

Key inspection report

CARE HOME ADULTS 18-65

Tower House [Teignmouth]

**34 Higher Brimley Road
Teignmouth
Devon
TQ14 8JU**

Lead Inspector
Judy Hill

Key Unannounced Inspection
8th September 2009 10:00

This report is a review of the quality of outcomes that people experience in this care home. We believe high quality care should:

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care home adults 18-65 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.

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- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

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SERVICE INFORMATION

Name of service	Tower House [Teignmouth]
Address	34 Higher Brimley Road Teignmouth Devon TQ14 8JU
Telephone number	01626 776515
Fax number	01626 779474
Email address	tower.house@craegmoor.co.uk
Provider Web address	Craegmoor.co.uk
Name of registered provider(s)/company (if applicable)	Park Care Homes (No 2) Ltd
Name of registered manager (if applicable)	Nigel Ian Herring
Type of registration	Care Home
No. of places registered (if applicable)	8
Category(ies) of registration, with number of places	Learning disability (8)

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 1st September 2008

Brief Description of the Service:

Tower House is registered to provide accommodation and care for a maximum of eight people who have a learning disability. The stated aim of the home is to provide a service specifically for people who have an autistic spectrum disorder.

The registered service provider is Park Care Homes (No. 2) Limited, which is subsidiary of Craegmoor Healthcare Limited. The registered manager is Mr Nigel Herring.

Tower House is in Teignmouth, Devon and is within walking distance of the town centre, which has a good range of shops and other facilities, bus and train services and the beach.

Information about the service is available on request from the home in a Statement of Purpose and a Service User Guide. Copies of inspection reports are also available from the home or can be found on the CSCI website.

Current fees range from £1,163.94 to £2369.63 a week and are based on the individually assessed needs of the people who use the service.

Extra charges are made for professional hairdressing and chiropody, dry cleaning, some payment towards holidays, personal glasses, homeopathic therapies, outings, activities, some day services, college courses, some meals and drinks out at restaurants, cafes and pubs, personal televisions, stereos, CDs, DVDs, clothing, toiletries, computers, internet, mobile phones, private phone lines, Sky or Freeview and public transport costs.

SUMMARY

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

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

A site visit was carried out as part of this key inspection by one inspector on 8th September 2009. During the site visit we spoke with the registered manager, some of the people who work at the home and some of the people who live there. We looked at the written needs assessments and plans of care for three of the residents and at the ways that the staff worked to meet peoples assessed needs. This process is called Case Tracking. We also looked at staff recruitment and training records and at the staff rotas. Other records were inspected including the records of medication administration, records of money held on behalf of the residents and the menu plans for the day.

Additional information was gained from the homes Statement of Purpose, Service Users Guide, Service User Agreement and from the last inspection report. We also used an Annual Quality Assurance Assessment, which had been completed and returned to us by the registered manager and looked at notifications that had been sent to us by the home over the past year.

What the service does well:

Comprehensive needs assessments are carried out and reviewed regularly to ensure that the service can develop plans of care, which includes care plans and risk assessments, which enable the care provided by the staff to be tailored to meet peoples individual needs.

People are actively encouraged to participate in social and recreational activities outside the home on a daily basis.

People are helped and encouraged to maintain close links with their families and friends.

Pictures of meals are displayed in the dining room so that people can choose what they would like to eat.

People are helped and encouraged to participate in social and recreational activities outside their home on a daily basis.

Peoples personal hygiene needs are being met in a way that promotes their independence and autonomy.

Peoples health and emotional care needs are monitored and professional help and advice is sought as and when necessary.

Safe practices are being used to recruit new staff.

The staff receive training that is appropriate to the work that they are required to perform and this is regularly updated. This includes specialist training in Autism Awareness.

The registered manager is experienced and well qualified to manage this service and to motivate the staff, who are committed to providing the best service they can for the residents.

Quality assurance/quality monitoring programmes are in place to ensure that the service can be developed to meet the needs of the residents.

What has improved since the last inspection?

The Statement of Purpose and Service User Guide have both been updated and revised. Further revision is planned to make the Service User Guides easier for the residents to understand.

Care planning and review practices have developed a more person centred approach. This means that the service provided is more focussed on developing peoples autonomy and independence.

More attention is being given to ensuring that the residents have the opportunity to participate in social and recreational activities outside their home.

The overall care staffing levels have improved since the last inspection.

Staff training has improved and now includes specialist training in Autism Awareness.

What they could do better:

Consideration could be given to dividing the information kept in the residents folders into two separate folders. This could make the information that the staff need to access on a daily basis more easily accessible to them.

More care needs to be taken to ensure that the residents personal spending money is not used to replace items that are included and paid for through their fees when they are worn out or need replacing because they are broken.

The registered manager and staff are aware that the presentation of the home is functional, but could be made to look more homely.

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

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

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

The Commission consider Standard 2 the key standard to be inspected.

This is what people staying in this care home experience:

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

1 & 2

People using the service experience **good** quality outcomes in this area.

People who may use the service and their representatives have the information needed to choose a home that will meet their needs.

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

EVIDENCE:

The Statement of Purpose, Service User Guide and Service User Agreement have been revised since our last inspection. These documents provide good information about the home and about the service provided and they are available from the service providers on request. The registered manager told us that further revisions are planned for the Service User Guide to make it easier for the people who use the service to comprehend.

No new residents had been admitted into the home since the last inspection, which was carried out a year ago. We looked at three of the residents assessments and care planning records as part of a process known as case tracking and found that all of the information that the home needs to enable the care of the residents to be based on a comprehensive assessment of

peoples individual needs had been recorded and was being revised on a regular basis to reflect their changing needs.

Individual Needs and Choices

The intended outcomes for Standards 6 – 10 are:

6. Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
7. Service users make decisions about their lives with assistance as needed.
8. Service users are consulted on, and participate in, all aspects of life in the home.
9. Service users are supported to take risks as part of an independent lifestyle.
10. Service users know that information about them is handled appropriately, and that their confidences are kept.

The Commission considers Standards 6, 7 and 9 the key standards to be inspected.

This is what people staying in this care home experience:

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

6, 7 & 9

People using the service experience **good** quality outcomes in this area.

Peoples individuals wishes and needs are taken into account when their care plans are written up and reviewed.

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

EVIDENCE:

The Annual Quality Assurance Assessment (AQAA) that had been completed by the registered manager and returned to us before the site visit told us that changes had been made to care planning and review practices to make them more person centred.

We looked at the care plans and reviews for three people as part of our case tracking and saw that named staff had been given the responsibility of working

as key workers to each of the residents to enable the home to gain a better understanding of each persons needs and to focus on meeting their needs. Risk assessments have been written up to identify activities which may involve an element of risk and guidance is provided to minimise the risk.

Care plans are reviewed monthly and although none of the residents had signed their cares or reviews, some of the documents had been signed by their parents or representatives.

We did find the care planning files a little difficult to negotiate because of the volume of information that is contained in them and therefore suggest that the information is divided into two folders, one for use by the staff as a working document and a second to contain any information that has been updated.

The people who use the service are helped to make choices. Examples of this that were seen during the site visit were choices about where to go on outings and what to eat for lunch. One resident chose to interact with the inspector, the other six chose not to.

The registered manager said that the registered providers were trying to extend peoples ability to make choices still further. An example of this that was seen during the site visit was a form that had been developed to ascertain how much support people needed and wanted to administer their own medicines safely.

Five of the people who use the service receive help from their families to manage their financial affairs, which the registered manager said was Craegmoors preferred option. Craegmoor acts as appointee for the remaining two people. Personal spending money is kept at the home for all of the residents and we looked at the most recent records that are kept at the home. These records were a little out of date which indicates that the record sheets are being completed retrospectively rather than when the money is given to the resident to spend or spent by the staff on the residents behalf. We did note that one resident had paid for new bedding and that another had paid for a pillow. We were told that the new bedding needed to replace bedding that had worn out and that the pillow was needed because the resident did not have one. The cost of bedding is included in the residents agreed fees. The registered manager agreed that these items should not have been paid for from the residents spending money and said that he would refund the money to the residents.

Lifestyle

The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users' rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.

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

This is what people staying in this care home experience:

12, 13, 15, 16 & 17

People using the service experience **good** quality outcomes in this area.

People who use the service are able to make choices about their lifestyles and are encouraged to develop life skills. People are helped to enjoy social and recreational activities that are familiar to them and to find new activities to enjoy.

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

EVIDENCE:

All of the people who use this service are autistic and all but one of them finds it very difficult to mix with people they do not know. This does limit their opportunities to participate in day care services and training courses outside their home environment. This is reflected in the cost of the service provided,

which is set and agreed with the contracting authorities and includes between four and twelve hours a day one to one care staff support for each resident.

People are taken out by the staff on a regular basis and on the day of the site visit two people went out to lunch and then on to the cinema with two members of staff and one person went shopping with a member of staff.

The registered manager told us that the staff try to encourage all of the residents to spend some time out of the house on a daily basis and evidence of activities undertaken are recorded in the daily records that are completed by the staff after each shift and on activities sheets which are used to evaluate the success or failure of activities in terms of whether or not the person engaging in the activity enjoyed the experience. The activities sheets help the staff to plan future activities based on what each of the residents has enjoyed.

We were told that escorted holidays are arranged for people on an individual or small group basis and that these had been successful. Plans were being made for one person, who was reluctant to go on holiday, to take a short break in a holiday resort close to the home so that if he did not like it, he could come home to sleep.

The registered manager told us that the staff are actively encouraging people to participate in household chores but that progress was a little slow because of the residents reluctance to do so.

All but one of the people who use the service have maintained close links with their families and the one person who does not have any family contact has a close relationship with an advocate. We saw from the residents records that their continued contact is encouraged.

A notice board in the dining room displays pictures of the meals that are planned for the day. This told us that people were offered a choice of sausage rolls and salad or sandwiches for lunch and liver and bacon casserole or scrambled eggs on toast for their evening meal. We observed lunch being served and, although the AQAA told us that some people may need prompting at meal times, everyone appeared to be enjoying their meal without needing any assistance from the staff.

Personal and Healthcare Support

The intended outcomes for Standards 18 - 21 are:

18. Service users receive personal support in the way they prefer and require.
19. Service users' physical and emotional health needs are met.
20. Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
21. The ageing, illness and death of a service user are handled with respect and as the individual would wish.

The Commission considers Standards 18, 19, and 20 the key standards to be inspected.

This is what people staying in this care home experience:

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

18, 19 & 20

People using the service experience **good** quality outcomes in this area.

People are helped to maintain their personal hygiene and their health and emotional needs are monitored.

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

EVIDENCE:

The residents individual needs assessments and care planning records, including their daily records, tell us that personal care needs of the people who use the service have been identified and are being met in a manner that promotes their independence and encourages them to make choices about what to wear and how to present themselves.

We saw records which told us that peoples general physical and emotional needs are being monitored and that arrangements are being made for people to see health care professionals as and when necessary. We were told that the

home had a good working relationship with the local NHS/Social Service Specialist Support Team and that they had provided advice and assistance which had been helpful and supportive for both the staff and the residents.

All of the people who use the service have a learning disability and all of them have an autistic spectrum disorder. Staff training has been provided to help the staff to gain a better understanding of autism and we were told that this had been interesting and helpful. All of the residents have some difficulties communicating verbally and some of the staff have attended Total Communications training. All of the staff are learning Maketon signs and some of the residents, who may have been taught Maketon at school, are also being encouraged to learn, or re-learn and use signs.

Although none of the residents needs a high level of support with their health and personal care needs, they all need a high level of one to one support to help them to deal with their anxieties, social, occupational and emotional needs. This is reflected in the fees and in the provision of one to one support that each of the residents receives on a daily basis.

The residents medication is currently stored in a locked cupboard in a locked medication room, but the registered manager told us that consideration is being given to providing lockable facilities in peoples bedrooms to store their medication in. All of the staff who help people to take their medicines have received training to reduce the risk of errors being made. We looked at the medication administration record sheets and these were clear and up to date.

Concerns, Complaints and Protection

The intended outcomes for Standards 22 – 23 are:

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

The Commission considers Standards 22, and 23 the key standards to be inspected.

This is what people staying in this care home experience:

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

22 & 23

People using the service experience **good** quality outcomes in this area.

Complaints are taken seriously and the people who use the service are protected from abuse.

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

EVIDENCE:

The homes complaints procedure is included in the Statement of Purpose and in the Service User Guides. The AQAA tells us that all complaints are recorded in a record book kept at the home and reported to a central office. During the site visit we looked at the records of complaints. One new complaint had been recorded since the last inspection, this was from a neighbour complaining about overgrowing plants and was dealt with by the maintenance/handyman.

Policies and procedures are in place to protect the people who use the service from the threat of abuse. The training records tell us that all of the staff receive training in the Safeguarding of Vulnerable Adults and dealing with Violence and Aggression at a primary and tertiary level as part of their core training and that this training is regularly updated. The AQAA tells us that the staff training includes non-violent crisis intervention and autism awareness so that the staff have the skills and knowledge to deal with behaviour that can be challenging and physical outbursts.

Incidents of violence between residents and self harm do occasionally occur. These are reported to us along with the probable cause of the behaviour and the action taken to calm the situation down. No serious injuries have been reported in the past year.

Environment

The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

The Commission considers Standards 24, and 30 the key standards to be inspected.

This is what people staying in this care home experience:

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

24 & 30

People using the service experience **adequate** quality outcomes in this area.

Tower House provides the people who use the service with the space they need to move around. The rooms are adequately furnished and functional, but not homely.

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

EVIDENCE:

Tower House is a large detached property that is situated in a quiet residential area and is within walking distance of the town centre. Teignmouth is a small seaside town which is well served by public transport as it has a railway station and regular bus services.

The house has been built on a hill and although the front entrance leads onto the ground floor, there is a lower ground floor and first and second floors. There is a pleasant garden to the back of the house but this is not accessible to the residents unless they are escorted by the staff.

Six people share a lounge, dining room, kitchen and sensory room on the ground floor. One person has a self contained flat on the lower ground floor. This is because he is not comfortable in a group living situation.

Each of the residents has his or her own bedroom and keys are available if people want them. Some of the bedrooms have full en-suite bathrooms and others have an en-suite washroom and toilet. There is a communal bathroom but this is small and in need of refurbishment. We were told that there are plans to provide a new bathroom in a bedroom that is currently vacant.

We looked at some of the bedrooms and found them to be functional but quite bare. We were told that this was because the people who use the rooms do not like too many things around them.

There is a passenger lift but this has been decommissioned because not of the residents have problems using the stairs.

There is a laundry room on the lower ground floor and the laundry facilities are suitable for the needs of the home. The residents are able to access with laundry room with staff assistance.

We found the general cleanliness of the home to be satisfactory and although parts of the home would benefit from redecoration, we were told that a rolling programme of refurbishment was being carried out on both the inside and outside of the home. Craegmoor employ a maintenance worker and he was seen redecorating the hallway on the afternoon of the site visit.

Staffing

The intended outcomes for Standards 31 – 36 are:

- 31.** Service users benefit from clarity of staff roles and responsibilities.
- 32.** Service users are supported by competent and qualified staff.
- 33.** Service users are supported by an effective staff team.
- 34.** Service users are supported and protected by the home's recruitment policy and practices.
- 35.** Service users' individual and joint needs are met by appropriately trained staff.
- 36.** Service users benefit from well supported and supervised staff.

The Commission considers Standards 32, 34 and 35 the key standards to be inspected.

This is what people staying in this care home experience:

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

32, 34 & 35

People using the service experience **good** quality outcomes in this area.

The staffs training and commitment enables them to provide the right level of support for the people who use the service.

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

EVIDENCE:

During the site visit we looked at the staff recruitment records for three people who had been employed within the last year. These showed us that safe recruitment practices had been use to ensure that unsuitable people are not employed to work with the residents. Although staff had been employed prior the return of a Criminal Record Bureau check, we were told that they only do so under the direct supervision of another member of staff.

All new staff are provided with induction training. Basic Food Hygiene, Equality and Diversity, Fire Safety, First Aid, Health and Safety (COSHH), Infection Control, the Principles of Manual Handling, Safety of Vulnerable Adults and

Violence and Aggression (primary and tertiary) have been identified as compulsory training for care staff and records kept at the home told us that this training is provided and repeated at set intervals to ensure that the staffs knowledge and skills are kept up to date. In addition to this, training has recently been provided in Autism Awareness and Epilepsy and certificates were seen to provide evidence of this.

We were told that some of the staff had attended training courses in Total Communications and Maketon and that all of the staff and some of the residents were trying to learn new signs every day.

Nine of the care staff have completed a National Vocational Qualification (NVQ) at Level 2 or above and the staff who have not already done so will be helped and encouraged to gain an NVQ qualification.

In addition to the registered manager, there is a deputy manager, three senior support workers, eight support workers, three waking night support workers, a part-time cook and a part-time maintenance man.

All seven of the current residents require a high level of support and this includes twelve hours a day one to one support for one of the residents and four to six hours a day one to one support for the remaining six. We looked at the rota plans for two weeks, commencing 12th September 2009, and saw that one person is employed to provide waking night support (8pm to 8am) and one person is employed to provide sleeping in cover. The person sleeping in starts work at 7am so that two staff are on duty from 7am to 8am. The number of staff on duty throughout the day fluctuates but there are usually at least five support workers on duty during the day.

We spoke with some of the staff who clearly demonstrated that they had a very good understanding about the individuality of each of the residents. We also observed the staff working with the residents and providing the right level of support in a calm and efficient manner.

Conduct and Management of the Home

The intended outcomes for Standards 37 – 43 are:

- 37.** Service users benefit from a well run home.
- 38.** Service users benefit from the ethos, leadership and management approach of the home.
- 39.** Service users are confident their views underpin all self-monitoring, review and development by the home.
- 40.** Service users' rights and best interests are safeguarded by the home's policies and procedures.
- 41.** Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- 42.** The health, safety and welfare of service users are promoted and protected.
- 43.** Service users benefit from competent and accountable management of the service.

The Commission considers Standards 37, 39, and 42 the key standards to be inspected.

This is what people staying in this care home experience:

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

37, 39 & 42

People using the service experience **good** quality outcomes in this area.

The residents live in a home that is well managed and safely maintained.

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

EVIDENCE:

The registered service providers are Parkcare Homes (No 2) Limited, which is owned by Craegmoor Healthcare Company Limited. The registered manager is Nigel Herring. Nigel worked as a care support worker before gaining his first post as a manager in 2000. He commenced working at Tower House as the

manager is September 2006. He completed his National Vocational Qualification in Care and Registered Manager Award in 2004 and has attended many training courses to ensure that his knowledge and understanding is kept up to date.

Regular staff meeting and informal and one to one supervision take place to ensure that the staff have a voice in the day to day development of the service and to ensure that they are kept aware of things that may be happening within the home and organisational changes.

A Quality Assurance/Quality Monitoring programme is carried out at an organisational level and involves the use of surveys to enable feedback to be gained from relatives and representatives of the residents, the staff and the residents themselves. This is combined with feedback from the registered manager and regular monthly visits from a representative of the Company. A report of the findings, with requirements, recommendations and observations is sent to the home and a copy of the latest report was seen during the site visit.

The registered manager sends notifications to the Care Quality Commission when events take place in the home which might have a negative impact on the residents. These help us to monitor the service between inspections.

The AQAA tells us that all of the required policies and procedures are kept at the home and available to the staff if they need to refer to them. The AQAA also tells us that gas, electrical and fire prevention and detection appliances are regularly serviced and kept in good order.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 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	X
4	X
5	X

INDIVIDUAL NEEDS AND CHOICES	
Standard No	Score
6	3
7	2
8	X
9	3
10	X

LIFESTYLES	
Standard No	Score
11	X
12	3
13	3
14	X
15	3
16	3
17	3

PERSONAL AND HEALTHCARE SUPPORT	
Standard No	Score
18	3
19	3
20	3
21	X

CONCERNS AND COMPLAINTS	
Standard No	Score
22	3
23	3

ENVIRONMENT	
Standard No	Score
24	2
25	X
26	X
27	X
28	X
29	X
30	2

STAFFING	
Standard No	Score
31	X
32	3
33	3
34	3
35	3
36	X

CONDUCT AND MANAGEMENT OF THE HOME	
Standard No	Score
37	3
38	X
39	3
40	X
41	X
42	3
43	X

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.

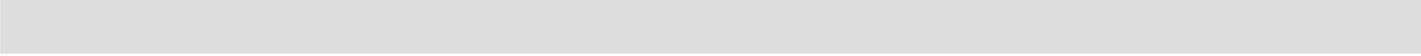
No.	Standard	Regulation	Requirement	Timescale for action
1.	YA7	16	<p>The registered service provider must ensure that the home provides adequate bedding for the people who use the service and that the residents personal spending money is not used to cover the costs of replacing any item that is worn out or broken.</p> <p>This is because the cost of adequate bedding, along with furniture and equipment, is included in the resident's fees.</p>	01/10/09

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	YA6	Consideration could be given to dividing the information kept in the residents folders into two separate folders. This could make the information that the staff need to access on a daily basis more easily accessible to them.

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Care Quality Commission

Care Quality Commission

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