



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Orchid Lawns Nursing Home

**Steppingley Hospital Grounds
Amphill Road
Steppingley
Bedfordshire
MK45 1AB**

Lead Inspector
Mrs Louise Trainor

Unannounced Inspection
4th February 2009 10:00

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

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Orchid Lawns Nursing Home
Address	Steppingley Hospital Grounds Amphill Road Steppingley Bedfordshire MK45 1AB
Telephone number	01525 713630
Fax number	01525 718624
Email address	orchid.lawns@craegmoor.co.uk
Provider Web address	
Name of registered provider(s)/company (if applicable)	Health & Care Services (NW) Limited
Name of registered manager (if applicable)	Mr. Antony Gabaza
Type of registration	Care Home
No. of places registered (if applicable)	24
Category(ies) of registration, with number of places	Dementia - over 65 years of age (24), Mental Disorder, excluding learning disability or dementia - over 65 years of age (24)

SERVICE INFORMATION

Conditions of registration:

1. Elderly over 65

Date of last inspection 12th March 2008

Brief Description of the Service:

Orchid Lawns is a purpose built nursing/care home situated in the grounds of Steppingley Hospital. Steppingley is a small village near to Flitwick town in Mid-Bedfordshire. Flitwick has good public transport and road access but there is a limited bus service to Steppingley. The home is single storey, with accommodation separated into three wings each with it's own living area and communal space. The home has a large garden and there is a large parking area at the front. Orchid Lawns provides places for up to twenty-four older adults with mental health care needs.

All the places at Orchid Lawns are contracted to the local Primary Care Trusts (PCT) with admission via referral to a placement panel.

SUMMARY

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

The quality rating for this service is **2 stars**. This means the people who use this service experience **good**, quality outcomes.

This inspection was carried out in accordance with the Commission for Social Care Inspection's (CSCI) policy and methodologies, which require review of the key standards for the provision of a care home for older people that takes account of service users' views and information received about the service since the last inspection has been used and judgements made within the main body of the report include information from this visit.

This was the first Key Inspection for this service since March 2008, it was carried out by Regulatory Inspector Louise Trainor on the 4th of February 2009, between the hours of 10:30 and 16:00 hours.

During this inspection two of the people who live in this home were picked at random by the inspector to track. This involved examination of all documentation relating to their care, observations of care delivery and interactions with staff, and communication with the individuals. Communication was however, rather limited due to the cognitive impairment of these people. All observations and findings were fed back to the home manager, Tony Gabaza, periodically throughout the inspection, and on completion.

A tour of the premises, and documentation relating to staff recruitment, training and supervision, medication administration, complaints and quality assurance were also examined during this inspection. The inspector also had the opportunity to speak informally with some of the staff on duty and visitors to the home.

The inspectors would like to thank everyone involve for their assistance and support during this inspection.

What the service does well:

The home understands the importance of having enough information when choosing a care home.

Care plans had been completed in sufficient detail to ensure that staff could provide consistent care. They included personal preferences and had been written in consultation with individuals and their representatives.

The service has a strong commitment to ensuring residents maintain personal relationships that are important to them.

Suitable and meaningful activities are encouraged, and individual's are assisted and supported to make personal choices.

The complaints procedure is supplied to everyone living in the home on admission, as part of the welcome pack.

Staff working at the home understand the procedures for safeguarding, and know when incidents need to be reported externally.

This home provides a clean, comfortable and homely environment for the people who live here. Individual rooms are furnished with personal possessions that reflect their personal life history.

This service recognizes the importance of training and delivers a programme that meets the National Minimum Standards. Recruitment procedures are fully adhered to so that residents are protected.

Staff training is monitored very closely in this home, with monthly statistics that are submitted by the manager, to head office. This data is processed and is used to generate a reminder system of when refresher training is due for all staff.

Supervision records were examined, and indicated that staff are receiving regular 1:1 sessions with their line manager.

Accidents and incidents are being recorded and reported appropriately, and where necessary safeguarding referrals are being submitted.

The homes' manager has the required qualifications and experience to run this home. He is working continuously to make improvements to systems that may improve the lives of the people who live there.

What has improved since the last inspection?

There is an 'orientation board' in the main corridor, displaying the day, date and weather conditions.

There is also a large activity board, which is a new initiative since the last inspection, and this identifies what activities are available each day of the month. An accompanying sheet also on display, explains and identifies the aims and benefits of the varying activities.

We viewed the files of two residents in the home, who had been admitted within the last four months. There were pre admission assessments in place in both files. These documents were clearly dated and signed, so it was very clear that these had been carried out in advance of the admission.

The registration process for the manager in this home is now complete.

The manager is in the process of improving this process by simplifying the pictures of plated meals into individual food items.

What they could do better:

We found some of the medication that was prescribed on an 'as required' basis somewhat difficult to reconcile, despite variable doses being clearly identified, and through discussion with the home manager, believe the carrying forward of medication from month to month may be the cause of this problem.

Additional documentation relating to the outcomes of care plans were not always completed to confirm procedures had been carried out.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

1, 2, 3, 4, 5, 6

"People who use this service experience **good** quality outcomes in this area.

The home understands the importance of having enough information when choosing a care home. Pre Admission documentation was in place, and was being used effectively for all prospective admissions to the home, to ensure their needs could be met efficiently and effectively in this home.

We have made this judgment using a range of evidence, including a visit to this service."

EVIDENCE:

There is a Service User Guide and a Statement of Purpose in place for this home. The Statement of Purpose document is on display in the entrance of the home and has been reviewed to reflect the present management structure in the home and of the company.

The service User Guide is also in the reception area and easily accessible to anyone entering the home.
This is available in pictorial format.

We viewed the files of two residents in the home, who had both been admitted within the last four months. There were pre admission assessments in place in both files. These documents were clearly dated and signed, so it was very clear that these had been carried out in advance of the admission. These documents contained detailed information relating to individuals' specific needs, and were then used to generate initial care plans following admission.

This home does not provide intermediate care.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

7, 8, 9, 10, 11

"People who use this service experience **good** quality outcomes in this area.

Care plans had been completed in sufficient detail to ensure that staff could provide consistent care. They included personal preferences and had been written in consultation with individuals and their representatives.

Medication records were generally in order, contained the required entries and had been signed appropriately by staff. Internal auditing could be improved.

We have made this judgment using a range of evidence, including a visit to this service."

EVIDENCE:

During this inspection we looked at the care plans of four residents. Two were in relation to specific needs; one was for a supra-pubic catheter and the second for the care of a chronic wound. The other two were relating to all the general aspects of daily living.

The catheter care plan was sufficiently detailed with information about when the catheter should be changed and who should change it. This also detailed the type of drainage bags prescribed and how to identify when they should be emptied or changed.

Similarly, there was detailed information in the chronic wound care plan that we looked at. It identified the dressing type and solutions used, the regularity of dressing change, pressure relieving equipment required, including the mattress setting, and a body map, which was being reviewed regularly to identify any changes in condition.

There was a 'wound tracking form' in place, however there was a short period of time in late January when it had not been completed every time the dressing was changed. We spoke to four different qualified nurses during the course of this visit and all confirmed this dressing was changed on a daily basis, due to its 'oozing condition', we were therefore in no doubt that this was happening, however staff need to remember that all records should be fully completed every time this is done. The 'tracking form' clearly identified that swabs were being taken regularly to monitor the presence of infection, and when necessary antibiotics were being prescribed.

Other care plans that we looked at included, personal hygiene, dietary needs, elimination, communication and social needs, mobility and mental health issues. These were all detailed with information relating to individuals personal preferences, wishes and needs, and were being regularly reviewed. There were supporting risk assessments completed and in place, and any changes were well reflected in the care plan documentation.

There was also evidence in the files that we looked at, to suggest that residents and their relatives were involved in the information gathering and care planning processes, in particular providing life history information, which enables staff to, understand the individual and personalise these documents.

We examined the Medication Administration Record (MAR) sheets for ten of the residents presently living in the home. These were generally well completed with signatures and omission codes where necessary.

Where medication regimes had been changed, faxes and copies of correspondence from the appropriate professionals were attached. For example one resident's insulin dosage had been changed, and there was notification of the details from the diabetic nurse attached in the file. Another resident requires their medication to be 'crushed'; this was discussed with the GP who had confirmed his agreement in writing. This was present on the file with the MAR sheet.

We did however find some of the medication that was prescribed on an 'as required' basis somewhat difficult to reconcile, despite variable doses being clearly identified when given. Through discussion with the home manager, we believe the carrying forward of medication from month to month may be the cause of this problem. The manager had addressed changing this process

before we left this inspection, and also agreed that the auditing process was in need of review. We are confident this will happen with immediate effect. Controlled drugs (CD)s were stored appropriately in this home, and remaining stocks and records of CD's reconciled accurately.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

12, 13, 14, 15

"People who use this service experience **good** quality outcomes in this area.

The service has a strong commitment to ensuring residents maintain personal relationships that are important to them. Suitable and meaningful activities are encouraged, and individual's are assisted and supported to make personal choices.

We have made this judgment using a range of evidence, including a visit to this service."

EVIDENCE:

When residents are admitted to this home, families are encourage to write a brief resume of the individuals life history. The ones that we looked at included details of previous careers and lifestyles. Loved ones and 'lost ones', and any life events that may have had an impact on the individual either in a positive or negative way.

The staff then use this information to help build a profile of social interactions or activities that the individual may particularly enjoy or benefit from.

There is a large activity board situated in the main corridor, which is a new initiative since the last inspection. This identifies what activities are available each day of the month. An accompanying sheet, also on display, explains and identifies the aims and benefits of the varying activities.

The home has access to a minibus, which is enabling staff to take residents on short trips in the community. Photographs on display in the home, indicate that some residents really enjoy these outings.

During the morning on the day of this inspection, a sing-a-long could be heard throughout the home, and in the afternoon in the large 'Woodrush' lounge, there was an exercise with balloons and a large parachute taking place.

Visitors were also joining in this activity.

It was also pointed out to us by the manager, that one resident was going round with a cloth assisting the window cleaners. It was good to see simple task activities such as this merging so comfortably into the residents daily lives.

In a recent quality assurance survey, which was carried out in September 2008, fifteen out of the sixteen questionnaires returned, identified that people felt that the home was providing sufficient, suitable activities for the residents who live here.

This home offers a variety of nutritious meals that are presented and served in an appetising way. On the day of the inspection there was a choice of roast chicken or gammon, followed by a fruit pie or crumble.

Choices are currently offered using picture menus. However the manager is in the process of improving this process further by simplifying the pictures of plated meals into individual food items. For example instead of showing residents a picture of a plated meal of fish, chips and peas, they will be shown a picture of fish, and pictures of chips, peas, carrots or mash individually, so that they can point the items they wish to have on their plate.

Baskets of fresh fruit and snacks are positioned around the home, and residents and visitors are encouraged to help themselves.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

- 16. Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17. Service users' legal rights are protected.
- 18. Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

JUDGEMENT – we looked at outcomes for the following standard(s):

16, 18

"People who use this service experience **good** quality outcomes in this area.

The complaints procedure is supplied to everyone living in the home. Staff working at the home understand the procedures for safeguarding, and know when incidents need to be reported externally.

We have made this judgment using a range of evidence, including a visit to this service."

EVIDENCE:

This home has a complaints policy, which is on display and easily accessible to residents and visitors to the home. It is also issued to all residents in a welcome pack on admission to the home. This document details expected timescales for responses, and guidance for any complainant that remains dissatisfied with investigatory outcomes. It is also produced and displayed in pictorial format, so that residents with cognitive impairment will understand it more easily.

We viewed the complaints and compliment files.

The home had received two complaints since the previous inspection. These had both been managed appropriately, and all response letters and actions taken were filed for inspection / audit purposes.

There were numerous cards of thanks, which indicated that families are generally very satisfied with the care their loved ones receive in this home. One read. "I cannot begin to thank you, it really has been a home from home". This card referred to staff in the home as their extended family. Another read. "Thank you, it takes very special people to care for dementia patients, and we were very happy with the care in Orchid Lawns".

Safeguarding issues were also clearly recorded, and reported appropriately. There had been one referral made since our last visit, which we were already aware of. This had been managed appropriately. Documentation indicates that the manager liaises with the safeguarding team as and when necessary, and the home is also embracing the Mental Capacity Act including the Deprivation of Liberty, liaising with the local advocates that visit the home on a regular basis.

The whistle blowing procedure is also clearly displayed.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

19, 20, 21, 22, 23, 24, 25, 26

"People who use this service experience **good** quality outcomes in this area.

This home provides a clean, comfortable and homely environment for the people who live here. Individual rooms are furnished with personal possessions that reflect their personal life history.

We have made this judgment using a range of evidence, including a visit to this service."

EVIDENCE:

This home provides a clean, comfortable and safe environment for the people who live here. On the day of the inspection the home was warm and homely.

There is an 'orientation board' in the main corridor, displaying the day, date and weather conditions.

As detailed earlier in this report, there is also a large activity board, which is a new initiative since the last inspection. This identifies what activities are available each day of the month. An accompanying sheet also on display, explains and identifies the aims and benefits of the varying activities.

The communal areas of the home were clean and tidy, with bright pictures and paintings in place on the walls. A wooden dresser in one of the lounge areas displayed an array of jars filled with sweets for the residents, such as Jellies and Liquorice Allsorts. This was colourful and effective in that it resembled an old sweet shop. We also noticed baskets containing fruit, chocolate and snacks. These were placed in the communal areas, and visitors to the home were clearly aware that they could help themselves if they so wished.

The bedrooms that we visited were decorated and furnished with personal photographs and ornaments that reflected the individual's life history.

The signage in place throughout the home is in bold pictorial format to assist the residents recognise the different areas more easily, and on most of the bedroom doors there were 'Personal Collages', which included the individual's name, the Key Worker and Named Nurse, as well as photographs, pictures and paper cuttings that reflected personal memory joggers for the individual. These collages had been made by the activity coordinator in consultation with the residents and their families and continues as an ongoing project.

From looking at these collages, we were able to identify that one person had been a farmer and had a life long love of gardening, and another had been in the green grocery trade for many years. The cook told us that he still gives advice on the how to grow some vegetables for best results.

Specialist equipment such as bedrails with bumpers are being used in the home. These have been risk assessed and are being checked for safety each month. The home also have some 'Ultra Low beds', which are in place for people who have been risk assessed as not appropriate for the use of bed rails, but may still be at risk of falling out of bed.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

27, 28, 29, 30

"People who use this service experience **good** quality outcomes in this area.

This service recognizes the importance of training and delivers a programme that meets the National Minimum Standards. Recruitment procedures are fully adhered to so that residents are protected.

We have made this judgment using a range of evidence, including a visit to this service."

EVIDENCE:

This home is now fully staffed, and although there are presently only fifteen out of twenty four beds occupied, the number of staff rostered on duty has not been reduced. Therefore with six staff, including two qualified nurses on duty during the day, and four at night, the home is very well staffed, and there is minimal need to use agency staff.

During this inspection we looked at the files of three staff that had been appointed since the previous inspection. Each file contained fully completed application forms, appropriate references, Criminal Record Bureau (CRB) checks, Nursing Midwifery Council (NMC) PIN number checks for qualified nurses, various forms of identification, basic skills and literacy test papers and contracts of terms and conditions of employment.

Staff training is monitored very closely in this home, with monthly statistics that are submitted by the manager, to head office. This data is processed and is used to generate a reminder system, of when refresher training is due for all staff.

We looked at the training programme for the period 23/02/09 to 24/03/09. This identified twelve different training sessions and included all the usual mandatory subjects, as well as Dementia and Secondary Prevention, which all staff are expected to attend.

Some of the more recently recruited staff have yet to attend Dementia training, however this is booked and is imminent.

Any staff that fail to attend training appropriately, have this matter addressed through the supervision and appraisal processes. We understand that continued failure to attend training may lead to disciplinary action for the individuals concerned.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

31, 32, 33, 35, 36, 37

"People who use this service experience **good** quality outcomes in this area.

The manager has the required qualifications and experience to run this home. He is working continuously to make improvements to systems that may improve the lives of the people who live there.

We have made this judgment using a range of evidence, including a visit to this service."

EVIDENCE:

The registration process for the manager in this home is now complete, and certificates all reflect this appropriately.

He remains settled, enthusiastic and confident in his role. He has worked hard over the past year to improve standards and systems throughout the home, and the staff appear to have supported him. He is quick to address any issues identified, which are in need of action. For example during this inspection we indicated that the auditing process for MAR sheets was not robust enough. By the end of the inspection he had already identified how this was going to be addressed.

Staff meetings are held monthly and all staff are encouraged to voice their opinions and concerns, and make suggestions about how care could be improved. In the last inspection report we raise the issue that staff had expressed that they would like to be kept informed more about what changes were being implemented, and whether or not their suggestions were being received in a positive way and acted upon.

According to staff that we spoke to, this is no longer an issue. One person told us. "Everything's ok here, the manager addresses issues efficiently from staff meetings. He's a good manager".

A visiting relative that we spoke to also complimented the manager saying that he was approachable and sorted out any issues immediately.

We looked at health and safety documentation, including the fire log and maintenance records. There was evidence to indicate that fire call points and the emergency lighting were being tested on a regular basis and water temperatures tested and recorded monthly.

Maintenance issues are being addressed in a timely fashion.

Supervision records were examined, and indicated that staff are receiving regular 1:1 sessions with their line manager.

Accidents and incidents are being recorded and reported appropriately, and where necessary safeguarding referrals are being submitted.

The management in this home monitors the quality assurance, by internal auditing processes and by using questionnaires that are given to the residents and their representatives to complete.

A recent quality survey that was carried out in September 2008, received sixteen out of eighteen returned questionnaires. It was generally very positive. Responses to all issues were addressed on a 'response sheet' that is presently displayed in the entrance to the home.

The manager also appreciates the importance of meeting with relatives and advocates on a regular basis to share information or forthcoming changes which may affect the lives of the people who live in the home.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	3
2	3
3	3
4	3
5	3
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	3
9	3
10	3
11	3

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	3
20	3
21	3
22	3
23	3
24	3
25	3
26	3

STAFFING	
Standard No	Score
27	3
28	3
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	3
33	3
34	X
35	3
36	3
37	3
38	3

Are there any outstanding requirements from the last inspection? No

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	OP9	The home should consider reviewing their processes for auditing medication administration.
2.	OP37	The home should consider an auditing process to ensure that additional forms relating to the monitoring of care plans, are completed appropriately.

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Eastern Region

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