



Making Social Care  
Better for People

Inspecting for better lives

# Key inspection report

## Care homes for adults (18-65 years)

<b>Name:</b>	3 Lenham Road
<b>Address:</b>	3 Lenham Road Headcorn Ashford Kent TN27 9TU

The quality rating for this care home is:

three star excellent service

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

<b>Lead inspector:</b>	<b>Date:</b>
Robert Pettiford	1 5 0 4 2 0 0 9

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

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

**Outcome area (for example Choice of home)**

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

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

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

**This is what people staying in this care home experience:**

Judgement:

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

Evidence:

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

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at [www.dh.gov.uk](http://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](http://www.tso.co.uk/bookshop)

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

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

## Reader Information

Document Purpose	Inspection report
Author	CSCI
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
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Internet address	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>

## Information about the care home

Name of care home:	3 Lenham Road
Address:	3 Lenham Road Headcorn Ashford Kent TN27 9TU
Telephone number:	01622891067
Fax number:	
Email address:	k.belcher@mcch.org.uk
Provider web address:	

Name of registered provider(s):	MCCH Society Ltd
Name of registered manager (if applicable)	
Mrs Karen Pay	
Miss Katherine Reeves	
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								
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### Brief description of the care home

3 Lenham Road is one of a group of small care homes managed by MCCH Society Ltd. The home provides care for three adults aged 18 -65 years with a Learning Disability. It is a 10-minute walk from Headcorn village centre and very close to a local shop.

The accommodation is provided on two floors, with the three bedrooms on the first floor. All three bedrooms are single. Residents share a first floor bathroom and toilet

## Brief description of the care home

facilities. The staff sleep-in room is located on the ground floor adjacent to the entrance hall. The ground floor also has a toilet, an adapted shower facility, dining room, kitchen and lounge.

The staff roster allows for one member of staff on a sleep in duty at night. The home has no staff employed to be responsible for catering and domestic duties, and the usual routine is for all staff and residents to undertake these duties.

The cost of the service is dependant on assessment. Extra charges are payable for personal items such as toiletries, clothes, magazines.

Information on the homes services for prospective service users will be detailed in the Statement of Purpose and Service User Guide.

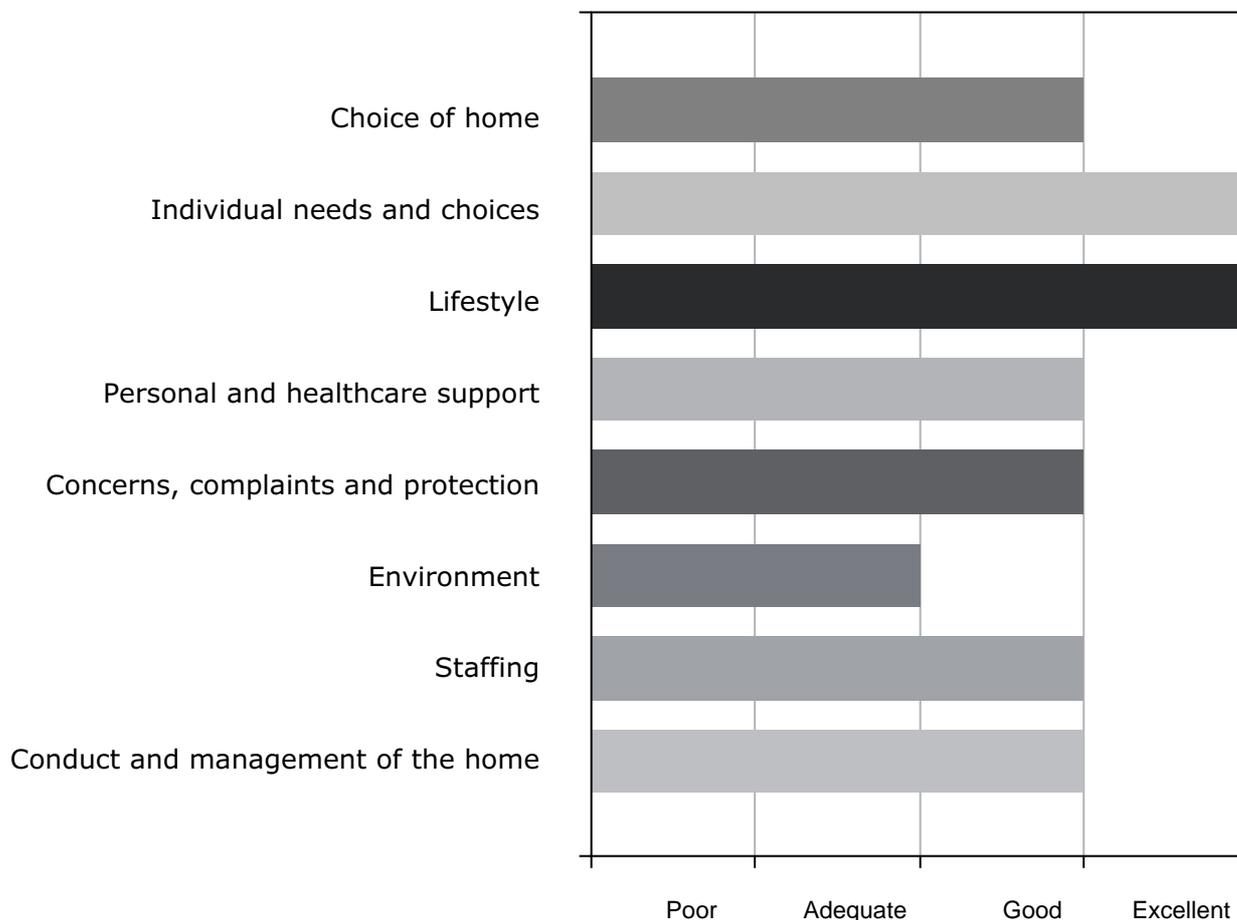
## Summary

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

The quality rating for this care home is:

three star excellent service

### Our judgement for each outcome:



### How we did our inspection:

The inspection took place at 8:45AM on 15th April 2009

We agreed and explained the inspection process with the manager.

The focus of the inspection was to assess the home in accordance with the Care Home Regulations 2001 and the National Minimum Standards for Younger Adults. In some instances the judgement of compliance was based solely on verbal responses given by those spoken with.

We used a varied method of gathering evidence to complete this inspection, pre inspection information such as the previous report and discussion and correspondence

with the registered provider/manager was used in the planning process. This was to support us to explore any issues of concern and verify practise and service provision. The home had completed an annual quality assurance assessment questionnaire (AQAA). This provided us with information relating to What the home considers it does well, What we could do better, What has improved within the last 12 months and plans for improvement.

The judgements have been made using the Key Lines of Regulatory Assessment (KLORA), which are guidelines that enable the Commission to be able to make an informed decision about outcome areas. Further information can be found on the Commissions website with regards to information on KLORA's and AQAA's.

Documentation and records were read. Time was spent reading a sample of written policies and procedures, reviewing care plans and records kept within the home. Other area's viewed included risk assessments, pre-admission assessments, rota's, and training records. In addition an environmental tour took place.

We identified a resident for case tracking (a review of the level of care and support needed, and if it is being provided in a way that treats them with respect and dignity).

### **What the care home does well:**

It is evident through us talking to members of staff that the emotional health of the residents is of a high priority to the home and that staff are pro-active in maintaining and supporting residents with their emotional needs in order to maintain their quality of life in accordance to their plan of care.

Staff demonstrate their commitment to achieving best outcomes for residents. Staff stated they expressed job satisfaction and confidence in the management of the home. Residents who spoke to us confirmed in their own words that they receive a good quality of care from staff who are courteous, respectful, communicate well, are trained and experienced and deliver care in a individualised and professional manner.

A resident spoke highly of the care staff and felt that they enjoyed the activities they participated in and the opportunities to learn new skills.

### **What has improved since the last inspection?**

It was evident through the inspection process that the home is taking steps to improve the standards of care. Improvements were noted in respect of the identified areas from the last inspection. The home has a new manager who is currently applying to be the registered manager and the provider now carries out regular visits to monitor standards of care within the home.

### **What they could do better:**

The inspection identified several areas that were in need of being addressed. The management of the home has recognised the shortfalls and has indicated a willingness to work with the Commission to ensure that any shortfalls are addressed.

The main areas that were identified were :-

The standard of internal decoration and fixtures and fittings were seen to be of a variable quality. The home would benefit from a degree of re decoration and refurbishment. Carpeting in high traffic areas was dirty and paintwork in some areas was in need of attention. The front and back garden was overgrown and uncared for. The manager was requested to look towards addressing these issues, some of the issues are however planned to be actioned.

Appointed persons of the registered provider of the home regularly visit the home and complete what is known as a Regulation 26 visits. This requires the provider to assess the quality of care within the home. The inspections are carried out by a variety of managers of the provider's homes, which in the opinion of the Commission does not aid consistency. It was also recommended that set standards are reviewed at each visit which have a direct immediate impact on the quality of care. Such core areas of review to be determined by the registered provider.

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](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto: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 can be confident that their needs will be properly assessed prior to moving to the home.

Evidence:

The standard relating to the assessment of residents prior to them moving into the home was met from the previous inspection. No evidence or intelligence would suggest that the process does not continue to meet with the required standard. Records showed at the previous inspection that residents have an assessment, which identifies their individual needs prior to or on admission to the home. This is then reflected into the care plans and these are developed in agreement with the individual where possible.

The assessment process as shown in the AQAA recognises cultural needs and the importance of promoting equality and diversity rather than just meeting needs in a reactive manner.



## Individual needs and choices

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

People's needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

This is what people staying in this care home experience:

Judgement:

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

Residents benefit from having clear individual plans that are comprehensive, identify their needs and are specific to the individual.

Care plans showed that residents are enabled to make decisions and choices and enabled to take responsible risks through a thorough risk assessment process.

Evidence:

The staff of the home are strongly committed to supporting all residents including those with limited communication to make informed decisions, understand the range of options which are available to them and have the right to take responsible risks. Evidence of this was gathered through talking to the residents and staff.

The care plans fully documented all physical and emotional health care needs. Evidence was available that the resident is central to the care planning process. Within the care plans records of health care provided by G.P (General Practitioner),

## Evidence:

chiropracist, dentist, and opticians were evident.

Residents physical and emotional health is monitored on a daily basis. Through their daily records and these correspond with records held in the care plans. This system ensures that all Residents receive continuity of care and supports potential complications and problems at an early stage.

It is evident through records that the emotional health support is of a high priority to this home and the staff are pro-active in maintaining and supporting residents with their emotional needs in order to maintain their quality of life.

There were clear guidelines in respect to routines and supporting the residents with their needs. The member of staff assisting with the inspection confirmed that these are reviewed with health care professionals, relatives and residents where possible on a regular basis. We viewed a sample of care plans, which showed short and long term goals.

The plans of care follow the principles of person centred planning. Staff support and encourage the individual to be fully involved.

Resident's rights to make decisions are respected and the care plans reflected their ability to make an informed judgement where possible. Care plans included information concerning the preferred lifestyle and choices.

During the inspection we noted that residents were seen making choices about their lives and were seen to be part of the decision process where possible. A relaxed atmosphere was noted with the residents interacting with staff.

We found that the home has a genuine commitment to supporting residents to contribute in the day-to-day running of the home. Staff were responsive and receptive to the residents input. Examples of such included choosing activities and planning of the day ahead.

There were guidelines in respect to routines and behaviour. The member of staff confirmed that these are reviewed with the residents on a regular basis and the families are supported to be involved where possible.

Care plans include risk assessments. Management of risk takes into account the specialist needs and age of people who use the service, balanced with their aspirations for independence, choice and normal living.



## Lifestyle

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

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

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

This is what people staying in this care home experience:

Judgement:

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

Residents can be confident that they are offered a range of opportunities for personal development and feel part of the wider community.

Residents engage in a good level of activities which are appropriate to their needs and capabilities. Residents are supported to maintain contact with family and friends, which ensures they continue to receive stimulation and emotional support.

The residents benefit from the appetising meals and balanced diet offered at the home.

Evidence:

Discussion with staff and residents confirmed that the level of activities were of a good level and that they enjoyed many leisure and recreational activities both inside and

Evidence:

outside the home.

We joined residents at 8:45am while they were getting ready for the day. We had the opportunity to speak to one of the residents who expressed their opinion of the home and the activities they participated in and enjoyed. Another resident were observed participating and interacting with staff. Residents have been enabled to and encouraged to participate in hobbies and activities which they had an interest in.

The AQAA showed that the residents have a basic layout of activities available to them throughout the week but this is flexible to their choice. They use a person centred approach and ask on a day to day basis whether they wish to attend.

The AQAA states that the current residents are not currently interested in employment, but do enjoy many leisure activities. They access Club Connect, Gateway Club, Maidstone Bowling, Church activities, as well as the local village, pubs, shops, theatres, cinema etc

The service actively encourages and provides varied opportunities for residents to develop and maintain social, emotional, communication and independent living skills. The staff have a good ethos and focuses on involving residents in all areas of their life.

It was confirmed that residents are enabled to maintain contact with relatives and friends where they wished to do so.

The AQAA and other evidence showed that residents are encouraged to use all aspects of their home according to their ability and wishes - these include laundry, cooking and cleaning. Residents are encouraged to pursue activities, hobbies and interests both inside and outside of the home. Staff encourage spontaneity and will often take advantage of good weather. Residents undertake a wide variety of activities. Staff encourage integration within the community.

From observation, records viewed it was evident that residents were offered a choice of menus that meet their dietary needs and individual preferences. Meal times are flexible to suit the residents activities and schedules. Residents are able to choose where to eat, and also have facility to make drinks, meals and snacks with staff support should they wish. Residents on evidence seen have had been involved in planning and choosing what to eat where possible.

## 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.

Residents receive discreet personal support in the manner they prefer.

Residents can feel confident that their health care needs are met.

Residents can feel confident that medication is managed in accordance to resident's needs and guidance.

Evidence:

The care plans fully documented all physical and emotional health care needs and what level of support the resident wanted or needed. Within the care plans records of health care provided by G.P, chiropodist, dentist, and opticians were evident.

Medication was inspected and found to be administered correctly on evidence seen. The home was requested however to ensure that the senior member of staff on duty takes responsibility of the medication keys and keeps them on their person. It was also requested that any additions to the medication record sheet are signed and verified by two members of staff to ensure accuracy. It is recommended that the home

Evidence:

at a frequency to be determined consults with a pharmacist and implements any suggestions with regard to the management of medication within the home. No requirement has been made at this time, as the Commission is confident that the above comments will be implemented.

## 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 can feel confident that their concerns and complaints are taken seriously.

Residents are protected from the risks of abuse.

Evidence:

A copy of the complaints procedures was reviewed. The procedure included details of how to complain, timescales for response and information for referring a complaint to the service provider. The complaints procedure is visible within the service. Residents within the service have an understanding of how to make a complaint as their capacity and understanding allows. Systems are in place to ensure that these are dealt with appropriately. The AQAA showed that no formal complaints were registered or received by the home. Whilst it was accepted that no formal complaints were received a less formal way of residents raising concerns was suggested. We recommended that a low-level complaints system be introduced to monitor and address any minor concerns. It was felt by the Commission that this would further enhance the complaints policy.

The home's Policy for the Protection of Residents and staff Whistle blowing procedures were discussed. These include procedures for the reporting of suspicion or evidence of abuse. Full training has been provided for staff. However the manager assisting with the inspection was unable to locate a copy of the Safeguarding Adults Protocols for Kent and Medway within the home. The manager is therefore required to ensure that it

Evidence:

is readily available for all staff at all times. No statutory requirement has been made at this time, as the Commission is confident that the manager will ensure a copy is available for staff.

The home promotes an open culture where Residents feel safe and supported to share any concerns in relation to their protection and safety.

The manager stated that Criminal Record Bureau Checks (CRB) are obtained for all staff. Direct evidence was not seen at time of inspection, but we are confident that the provider has ensured that the required checks had been carried out on evidence previously viewed.

## 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.

Residents do not wholly benefit from living in a well-maintained environment.

Residents cannot feel wholly confident that they are protected by the home's infection control procedures and policies.

Evidence:

The standard of internal decoration and fixtures and fittings were seen to be of a variable quality. The home would benefit from a degree of re-decoration and refurbishment. Carpeting in high traffic areas was dirty and paintwork in some areas was in need of attention. The front and back garden was overgrown and uncared for. The manager was requested to look towards addressing these issues, some of the issues are however planned to be actioned.

Namely the AQAA states a new dining room carpet has been requested in the 2009/2010 budgets and redecoration of the dining room and resident's users bedrooms. Plans are also to bring the tumble dryer back into the kitchen from the garage as it is a hazard going backwards and forwards to the garage in cold, wet and snowy conditions.

Evidence:

At the previous inspection and during this inspection it was identified that the homes washing machine does not have a sluice cycle. The manager was requested to seek the advice of an Infection Control Nurse and implement any suggestions to ensure the laundry facilities meet the needs of the residents living within the home. No requirement has been made at this time, as the Commission is confident that the advice will be sought.

No evidence was seen additionally of any visit by an environment Health Officer to ensure that the home is in compliance with current legislation. The manager was requested to approach the local council and seek advice with regard to their frequency of inspections.

## 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.

Resident's care, social and emotional needs are promoted by the employment of caring staff in such numbers to support their needs that put the interests of the residents first.

Residents can feel confident that staff recruitment procedures are in place to ensure that they are protected and supported with their needs.

Evidence:

A staff member spoken with discussed the training they had undertaken and felt well supported. From observations and reviewing the staff rotas sufficient staff were on duty at the time of inspection to meet the resident's needs. Staff were seen to be competent and experienced in their interactions with residents, thus ensuring that the home was run to meet their needs and work together as a team.

The staff training records indicated planned and undertaken training in all the key areas. Core training in Infection control, Moving and Handling, Basic Life support, fire training, food hygiene, and adult protection (Safeguarding) has been provided. Core courses are undertaken by staff to maintain current qualifications and for protection of residents.

## Evidence:

The manager confirmed that the home has a induction programme for all new staff. This is in place to ensure staff fulfil the aims of the home Evidence was not seen at the time of inspection.

The staff spoken with stated that staff receive supervision on a regular basis. Evidence was viewed that such supervisions are taking place

The inspection of the recruitment files at the previous inspection evidenced that the required checks had been carried out and that the standard was met. Evidence was viewed of information as required of the Care Home Regulations 2001 on this inspection. However one file did not contain two copy references, which is required of Schedule 2 of the above regulations. The manager was requested to review the files to ensure compliance. No requirements have been made at this time.

## 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.

Resident's benefit from living in a home that provides them with good outcomes with regard to their quality of life and community presence. However the quality assurance process's which monitor the standard of care could be improved.

Residents and staff welfare is protected by the homes policies and procedures with regard to health and safety.

Evidence:

Outcomes for the quality of care are good overall. Residents expressed a great deal of satisfaction of the care provided and the staff are very supportive of the manager and have a positive ethos. The manager at time of inspection is in the process of registering with the Commission. There is strong evidence that the ethos of the home is open and transparent. The views of both residents and staff are listened to, and valued.

Quality assurance was discussed. A resident spoken with confirmed a great deal of

## Evidence:

satisfaction living within the home and felt that their views and opinions were valued by both staff and management. Surveys have been carried out by the home to contribute to the quality assurance process. The home operates a key worker system to identify an individual staff member to directly to work with a service user on a one to one basis. Appointed persons of the registered provider of the home regularly visit the home and complete what is known as a Regulation 26 visits. This requires the provider to assess the quality of care within the home. This was a requirement from the previous inspection. This has now been met.

The inspections are carried out by a variety of managers of the provider's homes, which in the opinion of the Commission does not aid consistency. The quality assurance processes has an auditing cycle, which covers over a period time the National Minimum Standards. However it was also recommended that set standards are reviewed at each visit which have a direct immediate impact on the quality of care. Such core areas of review to be determined by the registered provider.

The home has a full range of policies and procedures to promote and protect Residents health and safety. There is full and clearly written recording of all safety checks and there is no evidence of a failure to comply with other legislation. There is a good understanding of risk assessment and this is taken into account in all aspects of the running of the home. The quality assurance system confirms that the findings from risk assessments have been actioned and the home continuously improves its systems for health and safety. At safety issues that have been identified are addressed as a priority. The manager ensures that all staff are trained in health and safety matters and have regular planned updates.

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
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## 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
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### 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
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### 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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## Helpline:

**Telephone:** 03000 616161 or

**Textphone:** or

**Email:** [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

**Web:** [www.cqc.org.uk](http://www.cqc.org.uk)

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