



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for adults (18-65 years)

Name:	2 Herondale
Address:	2 Herondale Basildon Essex SS14 1RR

The quality rating for this care home is:

two star good service

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

Lead inspector:	Date:
Alan Thompson	1 7 0 9 2 0 0 9

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The Commission for Social Care Inspection aims to:

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

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

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	2 Herondale
Address:	2 Herondale Basildon Essex SS14 1RR
Telephone number:	01268523399
Fax number:	01268523399
Email address:	herondale@mcch.org.uk
Provider web address:	www.mcch.co.uk

Name of registered provider(s):	MCCH Society Ltd
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Type of registration:	care home
Number of places registered:	8

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
mental disorder, excluding learning disability or dementia	8	8
Additional conditions:		

Date of last inspection								
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Brief description of the care home
<p>2 Herondale is registered to provide personal care and accommodation to a maximum of eight adults with a mental disorder. This includes service users aged 18 to 65 years as well as older people over 65 years of age. This does not include people who may have dementia or a learning disability.</p> <p>The home is a modern purpose built premises set in a residential area of Basildon. The accommodation is on two floors with eight single bedrooms some of which are on the ground floor. Service users have use of the lounge, separate dining room, quiet smoking room, laundry and kitchen. There is a shaft lift access between the ground and first floors. The home has a garden to the rear and adequate parking to the front. It is also close to local shops and Basildon town centre can be reached on foot or by</p>

Brief description of the care home

public transport.

Information about the home is made available to prospective residents in the Statement of Purpose and Service Users Guide. The current weekly fees are £955. Extra charges are made for hairdressing, chiropody, toiletries, activities and holidays.

CQC inspection reports can be obtained from the home, or via the CQC internet website, www.cqc.org.uk.

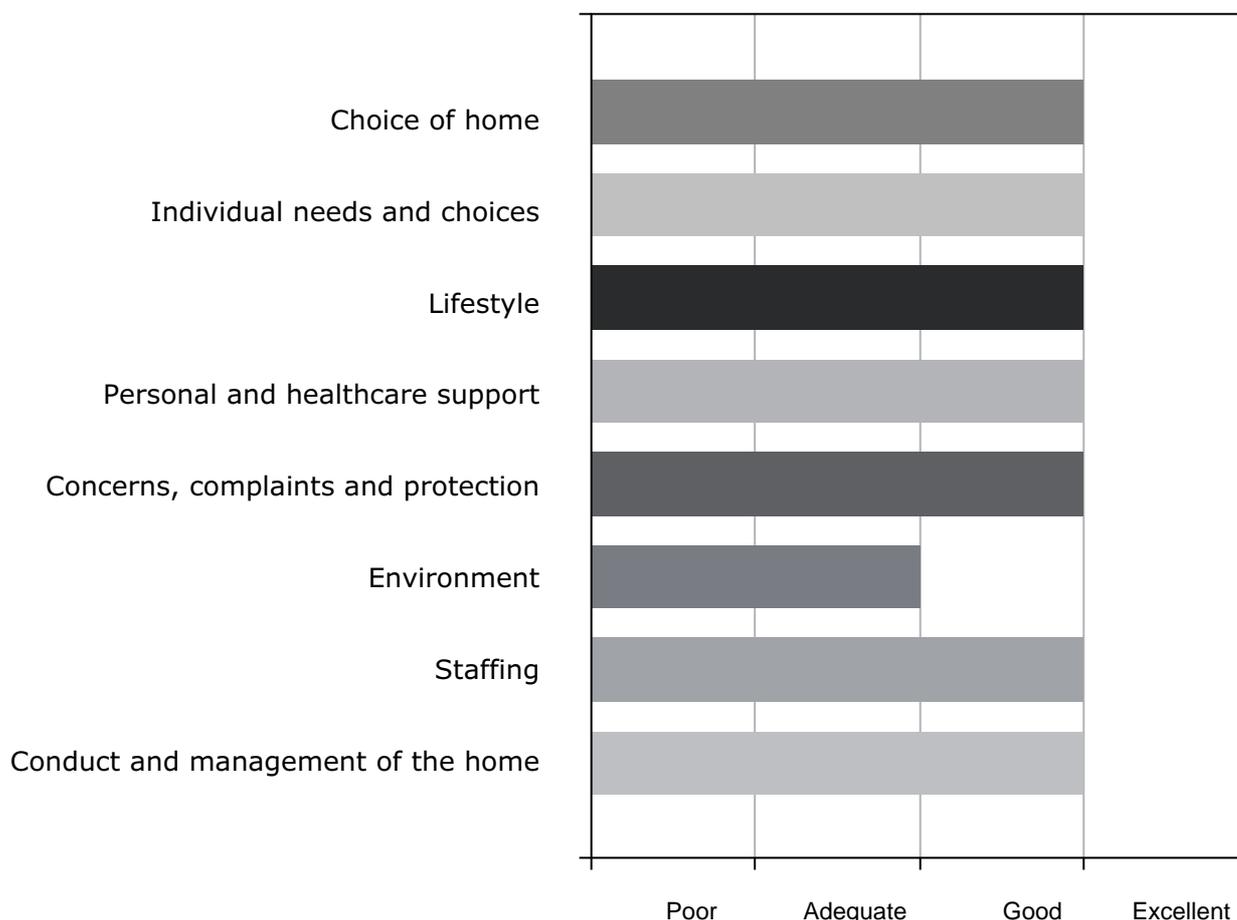
Summary

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 unannounced key inspection commenced on Wednesday 26th August 2009 with a second announced visit to the home on 17th September.

Our most recent inspection before this was on 28th August 2007.

The content of this report reflects the inspector's findings on the days of the inspection along with information provided by the service and feedback by service users, staff and other parties. The senior support worker assisted us when we first visited and the manager was there for our second visit.

The manager completed and returned their Annual Quality Assurance Assessment (AQAA) to us in time for the inspection. This is a self assessment required by law which gives homes the opportunity of recording what they think they do well, what they could

do better, what has improved in the previous twelve months as well as their future plans for improving the service. Some of the information and detail provided within the AQAA has been included in this report.

Discussions were entered into with service users, the manager and staff on duty. CQC survey questionnaires were also provided to service users and staff. We received five completed surveys and reference to feedback from these has been made within this report.

Random samples of records, policies and procedures were inspected and a tour of parts of the premises and grounds took place.

All matters relating to the outcome of the inspection were discussed with the manager of the home, with full opportunity for discussion given and/or clarification where necessary.

What the care home does well:

This home had a friendly and a supportive atmosphere.

Staff on duty were knowledgeable about service users support needs and the staff team worked together well.

Service users are involved, as appropriate, in the day-to-day planning of their own care and in the way the home is managed on a daily basis.

What has improved since the last inspection?

Records kept included details of the food provided to service users.

Staff had been trained in mental health awareness.

What they could do better:

Doors in some corridors were marked/dirty and need cleaning and/or redecoration.

The carpet in the groundfloor corridor looked dirty and in need of cleaning or renewal.

Staff induction training records should be signed and dated by the trainer and the trainee.

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

The report of this inspection is available from our website www.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.

People who wish to use this service can be sure that their needs can be met.

Evidence:

The current service users are placed and funded by either health trusts or social services. Records confirmed that these organisations had provided an assessment of needs to the home before admission.

Two new service users had moved into the home since the last inspection and admission information was looked at. Included was information on the individual's background, with assessed areas under headings of personal care, leisure and social interest/needs, communication, behaviours, family and professional involvement, risks, daily living, medical and health and spiritual needs. The file looked at contained the information needed for staff to provide the right initial support when the service user first moves in.

Discussion with service users and comments in service user surveys returned to us confirmed that they were asked if they wanted to move into this home and could look

Evidence:

around before deciding. One said it was their choice to live at 2 Herondale.

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 information in care plans ensures that people's needs could be met in a way they would wish.

Evidence:

At the time of this inspection there were eight service users living at 2 Herondale. Two of their support plan files were inspected. These had risk assessments with guidelines for staff on methods to minimise risk and had been reviewed on a monthly basis. Risks were considered by looking at the hazard, the possible effects of the hazard, the level of risk, and showed details of the steps needed to reduce this.

Files seen included behaviour plans with guidance for staff on how to manage incidents and aggression. Staff had received training on responding too and managing aggression. Training records seen and staff spoken with confirmed this.

A new support plan format had been introduced since our last inspection these included detailed information for staff on how to meet people's needs under headings

Evidence:

that included personal hygiene, medication, health, financial, domestic, activities, mental health, nutrition and diet. Each area of assessed need showed the goal/aim, the agreed objectives, the expected outcome and the next review date. All care plans had been regularly reviewed with a daily record completed by staff which was linked to the support plan objectives. Healthcare issues were seen recorded on service users files including visits to medical professionals, social workers, hospital visits, GP consultations, opticians and chiropodists.

The manager confirmed that service user meetings take place every month to ensure their views and opinions about the service are listed too. Minutes of meetings held in July, August and September 2009 had included discussion on staffing, mealtimes, activities, holidays, and cleaning. Service users comments were included.

Service users spoken with confirmed that they thought they are included in day to day decision making within the home, with staff offering choices around routines and events.

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.

People living in 2 Herondale can expect to have a lifestyle that matches their expectations through opportunities for activity, and enjoyable food.

Evidence:

The manager advised that one service user had a voluntary job in Basildon town centre. The service user travels there independently. The person's key worker had supported them in finding this work and staff will support other service users in finding work if they wish.

College courses are attended by five service users and all have the option to join in with this activity. Staff stay with them at college to offer guidance and support. Courses currently attended were jewellery making, cooking, english, maths and sound and rhythm. Staff support some people to access community interests and activities, some others are able to access the local community independently, walking or using

Evidence:

bus services to go to the shops, library and to meet friends. Those service users who do have staff support to get to places outside the home travel around in the staff cars.

Records had been kept of daily in house daily activities offered and there was a weekly activities plan which showed games, baking, singalongs and household chores as regular activities taken part in.

Service users spoken with confirmed that they were satisfied with the interests available to them, and some were looking forward to a holiday booked the week following our inspection.

Service users see their families and friends regularly and either walk, use taxis or staff cars to get to their visits. One person travels independently by air to stay with family who live a long way from the home, staff support this contact by driving the person to the airport. Contact for all service users includes regular visits home, including overnight stays. Records had been kept of contact with family and friends. Service users privacy is respected and the senior support worker confirmed that staff enter bedrooms only with the individual's permission, unless the welfare or well being of the service user is in question. All service users have keys to their rooms and all have a front door key if they wish.

Throughout this inspection staff were observed to interact appropriately with service users and appeared to always use the individual's preferred form of address. Discussions between service users and staff about routines and choices were taking place throughout the inspection and the atmosphere in the home was supportive and friendly. Service users were seen regularly making their views and opinions known to staff.

Menus and nutrition records were inspected and evidenced a varied and balanced diet. Staff on duty said that weekly menus are decided with service users every Sunday, and service users spoken with confirmed that they choose the meals they want. Service users usually get their own breakfast and lunch from the kitchen at times they decide, with staff on hand to provide guidance and support if cooking is involved. During our visit service users were seen to get their own meals, drinks and snacks from the kitchen with staff close by if needed. The evening meal is the main meal of the day which staff prepare and cook.

Service users spoken with said they liked the food. Actual comments made included, 'the food is pretty good', 'the food is quite good', 'I like the food'.

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.

People living at 2 Herondale can expect to receive support in an appropriate and dignified way that meets their needs.

Evidence:

Care records and discussion with service users and staff confirm that service users are fully supported in making their own choices around clothing styles, hairstyles and general appearance. Support plans included preferences around daily routines, and details of the levels of personal care support required were also seen documented.

Service users spoken with confirmed that they liked the staff and were satisfied with the care provided them in the home.

Care files contained assessment of healthcare needs. The current service user group are offered staff support and guidance in recognition of their individual healthcare needs and people's ongoing healthcare needs were recorded within individual support plans, and updated in the daily care notes.

Some service users regularly visit community based healthcare services including

Evidence:

community psychiatric nurses (CPN) and the GP independently, others have staff support for all appointments outside the home.

All service users were receiving full staff support with their medication needs, and service user care files included signed consent to staff providing this support.

Some of the current service users did not appear to have a full understanding or awareness of the medical reasons for medication regimes prescribed to them. The manager confirmed that if service users refused medication then advice and encouragement is offered to them to understand the reason for the prescribed dosage. If they continue to refuse their prescribed medication the CPN is contacted for advice.

The home's written medication procedure/policy clarified policies on homely remedies, side effects of the medicines prescribed the storage of medicines and of administering prescribed dosages. Records were seen relating to the reordering and returns of unused medication. A random sample of medication administration records and stocks of current medication were inspected. No errors were noted.

Training records looked at included evidence that staff had undergone training relating to the medication practices and procedures used in the home. For most staff this had been provided by a community college and the syllabus had covered, receipt, storage, administration and disposal of unused drugs. Staff who did not complete the college training had undergone the provider's own in-house medication training. Evidence of both training routes was seen and staff spoken with confirmed they had been trained on medication administration. The manager advised that staff also have to undergo an annual competency assessment to ensure they observe continued good practice. Records of this training were also seen.

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.

Practices in the home safeguard service users and ensure that concerns are listened to and addressed.

Evidence:

The manager had a complaints procedure in place, which clarified the complaints process and the timescales that the manager should respond to the complainant. There was also guidance for staff on recording a complaint.

There was also a pictorial style complaints procedure for service users. These were displayed in people's rooms and indicated to service users that they have a right to feel unhappy and gave them advice on who to speak to if they were dissatisfied or concerned about anything. Comments made by service users verbally and in service user surveys confirmed that if they were unhappy they would speak with staff or speak with the manager. All service users have active involvement with their respective families or friends, and most had regular contact with external health/social care professionals. The home has links with a local advocacy befriending service, and was able to demonstrate that this service is used by service users who are interested.

There was a set template form for recording complaints and a complaints record. There had been two complaints recorded since the last inspection, one of these was by a service user and one by a neighbour. The manager showed us records to confirm that both issues had been properly recorded and investigated. One issue had been

Evidence:

resolved and one was ongoing.

In the home was a copy of the safeguarding adults policy and procedure produced by the registered provider, and a copy of the local safeguarding procedural guidelines. These documents included detailed guidance for staff on the adult protection procedures and on types of abuse that may occur.

Staff had been trained on safeguarding vulnerable adults from abuse. This included both in-house training and an external trainer coming in to the home. Staff spoken with confirmed they had been trained on abuse issues and understood what was meant by safeguarding adults from harm. They also said that if they suspected abuse had occurred then they would contact the manager or other senior person. Also seen in the home was a whistleblowing policy which clarified staffs' responsibility to report any suspected abuse.

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.

Service users live in a comfortable and homely environment, but not all parts of the home were well maintained and clean.

Evidence:

During the inspection a partial tour of the home was made accompanied by the deputy manager and the manager. The lounge, dining room and kitchen looked clean and well furnished, decorated and maintained. Unfortunately some doors throughout the home looked dirty and were marked, and carpets in the groundfloor hallway looked dirty. The deputy manager said that the home had been redecorated since our last inspection and service users spoken with told us the house had been redecorated, nonetheless we believe that further redecoration/cleaning is needed to the corridor areas mentioned above.

All private rooms are singles with two of these on the groundfloor and six on the first floor. Private rooms seen had wash hand basin, wardrobes and adequate storage facilities.

Bathing facilities and toilets comprised of a separate wc and one bathroom with bath, shower and wc on the groundfloor, with a second bathroom with bath, shower and wc and a separate large shower room with wc on the first floor.

Evidence:

Service users spoken with said their rooms were comfortable and confirmed that they were satisfied with the facilities in the home. They also said that staff supported them to keep their rooms clean.

The manager confirmed that service users are provided opportunities to personalise their rooms to their own tastes and requirements, and some rooms inspected included various items of personal possessions according to individual choices.

The laundry room was on the ground floor and looked well equipped with sufficient space for the numbers of service users in the home.

The home has a garden which could be accessed from the kitchen or from the lounge room. The garden looked acceptably maintained and had seating and a small covered area for people to sit under. There is a driveway at the front of the property which provides car parking for staff and visitors.

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.

People using this service are well supported by a team of properly recruited and trained staff.

Evidence:

A clear organised staff rota was available for inspection. On the day of the inspection eight service users were living at 2 Herondale. Daytime staffing was a minimum of two staff on duty. At night there is one waking member of staff with one person sleeping in on call. Daytime staffing levels are increased to ensure that there is sufficient support to accompany service users to college, activities and health appointments etc. The manager's hours are mostly supernumery (extra).

The senior support worker and staff spoken with confirmed that monthly staff meetings take place to ensure that all are kept informed of relevant issues and are able to take part in planning and decision making in the home. Minutes of past meetings were seen. Discussion had included service user issues, staff responsibilities, care plans, key worker role, service users activities and routines.

Staff recruitment records were looked at. Once the person commences work these records are transferred to the providers area office for storage. We visited the office to check records for a member of staff employed since our last inspection. These

Evidence:

evidenced that proper recruitment procedures had been followed with an application form, interview record, references, proof of ID, a record that a CRB check had been obtained, job description and contract of employment seen.

New staff are subject to initial orientation induction during which time they receive basic in-house induction training covering health and safety and fire procedures. Evidence of this process was seen however records of this training did not include signatures by management and the staff member to confirm completion. After initial induction new staff then commence full induction based on the Skills for Care common induction standards for social care staff modules. Evidence of this was seen and staff spoken to confirmed that they received induction training when they started working at the home.

Staff training records had been kept on staff files, with a training matrix and copies of training certificates seen to evidence training provided to staff. This included, mental health awareness, NVQ, care planning, fire safety, adult protection, moving and handling, schizophrenia, epilepsy, challenging behaviour, food hygiene, diabetes, medication, first aid, infection control, health and safety, risk assessment and deprivation of liberty.

Staff spoken with confirmed they were supported by the manager. They also said that they had been offered good training opportunities appropriate to their roles. Staff were open, friendly and had a good understanding of work practices and routines. The observed rapport between staff and service users was supportive and friendly.

Records were seen to confirm that regular 1 to 1 staff supervision and support had been held since our last inspection. Staff confirmed that they had regular meetings with the manager and that they found these useful in relation to their work. Meetings had been held every 6 to 8 weeks and had covered service user issues, practice issues, training and personal development.

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.

People live in a home that is managed and run in their best interests .

Evidence:

The manager has been in post for seven years and holds the registered managers award. The manager is currently studying for the NVQ level 4. Comments in conversation with staff and in surveys returned to us about management of the home confirmed that staff thought they were supported by the manager.

The manager said that the registered providers annual quality assurance (QA) process involved service users and stakeholders views sought by sending them survey questionnaire forms for completion. We looked at surveys returned for 2009 from service users, relatives, friends and health professionals. Views were sought on the food provided, activities, staff competencies, complaints and freedom. The responses had been collated by the manager who had written to people to confirm what actions had been taken in relation to the issues raised.

Random samples of records required to be kept by regulation were inspected. These

Evidence:

included regulation 26 reports (monthly registered person report), staff rota, visitor book, nutrition records, assessments, care plans, staff recruitment, complaints, medication records, service user monies held for safekeeping, fire procedures and fire drills. All seen had been acceptably maintained.

Records seen and discussions with staff confirmed that staff had received training in first aid, fire safety, health and safety and food safety.

Service records were also looked at and showed that the home's fire alarms, fire equipment, lift, hoists, emergency lights, gas systems, electrical installation supply and portable electrical appliances had all been tested/serviced within recommended timescales.

The manager confirmed that hot water supply is delivered at or near 43 degrees Celsius, and that weekly checks on this take place. Records of this were seen as were records of annual checks of the home's water tanks to try to minimise the risk of legionella.

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	24	23	<p>Marked and dirty doors in corridors need to be cleaned and carpets in the ground floor corridor need cleaning or replacing.</p> <p>This is to ensure that service users live in a clean and well maintained environment.</p>	29/01/2010

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
1	35	Staff induction training records should be signed and dated by the trainer and the trainee.

Helpline:

Telephone: 03000 616161 or

Textphone: or

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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