

Key inspection report

Care homes for adults (18-65 years)

Name:	18 Marine Parade
Address:	18 Marine Parade Tankerton Whitstable Kent CT5 2BG

The quality rating for this care home is:

two star good service

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:
Julie Sumner	1 1 0 8 2 0 0 9

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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Information about the care home

Name of care home:	18 Marine Parade
Address:	18 Marine Parade Tankerton Whitstable Kent CT5 2BG
Telephone number:	01227772824
Fax number:	
Email address:	marine@mcch.org.uk
Provider web address:	www.mcch.co.uk

Name of registered provider(s):	MCCH Society 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
mental disorder, excluding learning disability or dementia	7	0
Additional conditions:		
The maximum number of service users to be accommodated is 7.		
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: Mental disorder, excluding learning disability or dementia (MD).		

Date of last inspection								
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Brief description of the care home

The company MCCH runs 18 Marine Parade. The home is registered to provide personal care and support to up to 7 adults with mental health needs. The home is detached and spacious with lounge, dining room, kitchen, office, 7 single rooms and two bathrooms, two shower rooms and toilets. Bedrooms have television points and wash hand basins. Accommodation is on two floors with the first floor accessed by stairs. The home has a large back garden with patio and seating area. The home is situated on the sea front at Whitstable with views from the front of the property overlooking the sea. The home has off road parking with further parking on the road. There are

Brief description of the care home

local shops, cafes and a bus stop nearby.

The Registered Provider supplies information to prospective service users through a variety of routes. These include the provision of a Service User Guide. This is a brochure which outlines the principal features of the facilities and services available in the Home. Also, there is another more detailed document called a Statement of Purpose, to which service users can refer if they wish to do so. The Registered Provider ensures that a copy of the most recent Inspection Report from the Commission is available for reference in the Home, if requested.

The current fees for the service start at around £750.00 a week and vary according to the assessed needs of each individual.

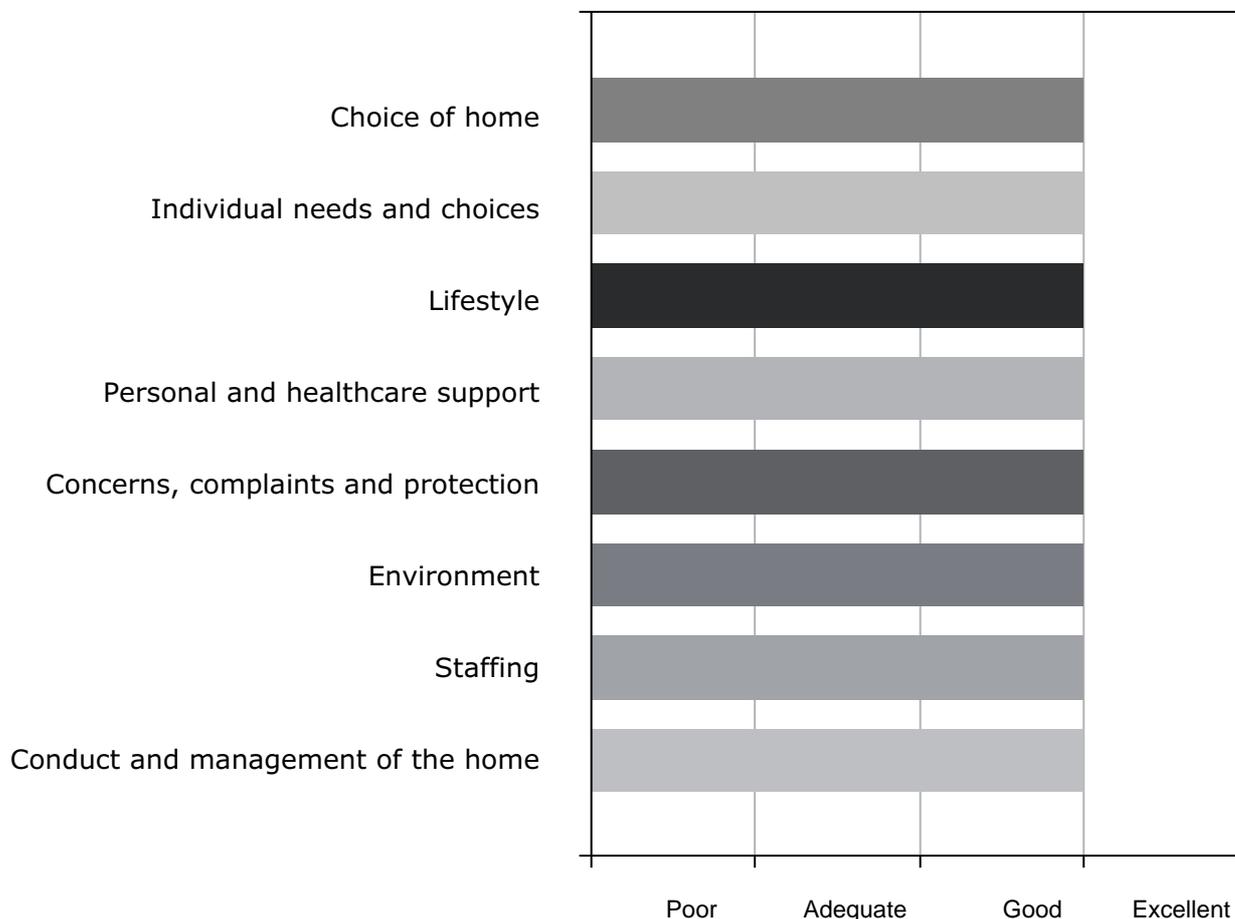
Summary

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:

The manager sent us an annual quality assurance assessment (AQAA) which tells us about the service provided, what improvements have been made and how they plan to develop it further. The AQAA was very clearly written and gave us all the information we needed to plan the inspection visit. The last inspection was carried out on 14th August 2007. An annual service review was carried out last year which is where we check the service and all the information we have about it but we do not visit the home.

For this inspection, we sent 5 surveys out to the people living in the home and 17 to the different people who are involved with them. We did not get any of these surveys back this time.

We visited the home without telling anyone we were coming so that we could see what they do on a usual day. We were in the home from 10.30 in the morning to around

4.30 in the afternoon.

Five people were living in the home when we visited and we talked to four of them about their lifestyle.

The manager was not working on the day we visited so we spoke to them on the telephone the next day.

We talked to all the staff who were working that day.

We had a look around in the house and outside.

We looked at some of the policies and procedures.

We looked at plans and records for supporting the people living in the home.

We also looked at staff records like what checks have been made before they started work and training they have been given.

What the care home does well:

The people living in the home said they like it and it is comfortable.

They said they like the staff and know them well. They said they are well supported and the staff listen to them.

We saw that people are supported well with their health, mental health and personal care.

The people living in the home said their meals are good and they like buying the food.

There is a good system of monitoring what people think of the home. The people living in the home and also people visiting can write in surveys what they think. There are also meetings and the people living in the home are asked if they would like anything to be better or different. A report is written by the manager and a development plan for any improvements that have been suggested.

What has improved since the last inspection?

The home is just beginning to make improvements again having had a period of time with no manager. The new manager is directing the service towards developing people's independence. They are developing person centred support. The people living in the home said they really like making their own meals instead of all having a meal together.

What they could do better:

Each person has a written support plan that contains good information. The staff support the people living in the home well but not all the support that each person has had is written in their plan. Some good work and some developments to people's skills and wellbeing are not reflected in the plan. We talked about introducing person centred planning and designing the plans with each person so that they can have them in a style that they would like. It may have photos or pictures and different colours. The manager said they are planning to introduce person centred planning and is going to include it in her development plan for the home.

Person centred planning training for the staff who have not had it would also be beneficial to assist in developing the plans.

The home needs a maintenance and renewal plan and the company need to respond to this in a timely way to keep the home well maintained. When parts of the home, furniture or equipment need to be repaired there are long delays before this is done. A request for the bathroom flooring to be renewed following the removal of a fixed hoist was made over a year ago and we saw the hole in the flooring during our visit. The manager said she would continue to discuss this at the managers meetings with the company.

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.

Admissions are not made to the home until a full needs assessment has been made and the person has had the opportunity to visit the home and decide if they like it.

Evidence:

The home does not usually offer intermediate or respite care.

One person has recently moved out of the home so there is a vacancy. When people are thinking of moving into the home an assessment is carried out by a care manager and community learning disability or mental health nurse.

All the people living in the home have lived there for some time. People develop independent skills and may move on to more independent living. Each person has an assessment that is completed each year to make sure that any changes and development are included. The plan of support is then designed based on this.

We looked at two assessments and we could see that they are clearly written with good information to assist the staff to support them.

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.

The service involves individuals in planning their care and support and understands the importance of each person taking control of their lives. Individuals are encouraged to make their own decisions and choices.

Evidence:

Each person has a plan of support. We looked at two of them and talked to the staff and the people living in the home about them. The information in these is well organised into sections. Each section starts with an assessment and then gives guidelines for the support needed by staff. The staff write down what has happened during the time they have been there so that it forms the daily record. The key worker looks at what has been written and talks to the person and then writes a monthly report. They write the plan together so that the person is involved and make the changes each month if needed. The person signs it if they are happy with it. The people living in the home told us they talk about the support they need. They said they like the home and the staff are nice

Evidence:

The staff said they talk to the people about how they would like to be supported. They also said they get to know the people very well so that they can see what their mental health is like and support them. We talked to the staff about person centred planning and how the different ways of designing the plan may make it more enjoyable for everyone to join in. They said there is a person centred planning (PCP) department in the company with a PCP manager who helps them.

We talked to the manager the next day over the telephone. She said that they did plan to introduce person centred planning and had some of the paperwork ready to be started. We talked about the support the staff give to each person. Some of the ways that the staff have helped each person to develop and some of the recent achievements have not been written down. This work and its success is therefore not documented. The manager agreed that introducing person centred planning would be a good way to make sure that what is happening and what is important is included in each person's plan.

The people living in the home are able to say what they want. We saw that the people take the lead in their lifestyle and the staff offer the support that is needed to maximise their independence. Each person is able to talk one to one with their key worker or member of staff they choose and express their views. Meetings are held to talk about what they want to do in the home.

We saw risk assessments in the plans. They contained clear information for staff to support individuals and minimise risk. The risk assessments were written in a general way and covered areas like cooking and smoking. They had review dates and the ones we looked at did not look like they change very much. It would be beneficial for these to be re-designed as part of the person centred planning process to make them more specific to the individual activities each person is participating in. The manager agreed with this and will be including person centred planning in the homes development plan which she is currently writing.

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.

The people living in the home are supported to live the lifestyle they choose to support their mental and physical wellbeing. People are encouraged to be independent and make their own lifestyle choices.

Evidence:

We spoke to four of the people living in the home and they told us about their lifestyle. Each person likes to go out and buy the food to cook their meals for the day. This is something that has changed recently. Everybody now chooses and cooks their own meal. They said they really like this. Some people have their main meal at lunchtime and some in the evening. The staff help them to prepare the meal depending on how much assistance each person needs. Each person decides on their own menu. One person has diabetes and he is supported with this. People are guided with healthy eating and budgeting.

Evidence:

People said they like to go out on their own and also with the staff. Some people like to go for walks along the seafront or go into town and meet friends and have a coffee. There are different clubs that people belong to and that they go to regularly. Some of the clubs are therapeutic where they go for hand massage, for example, and also have a social part because they meet people they know. People were happy with their lifestyle but they did say that as they have been short staffed they have been able to go out less when they need staff support. But they did know that new staff were starting in two weeks so this would soon be resolved.

People said they are supported to keep in touch with family and friends. The people who are most important to each individual are written in their support plan file with contact details. Surveys given out to relatives from the home said that visitors felt welcome. People have the support of other people outside the home to assist with going out and socialising. The staff explained that it is important to individual's mental health to keep active and get out so these visits are part of a person's support plan. The visitor came to the home during the day we were there.

Everybody has their own bedroom and their privacy is respected. People have locks to their rooms and somewhere to store valuable belongings. There are no unnecessary restrictions in the home and people are able to move around freely. People have their own parts of the fridge and storage space for their food. One person explained about this and said he had a drawer in the freezer too. They all said they much preferred this to having a family meal together.

People said they like to go on holiday. They are given the choice of going abroad and to go individually or in a group. One person said they did not want to go abroad this year but would like to go on a short break holiday and described what they wanted to do. We saw that this has been arranged and the person is looking forward to it.

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

The people living in the home are given the support they need to keep them healthy.

Evidence:

In the two support plans we looked at there was a section for health care and a section for mental health support. Personal care preferences were written in the care plan part. Each section starts with an assessment listing the needs of the person. After this there is more detailed information and guidelines for staff on how the person would like to be supported. We saw that people are able to access community health care services. People receive support from community mental health nurses, consultant psychiatrists, occupational therapists, speech and language therapist and community nurses. The advice and equipment given has been incorporated into individual's care plans. People are supported to access advocacy services. People also attend clinics and support groups where they are given support and advice about things like smoking and healthy living.

We asked the staff how they review the support a person needs for both their physical health and their mental health. Staff have received training in the how to support individuals with various medical conditions like diabetes. Staff showed us that they

Evidence:

write in the comments related to each section and this forms a daily record. They also said that staff know the people living in the home very well and recognise the signs when they are becoming unwell. The people living in the home are able to tell staff if they do not feel well. Records of appointments are also kept in the folder. We saw that appointments were made for people when they were needed. And we saw that any investigations or treatment that was advised was acted on by the staff and followed up.

We looked at the medication administration folder and at the medication storage. The home uses a monitored dosage system. The medication was well organised and the records were clear. We looked at the medication information in the care plans and talked to the staff about medication procedures. People are assessed to see if they would be able to manage all or part of their medication themselves. We talked to one of the people who administers his own medication and he explained how he does it. We could see that people are supported to be as independent with this as possible. We saw the records in the individual plans and the guidelines so that staff know how much support to give.

There is information for the staff about the medication that each person is taking. There is also information about the possible side effects to look out for and what to do. None of the people in the home are currently prescribed controlled medication. We saw in the training records that staff are trained to give medication. Medication checks are made by the manager and are also checked as part of the monthly visits carried out by a company representative.

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 people in the home are protected from abuse and their views are listened to and acted on.

Evidence:

The company has produced an easy to follow complaints procedure. The complaints procedure is located at the front of the home for all to see. All the people living in the home, their families and advocates, are given a copy when they move into the home. Staff are also given a copy when they start employment in the home. The people living in the home spoke about what they do if they have a problem or are worried about something. They said they talk to their key worker or the staff and can have a meeting with their care manager or community psychiatric nurse (CPN). They said they have house meetings and talk about different things.

In the individual support plans that we looked at we saw guidelines for staff or what to look out for and how to support a person if their mental health was starting to get low. We also talked to the staff about this and they explained how they support each person.

The home has a procedure for reporting suspected abuse. This policy gives step by step guidelines on how to report incidents and the details of the appropriate professionals who may need to be informed for both suspected abuse and complaints. Staff are also made aware of the whistle blowing policy. We saw that staff sign the

Evidence:

policies when they have read and understood them.

The company makes sure that a protection of vulnerable adults (POVA) check is carried out and a criminal records bureau disclosure (CRB) is requested before staff start employment in the home. This is to make sure that staff who are not suitable to work with the people living in the home do not work there.

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 home is clean and comfortable and suitable for the needs of the people living there.

Evidence:

We talked to the people living in the home and we had a look around parts of the home. People said the lounge furniture is comfortable and they have plenty of space.

The kitchen is spacious and everyone has their own food storage space organised.

All the bedrooms have been decorated and furnished to suit the individual and with their involvement. One person showed us his bedroom. He said he had chosen the colour and furniture and all the things in his room are his and he has arranged the way he likes.

Each person has their own bathroom and toilet. It is their responsibility to keep it clean with whatever support they need from the staff. The staff said this has improved the cleanliness as everyone just cleans up after themselves. We saw that the bathroom floors did not look in very good condition. And the bathroom downstairs has had the fixed floor hoist removed which has left a hole in the floor covering.

Evidence:

The staff said that the company has a maintenance department but they have to wait for jobs to be carried out as the department is quite small and covers the whole company. We looked at the maintenance records and the request for the bathroom floor was put into the maintenance department a year ago and the staff have heard nothing to say when it will be done.

We spoke to the manager about the floors over the telephone and she said that she agreed they need to be improved and said she would organise for this to happen.

The home does not have a cleaner. The people living in the home and the staff clean the home. We saw that the home looked clean and well organised. Some parts upstairs were not very fresh but people had been out and busy. One person said he was about to clean his toilet.

The laundry is suitable for the home. All staff have attended infection control training and equipment for this is available.

There is a spacious garden at the back of the house. One of the staff has helped the people living in the home to maintain it. There are plans to grow a vegetable patch and plant some flowers.

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 people living in the home have confidence that the staff will support them to meet their needs.

Evidence:

The company has a thorough recruitment process to make sure the people applying for the job are who they say they are and will work in the right manner. The company asks for identification like a passport and 2 references from people who know the person including their previous employer. They request a Criminal records bureau (CRB) check and protection of vulnerable adults list (POVA) check to make sure they have not done anything in the past that will indicate that they are unsuitable or cannot be trusted. Staff work for a trial period of time in the company while everyone gets to know each other and the member of staff decides whether this is the right job for them. One of the people living in the home said that they are short staffed at the moment. People said they like to go out with the staff but are able to go out on their own so the shortage of staff has not stopped them going out. They said they are happy in the home and the staff are good.

We talked to the staff during the visit and the manager over the telephone later about the staffing level. We also looked at the duty rota. The registered manager had retired at the end of last year and two staff had left the home. One of the senior staff has

Evidence:

been appointed as the manager. The current staff team are working extra hours to cover the vacancies and there are flexi staff working in the company who can cover the hours the team can not. If they cannot cover the shifts in this way, they call agency staff. But what they have found is that there is little benefit to having a member of agency staff who does not know the people. So if they are not able to cover the shift with someone everyone knows they work short. This had happened on the day of the visit. Two staff have been recruited from other homes in the company and will start working in the home at the end of this month. After discussion we agreed that the staff were acting in the best interests of the people living in the home and that no one was at risk.

We talked about staff training with the staff. They told us that they regularly attend training that they need to do to comply with the law like health and safety training. They also told us that they have training for their specific job roles and to support the individual needs of the people living in the home. We looked at the training matrix and some of the training certificates. We could see that staff have had training in mental health awareness, diabetes, challenging behaviour and supported living. Training is undertaken both in house and at local colleges. All the current staff have achieved their NVQ level 3 award.

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.

The manager has a clear understanding of the key principles and focus of the service. She is aware of the areas that need to develop and has plans to address these.

Evidence:

The registered manager retired at the end of last year. A new manager has been employed who was one of the senior support staff in the home so everyone knows her. The people in the home said they like her and can talk to her. The manager has been in post for two weeks and plans to make an application to become the registered manager. We talked about the quality monitoring in the home. We looked at the folder which contained the company's policy and plans for monitoring the quality of the service. The staff said they talk to the people living in the home to see what they want. They also give them surveys to fill in each year. There are surveys available for visitors to fill in. They can give these back anonymously if they wish. What people have said they want and ideas have been taken into consideration and changes have been made in the home in response. Recent changes that have been made as a result of what people have said is the new arrangements for cooking meals and everyone having their own toilet and being responsible for cleaning it.

Evidence:

We looked at the last group of surveys and the overall report of how the service is doing, that the previous manager wrote. There was a plan that was being drafted that will form the development plan. The manager told us that she is writing that and will incorporate the areas that need to improve that we talked about from this visit.

A representative from the company visits the home each month to make sure everything and everyone is ok and help with any issues. They write a report about their visit.

The staff have attended fire training and other training required by law for health, safety and wellbeing. The fire safety equipment was being tested during the visit. We looked at the fire log. The home has regular servicing for its heating, water and equipment. All substances hazardous to health are kept locked away. The manager and staff know who to and when they need to report incidents and accidents. We looked at some of the certificates to check.

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

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

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