were checked as part of this inspection visit.

We received notification on 14th June 2010 from MCCH's deputy service development manager that active consideration is being given to improving the environment for service users.

What the care home does well:

Care plans contained information about how residents are progressing, aims of care identified by staff and agreed with residents, their health requirements and risks associated with their daily living and activities.

These essential records reflected the needs of residents and their aspirations.

The examples of risk assessments seen indicated that relevant risks are identified and accurately described. All members of staff have access to such records and they contribute to their review and upkeep. Each resident has a range of opportunities for leisure and developing their skills. There are suitable staffing arrangements in place to meet resident's general and personal support needs.

As part of modernisation developments, person centred planning is employed to enable decisions to be made as to the best longer term options for individual residents.

In examples of profiles discussed with staff during the inspection visit and from the content of personal folders of residents, it was clear that members of staff had in-depth knowledge of how to meet resident's support needs.

All members of staff hold an NVQ level 2 or above. This is a requirement for staff where they may need to work alone, for example, at night.

Staff demonstrated how they are able to monitor signs that could indicate residents are becoming unwell and, in such circumstances, medical assistance is obtained.

The company continues to measure the quality of its service in a number of ways including via its quality assurance system known as "Reach".

Close consideration is being given to the views of residents who may wish to seek a more independent way of life. Suitable accommodation and support is being identified and developed for those who seek this independence and for those who do not.

What has improved since the last inspection?

Placements are reviewed six monthly. There are guidelines in place to ensure that residents are not charged for anything that is agreed to be covered under the personal or local authority contract.

The licence agreement is now, according to the AQAA, in audio format.

Person centered planning has been continued to enable the staff team to focus on "Personalisation".

Medication arrangements have been reviewed and updated. Photographs of residents have been placed in the medication cabinet to ensure new staff (and, if employed, agency staff) are able to correctly identify residents without delay.

The service continues to follow Medway Councils Financial protocols and provide staff training around individualised budgets. It continues to monitor and act on any

complaints and concerns expressed by residents or others.

What they could do better:

The premises are not fully suitable for the care of residents.

This report contains a requirement relating to the need for bathroom facilities to be provided that meets the assessed needs of residents. The service should have complied with this requirement before December 2007.

We received notification on 14th June 2010 from MCCH's deputy service development manager that active consideration is being given to improving the environment for service users.

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

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

Details of our findings

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Choice of home

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

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, 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.

Residents have their individual aspirations and needs assessed before they enter residential care. These assessments form the basis of on-going care and support.

Evidence:

Potential residents, their families and advocates are able to obtain information about the range of MCCH services.

The AQAA (annual quality assurance assessment) prepared by the manager to assess the current service to residents and to identify areas for improvement stated that consideration is being given towards how residents could benefit from a more independent way of living. From discussion with staff during this visit to the premises, there were indications that some residents were involved in discussions that could lead to a more independent way of living at a new location.

The evidence from resident's files seen during the visit and discussion with three members of staff was that careful consideration is given during the time when an admission is being considered.

Evidence:

This includes carrying out a range of activities involving the potential resident, advocates, medical practitioners and care managers. Following this, a series of observations is carried out to enable staff to compile a care plan and relevant risk assessments.

The present situation is that if a resident moves to a more independent environment within MCCH, consideration would be given to assisting a new resident to take up residence.

Should this happen, the service must improve the standard of accommodation for the new resident and for the two other residents.

Care plan folders are subject to constant amendment as resident's needs are re-assessed and as the corresponding care plan and risk assessments are refined. There was evidence that risk assessments are carefully drawn up and amended as necessary.

Each resident is provided with a contract that outlines the main aspects of the responsibilities of both parties.

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

Residents are helped to make decisions and to express themselves as part of developing their confidence and quality of life.

Evidence:

Each resident has an individual care plan formed from original and subsequent assessments of their needs. They are encouraged to make their own decisions and choices. The support workers on duty provided an insight into how this is being achieved in the case of the three residents. The AQAA stated that the service has recently had an internal audit of resident's records, including health action plans and PCP (person-centred planning) files.

The service specialises in providing support to people with learning and physical disabilities. The premises are equipped to enable this objective to be achieved but more could be done to assist residents. For example, bathroom facilities should be upgraded for their benefit and that of staff.

Evidence:

Resident's files seen during the inspection outlined the support needs of residents and included information about all areas of their lives.

Support workers explained how the staff team have the skills and ability to support and encourage residents to be involved in the ongoing development of their plan.

Support workers outlined a variety of ways used to help residents communicate their aspirations.

From the evidence of individual profiles discussed, it was clear that members of staff had a good knowledge of the types of support residents need and, from the evidence of the support plans and risk assessments seen, the staff team are succeeding in helping residents exercise choice and make plans for the future.

The evidence was that residents have independent lifestyles with agreed levels of staff support and guidance.

We are aware that MCCH, within a person-centred framework, is well on its way towards restructuring its support arrangements. This includes whether residents might benefit from supported living arrangements within another part of the organisation.

Residents are supported to take reasonable risks to allow them to participate in a range of activities. Risk assessments, as stated above, indicated how relevant risks were assessed and kept under review. These, on the evidence seen during the inspection, are kept up-to-date and focus on how residents develop their skills and have their future aspirations recognised and addressed.

Examples of how support workers encouraged residents to undertake tasks, however small, were observed and it was apparent that residents benefitted from such participation.

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

Activities developed with each resident give them opportunities to exercise preferences on a day-to-day basis.

Evidence:

Support workers gave examples of how they and their colleagues seek to improve the lives of residents. Each resident has an agreed weekly timetable of activities and efforts are made to enable these to be carried out. The AQAA refers to how members of staff work towards ensuring that activities are appropriate for the disabilities and abilities of residents. Residents have trips to a number of locations. They have the benefit of access to a minibus and two members of staff are available as drivers.

Residents have access to TV/DVD within the premises. They benefit from staff support to go to the local town and places further away. Each resident has his/her bedroom maintained in a way they prefer.

Evidence:

There was evidence that daily routines are flexible to suit the different needs of residents. They are helped in keeping touch with family members.

According to staff, there is a varied menu and examples of how residents are included in meal preparation and planning were discussed during the visit to the premises.

The AQAA, in common with procedures at other homes run by MCCH, stated that there is emphasis on providing balanced meals that reflect individual taste and preference as well as healthy eating. Health action plans are being introduced and nutritional assessment tools are part of this process.

The AQAA contained information about how residents have care plans in place covering family contact, communication (including communication passports), promoting independence and life skills, leisure activities, daily routines and any restrictions due to assessed areas of risk.

Risk assessments are undertaken and recorded for identified hazards related to daily living or activities undertaken.

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.

Residents receive good physical, emotional and personal support. They are protected by procedures for administering medication.

More needs to be done by MCCH in meeting the personal care needs of residents.

Evidence:

The evidence from care plan records and discussion of individual profiles of residents indicated that they receive good healthcare and personal support.

This included access to GPs and NHS healthcare facilities. Regular appointments are seen as important and the evidence was that systems were in place to ensure they are not missed.

Medication was stored in a locked cupboard. A support worker outlined how close attention is paid to administering medicine effectively and to keeping MAR sheets properly completed.

MCCH provide advice and guidance to staff on the importance of medicine

Evidence:

administration. Where medication errors are identified, corrective action is taken with lessons learnt to help prevent re-occurrence. The Commission has been advised via the "notification" procedure of examples of medication errors identified and corrective action taken. Support workers said they were confident that current procedures are effective.

According to the examples seen and discussed with staff and one resident, resident's individual plans record their personal and healthcare needs and outline how these are being met.

Residents are not receiving the support they are entitled to because of inadequate bathroom facilities. This remains an outstanding requirement. The manager has identified this as an ongoing issue and referred to it in the AQAA. During the visit to the service, staff also referred to the fact that MCCH has obtained an OT report that recommends appropriate equipment to meet resident's bathing needs.

Residents must remain suspended from a ceiling hoist for safety purposes while they are being bathed. The current bath, a simple domestic model, was described by staff as being unsuitable for the needs of residents with significant physical disabilities.

The evidence was that residents who are wheelchair users need a suitable bath: staff explained and demonstrated that the process of transferring residents and ensuring that they are stable whilst transferring to the bath is not safe. We recommend also that this aspect of resident support is subject to specific and detailed recorded risk assessment for the benefit of staff and residents.

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.

Residents are protected from abuse by general and specific procedures practiced by staff.

Evidence:

Policies and procedures for safeguarding adults are available, according to the support workers on duty, to all members of staff and these give specific guidance to those using them. Staff working at the service said they understand local authority procedures for Safeguarding Adults.

We are notified of relevant incidents that occurred and reflection on these is reportedly used as part of quality assurance measures for the protection of residents.

Support workers said that these issues are included in the quality assurance programme for assessing the success to the service.

We understand that all staff attend regular supervision meetings. Staff on duty said these contribute to identifying areas where practice is good and where improvements might be possible for the benefit of staff and residents.

According to the AQAA, no complaints were received since the previous inspection visit. The AQAA stated that all members of staff are aware of the rights of residents and of how their interests must be identified and promoted. It outlined how the

Evidence:

company's quality assurance system focuses on issues consistent with current care standards with emphasis on making resident's quality of life progressively better. It also stated that all staff undertake safeguarding adults training updates. Members of staff said they welcome comments from resident's advocates about how care and support was provided.

The evidence was that recruitment procedures contain the checks (including CRB checks) necessary to help contribute to the protection of residents. A member of staff stated that MCCH have recently undertaken a range of checks for all staff relating to identity and CRB procedures.

Three members of staff outlined how staff receive information about their responsibilities under current ISA arrangements. We understand that all staff who work alone at any time, at night must have completed an NVQ qualification.

The evidence was that managers of services within the MCCH group are aware of the implications of the advent of the ISA (independent safeguarding authority).

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 premises are suitable for the support of residents. More could be done to assist residents with aspects of personal care and support.

Evidence:

Bedrooms were suitable for the needs of residents. Each person has his/her own bedroom that is well decorated and personalised with their own belongings. Each person has specialist equipment available because of their physical disabilities.

Residents, visitors and staff have access to a suitable garden.

The premises were clean and well maintained at the time of this inspection visit.

A declaration was made in the AQAA that all necessary checks are carried out and that the necessary safety certificates are in place and up-to-date.

The premises have, according to the AQAA, a fire risk assessment which complies with the the most recent Fire Safety Order.

Fire door-guards have been fitted to all relevant fire doors.

Evidence:

The AQAA outlined procedures relating to premises safety.

Residents have access to specialist equipment as a result of assessment and reviews of their support needs.

Residents are not receiving the support they need because of the inadequate bathing conditions.

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.

Residents are in the care of members of staff that are skilled in meeting their support needs.

Evidence:

As a result of discussions with managers at several MCCH services during other inspection visits and with three members of staff on this occasion, the evidence was that residents are protected in a number of ways including via the required recruitment procedures.

The AQAA contained the declarations necessary for this conclusion to be reached.

Managers, for example, ensure that CRB checks are taken up in every case and part of the recruitment procedure may be carried out in individual homes. We understand that this includes, in some instances, residents taking part in recruitment.

All new members of staff have induction and foundation training based on standards recommended by Skills for Care. We understand that all support workers are trained to NVQ Level 2 or above and others are completing NVQ training. On this occasion, members of staff stated that MCCH provides encouragement and opportunities to staff to obtain training in all essential topics and strongly encourages the acquisition of NVQ

Evidence:

qualifications.

Based on discussion with support workers on duty, it was evident that staff undertake formal supervision in a planned way to identify practice standards relevant to the needs of residents and staff and to progress the objectives of the staff team and aims of the service.

Members of staff met on this occasion stated that there are a minimum of two staff on duty at all times apart from at night when one support worker is on duty (awake).

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 **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 an environment that is well managed but more could be done to assist residents with better bathing facilities.

Evidence:

More could be done to assist residents with how their personal care is carried out. This requirement was made by us in the expectation that it would have been addressed by December 2007. The requirement is now repeated and we intend to take steps to seek compliance if the shortfall continues to be ignored.

Quality assurance questionnaires have been developed and are completed by resident's advocates and health/social care professionals with an annual report compiled from the results. We understand that managers in branches of the organisation and the registered responsible person for the overall service make assessments of this feedback and use it to progress the quality of the service.

Other procedures include reviews of care plans, staff meetings and regular 1-1 supervision. The service has a development plan and environmental risk assessments

Evidence:

are regularly conducted to ensure the safety of service users. Risk assessments for individuals form a key part of support in place for residents. The examples of risk assessments seen and the close involvement of support workers indicated that attention is given to the safety and comfort of residents. Support workers outlined how support workers take a special interest in keeping care plans updated for their benefit and that of residents. The medication system has been reviewed by the manager and improvements were made for the safety of residents. We are notified when errors in administration have been identified.

The AQAA described how emphasis is given to carrying out health and safety audits affecting the safety of premises and individuals.

Care plan and healthcare records seen indicated that there are procedures for meeting the needs of respective residents.

Declarations were included in the AQAA about the required checks to premises and associated procedures and safety certificates.

The manager has the experience and qualifications to run the care home in line with current legislation and standards.

From evidence seen during the inspection and from references in the AQAA, the use of a person centred approach is improving the lives of residents and giving support workers an effective framework to carry out their work professionally.

We understand that there is a twice daily hand-over of issues associated with client's monies. All finances are recorded and each resident has an individual finance book and lockable cash box. Local Authority finance officers control and audit resident's main account; residents receive their monthly personal allowance. The AQAA stated that detailed procedures are in place to ensure that financial irregularities do not occur.

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	27	23(2)(n)	<p>The registered person shall ensure that suitable adaptations are made and such support equipment and facilities as may be required are provided, for service users who are old infirm or physically disabled.</p> <p>In that the bathroom must be refurbished and fitted with a more suitable bath and shower facilities.</p> <p>Evidence that work is scheduled must be provided by the date given.</p>	31/12/2007

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	27	23	<p>The registered provider must provide service users with toilet and bathroom facilities which meet their assessed needs.</p> <p>The service specialises in meeting the needs of people with high support needs including those who need specialist hoisting facilities. The current bathing facilities are not sufficiently effective in meeting the needs of service users.</p>	04/10/2010

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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