



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Spratslade House
Address:	Belgrave Avenue Dresden Stoke-on-trent Staffordshire ST3 4EA

The quality rating for this care home is:

zero star poor service

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

Lead inspector:	Date:
Amanda Hennessy	1 8 0 2 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 Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The Commission for Social Care Inspection aims to:

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

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

Reader Information

Document Purpose	Inspection report
Author	CSCI
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Spratslade House
Address:	Belgrave Avenue Dresden Stoke-on-trent Staffordshire ST3 4EA
Telephone number:	01782311531
Fax number:	01782311532
Email address:	
Provider web address:	

Name of registered provider(s):	Pearlcare (Spratslade) Ltd
Type of registration:	care home
Number of places registered:	30

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	0	10
mental disorder, excluding learning disability or dementia	0	4
old age, not falling within any other category	0	30
physical disability	0	3

Additional conditions:

Date of last inspection									
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Brief description of the care home

Spratslade House is located in Stoke On Trent, Staffordshire. The home is accessible via public transport, and is close to local amenities. The large detached property provides residential accommodation for up to 30 older people. The home's registration category also allows the home to provide a service for individuals with dementia needs and also people who have a physical disability. Corridors and door frames are of a suitable width to accommodate people who use wheelchairs. Ramp access is also provided. The two-storey property offers 30 single occupancy bedrooms, 28 of which are equipped with an en suite facility. Bedrooms are located on both the ground and first floor. The installation of two passenger lifts allows access to all facilities within the

Brief description of the care home

home. Bathrooms and toilets are situated on both the ground and first floor and are found close to bedrooms and communal areas. All bathrooms are equipped with an assisted bath to promote the independence of people who have restricted mobility. The home is divided into units, having a small kitchen adjacent to each, allowing people access to drinks and light snacks. Three lounges are provided on the ground floor that are pleasantly decorated and equipped with essential furnishings and items to allow relaxation, and to enable people to socialise with other people living in the home. There are sufficient dining areas within the home. There is a pleasant and safe garden area. Sufficient parking is available at the front of the property. As no information about fees is included in this report the reader is advised to contact the home direct for this information.

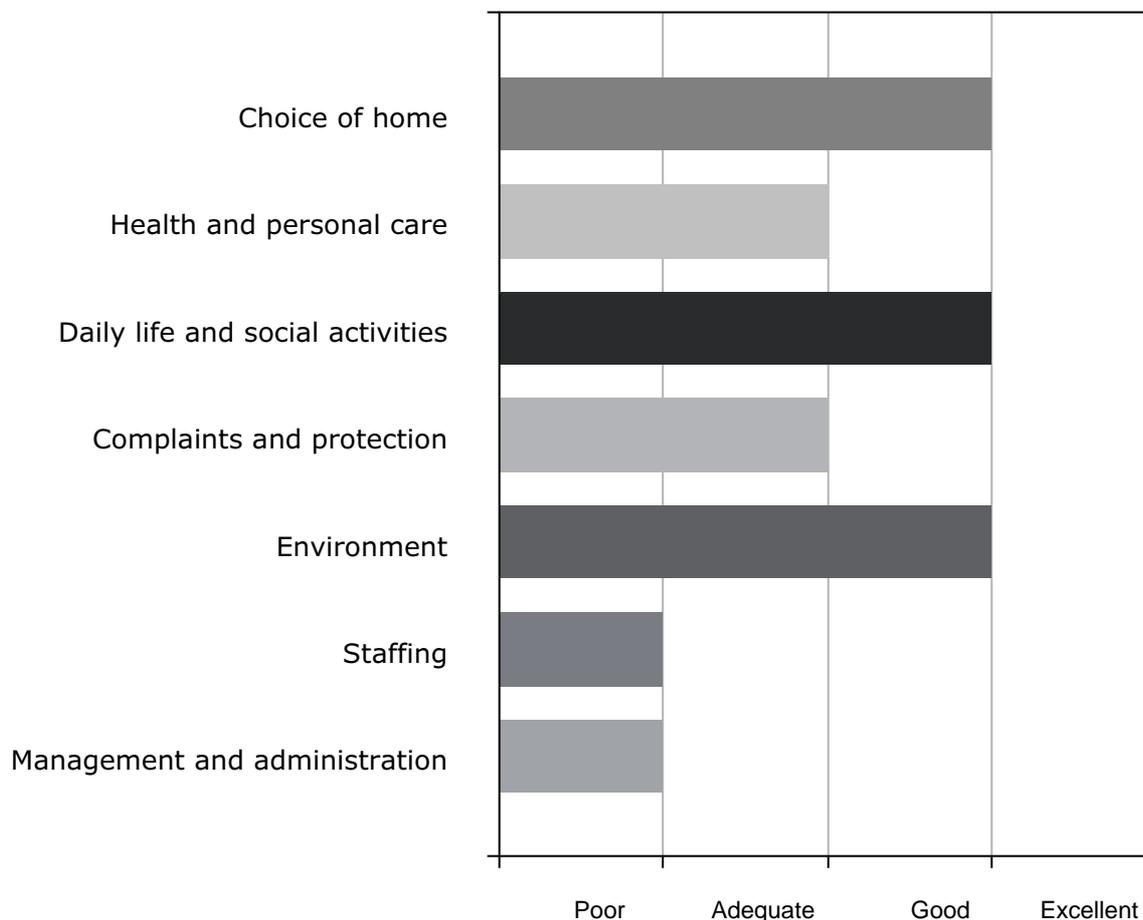
Summary

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

The quality rating for this care home is:

zero star poor service

Our judgement for each outcome:



How we did our inspection:

The quality rating for this service is 0 stars. This means the people who use this service experience poor quality outcomes.

This unannounced inspection was carried out over one day by one Inspector. The home had twenty-nine people living there at the time of the inspection.

Time spent visiting the service was eight hours. As it was unannounced the service or the provider did not know we were going. The home's manager was present throughout the inspection. Information for the report was gathered from a number of sources: a questionnaire-Annual Quality Assurance Assessment (AQAA) was completed by the home's manager and sent to us; We looked at the premises, records and documents. We had discussions with the manager and care staff and people who live at the home to gain their views on what it is like to live in and receive care at the home.

We looked at how the service has responded to any concerns, how it protects people from abuse and how staff are recruited and trained. We also looked at the number of staff available to care for people at the home.

Three people who live in the home were 'case tracked' this process involves establishing people's experiences of living in the care home by meeting or observing them, discussing their care with staff, looking at care files, and focusing on outcomes of the care that they receive. Tracking peoples' care helps us understand the experience of people who use the service.

We also visited the home on the 30th October 2008 following a serious incident when a person fell down the stairs and died following the fall. We made requirements on the home to give greater confidence that the risk of falls was minimised.

What the care home does well:

The home is small, homely and well maintained with friendly staff. Staff say that they feel that they are part of a family and that they "love working here." Staff have good training opportunities and they are committed to caring for the people at the home. People living at the home told us: "the girls are very good here." Peoples' needs are assessed before they come to live at the home. Assessment of peoples' needs, gives confidence that staff are aware of their needs before the come to live at the home. People are encouraged to visit the home prior to them deciding to come and live there. People told us that the food is good and there is always a choice available. Activities take place most days and trips outside the home are also arranged.

What has improved since the last inspection?

The manager told us about improvements that have been made in the last twelve months these include:

revising care records

ongoing training programme for all staff and

on-going decorating and refurbishment of the home.

What they could do better:

There are a number of improvements which must be made to keep people safe, these include:

Care plans and care risk assessments must reflect all peoples' individual needs, choices and capabilities and be updated when care needs change. Care plans must provide staff with detailed instructions how people's care needs should be met.

Bed rail risk assessments should be available for people who need bed rails and any actions needed to minimise the risk to them should be identified.

Medication practices and storage need improvement, including the storage of controlled medication. It is positive that systems have already started to do this with the new medicine trolleys and medicines fridge but they were not in use at the time of the inspection. The home also needs to record the amount of medicines that are received into the home to enable senior staff to audit the balance of medicines which will enable them to evidence that people are having the medicines that they are prescribed for. We also advised other improvements to reduce the risk of medication errors and protect people from harm.

There was insufficient evidence to demonstrate that all required checks are undertaken before new staff commence employment. The recruitment and selection must meet the requirements of the regulations to give confidence that people are protected from unsuitable people working at the home.

There is a need to review the sufficiency of care staff who are on duty particularly at night.

The hot water particularly in baths and shower needs to be checked more frequently. When hot water is outside safe temperatures there should be a record of actions taken to ensure that the water is a safe and does not people at risk of scalding.

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

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

Details of our findings

Contents

Choice of home (standards 1 - 6)

Health and personal care (standards 7 - 11)

Daily life and social activities (standards 12 - 15)

Complaints and protection (standards 16 - 18)

Environment (standards 19 - 26)

Staffing (standards 27 - 30)

Management and administration (standards 31 - 38)

Outstanding statutory requirements

Requirements and recommendations from this inspection

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 and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. 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 them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

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

People have their needs assessed and there is required information about the home to enable them to make the decision that the home is suitable to meet their needs.

Evidence:

The service provides information about the services they offer. The service user guide is given to people wishing to live at the home and is also available in the main reception area alongside previous inspection reports.

People have an assessment of their needs which is undertaken by the Manager or another senior member of staff. People are all invited to visit the home before they make the decision that the home will be suitable for their needs. We looked at the assessments of people needs and found that they had been comprehensively completed. The home also has a copy of the person's social worker assessment in their care records giving them a full account of their needs and health difficulties.

The Manager writes to people to confirm that following the assessment of needs, their

Evidence:

needs could be met by the home.

This home does not provide intermediate care.

Health and personal care

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 health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they 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. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them 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 **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Improved care instructions and developments in medication practices will give greater assurance that people have the care they need and their health and well being protected.

Evidence:

The manager has been updating care plans and risk assessments since our previous visit on the 30th October 2008. We found that people living at the home have a plan of care but those care plans seen provided only basic instructions for staff, such as requires the assistance of one carer to wash, dress and bathe. We also found that care plans were not regularly updated and did not include all people's care needs. We had previously discussed a need to make care plans more detailed more fully reflecting their individual needs, choices and capabilities this is called "person centred". A person centred care plan gives more information about the individual describing how much they are able to do for themselves and what assistance they need from staff. We would expect a "person centred" care plan for washing and dressing would details whether they are able to choose their own clothing, preferences

Evidence:

in clothing, their preferences in toiletries and their preferences of bathing and its frequency.

The home does have short term care plans although they had not always been completed or updated when people had a chest infection or other short term needs. We found that care plans were not always complete. One person had swollen legs and needed her legs to be elevated to remedy this problem but these care instructions were not available. Not all care staff we talked to were aware of this problem with the person's legs and that they required elevating and the person was not compliant with it. This person had only been weighed on one occasion a month before, yet a regular record of their weight would assist staff to judge the effectiveness of the treatment they were having.

Another person whose care records we looked at was diabetic. Their care records detailed that they need "a healthy diabetic diet" and "blood sugars to be monitored by care staff". This person did have a short term care plan that instructed that blood sugars should be done although nothing has been recorded since 2/1/09. There was nothing in the care records that detailed what the "normal range" of blood sugar was or any record of signs and symptoms of high or low blood sugar and what staff should do if the person's blood sugar was high. When we asked care staff about this person's needs they gave a good account of their personal care needs but no staff member told me that this person was diabetic and any care needs associated with their diabetes. The Manager told us that the Doctor had said there was no need to continue with blood sugar monitoring although this had not been recorded and it remains pertinent that signs and symptoms of high and low blood sugar should be recorded within care records.

During our previous inspection we identified that there was a need to improve risk assessments and detail actions that are required to minimise any risks to the person. We did see an improvement in some risk assessments however the risk assessment for the use of bed rails was inadequate. It was a concern that when we looked at the person's bed there was an excessive gap between the bed rails and the mattress although they were padded, the bed rails put the person at serious risk of injury from entrapment. Another person who was being cared for in bed had a armchair placed alongside their bed to stop them falling out of bed. We asked for the armchair to be removed and that alternative measures are put in place to keep them safe and which have been appropriately risk assessed.

People are seen by other health professionals such as Doctors, Dentist, District Nurses, Physiotherapists, Chiropodists and Speech and language therapists. People also told us:

"the girls are very good they get the Doctor when I'm not well duck."

The Deputy Manager told us that she has an overall responsibility for the the ordering of medicines each month. The Deputy manager told us that they are currently in process of changing where medicines are stored and will have a new room for the

Evidence:

storage of medicines. The proposed improvements will address some of the shortfalls we found as medicines are currently stored in a locked cupboard in the dining room that also contained controlled medicines. The home has a new medication fridge although it is not currently in use. The fridge that is currently used for medicines cannot be locked and yet it was located in the hairdressers room. The home needs to be able to demonstrate that peoples receive the medicines that they are prescribed for, to enable them to do this there is a need to check all medicines that are received into the home and do regular checks of peoples medicines. We also advised that when medicines are prescribed "as directed" or "when needed" that appropriate instructions should be available when the medicines are given.

It was positive that we saw good interaction between staff and people living at the home.

People told us:

"the girls are very good."

Daily life and social activities

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 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. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

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.

People have the opportunity to make choices about their life at the home and maintain relationships with friends and relatives.

Evidence:

We found that there is a record of people's interests and choices in their care records. People told us that they are able to get up and go to bed when they wanted and spend their day when they choose. We asked people what they liked about the home. They told us:

" I like the freedom to come and go as I please," and "Its like home from home."

The home has an activity programme that is displayed in the main hall . We were told that activities are arranged every day . Activities include: singalongs, movement to music, and games. The Manager told us that the home has a newspaper delivered everyday and several of people living at the home have their own newspaper delivered. It is also positive that the home also has its own regular newsletter that is distributed to people living at the home and their relatives. People told us that there are regular "residents meetings" which also update them in any issues affecting the home.

The home also has regular church services that people can attend if they wish to.

Evidence:

The home has its own transport that takes people out when they want although staff told us that they find that people are reluctant to go out even when trips out are arranged.

Visitors are able to visit the home at any reasonable time of the day and a number of people visited when we were there. They told us:

"its really nice here and the staff are very good."

The home has a five week rolling menu. There is a choice at every meal and the meal choices are displayed on the notice board in the dining room. We observed tea and everyone was offered the choice available which was "lobby" a local term for stew, sandwiches were also available. Staff told us that a hot snack is available every day with the exception of Sunday when everyone has a "buffet tea". People told us that they are always given a choice and can have their meals either in the main dining room or in their own room. People told us:

"the food is very good."

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. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

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.

There are appropriate systems in place to listen to people however required actions are not always undertaken in a timely way to keep people safe.

Evidence:

The complaints procedure is included in the Service User guide and is also displayed in the home. It is also positive that there is a "compliments, suggestions and complaints box" in the reception area that enables people to raise any little concerns that they have.

The home has had no complaints in the last year, we also have not had any complaints about the home. The manager told us that there are appropriate systems in place should any complaint be made and all concerns would be recorded and responded to as the homes complaints policy.

People told us if they had any concerns;

"I would tell the staff."

This inspection follows a random inspection we carried out on the 30th October 2008 because of a serious fall down the stairs of someone living at the home. Our previous visit found that risk assessments to keep people safe were inadequate and there were insufficient actions in the risk assessments to keep people safe. It is positive that since our previous visit there is now a gate across the stairway within the dementia care unit and the door between the dementia care unit and the main home is kept locked at all times. The manager had informed us and the Health and Safety Executive about the

Evidence:

fall but should also have made a safeguarding referral to the local council in relation to this incident. The Manager told us that she was not previously aware that she needed to, make a safeguarding referral but would ensure that this was undertaken. We also found during this visit that staff recruitment does not always meet the required standards and as a result of this does not protect people living at the home. Staff we spoke to told us that they would highlight any concerns they had to whoever was in charge of the shift or the manager. It is positive that staff spoken to had all received "Protection of Vulnerable Adults" training and all had an awareness of what constitutes abuse.

Environment

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

People stay in a safe and well-maintained home that is homely, clean, 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.

This is what people staying in this care home experience:

Judgement:

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

The home is clean, well maintained and homely place to live.

Evidence:

The home is well maintained, homely and set within pleasant grounds. There is an enclosed area with seating to ensure the safety of people with dementia needs. Doorways within the home are of sufficient width for free access by people with physical disabilities who may use a wheelchair.

We found that the home is well maintained. Information provided showed that there is continuous planned decoration of the premises. There is a handyman employed to ensure that small works/repairs are speedily addressed.

The two units in the home have their own kitchenette area as well as the main kitchen to enable drinks and snacks to be provided from there. This also enables those people who wish to assist in the kitchenette an opportunity to do so. The Deputy Manager also told us that she ensure that the visitors of people know that they are able to make a drink when they come to visit. There is a large lounge, small quiet lounge and dining room in the main house and a lounge dining room in the dementia care unit. The home has a range of aids and adaptations to assists people, although one of the assisted baths and the stair lift were out of order at the time of our visit. There is a staff call system throughout the home and passenger lifts are also available.

We bedrooms are single occupancy, with all but two bedrooms having en suite

Evidence:

facilities. We found bedroom to be clean and tidy and people have the opportunity to bring in treasured possessions such as pictures, photographs and ornaments. We found that the home was clean. We noted that the home as appropriate arrangements in place to minimise the risk of cross infection.

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 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 to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

The availability of staff may not be sufficient to meet peoples' needs and keep them safe. Poor recruitment practices may put people at risk from unsuitable people working at the home.

Evidence:

We found that generally the home is staffed with appropriate numbers and skill mix to meet people's needs. Staff told us that they felt that there were sufficient staff to meet peoples needs. We did highlight at our previous visit to the service reservations about the sufficiency of two care staff on duty at night to care for up to thirty people. The manager told us that peoples dependency is low and that she felt that staffing levels are sufficient particularly as two staff come on duty at 7 am to assist night staff to get people up. We found during this visit that there are a number of people who can be unsettled at night and there is a need to increase staff numbers on night duty. Staff we met spoke positively about support and training they receive and although they told us about some of peoples needs did not tell us about other needs that they had. We observed good interaction between staff and people living at the home. We asked people living at the home about the staff they told us:

"the girls are so good to me."

The home has sixteen of its twenty care staff with a care qualification (minimum of National Vocational Qualification level 2). This gives confidence that staff are

Evidence:

knowledgeable and understand the needs that people may have.

We found that staff recruitment and selection is not always completed to the required standard to protect people from unsuitable people working in the home. One of the three members of staff employed since our last inspection started working in the home without the return of a Protection of Vulnerable Adults check, criminal records check or without references.

We saw that all staff have an induction to the home, the manager told us that staff have also started inductions that meet "Skills for care" standards.

Management and administration

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 led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate 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. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

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

People who live at the home are not adequately protected, may not be safe or receive required care to promote their health and well being.

Evidence:

The Manager has managed the home exclusively since the home changed ownership two years ago, previously she shared the management responsibilities with the previous owners. We feel that the shared responsibilities have led to gaps in the managers knowledge which may put people at risk. Concerns about the service include poor care planning and risk assessments that fails to identify people's needs and actions to keep them safe and well; inappropriate storage of medicines, inadequate staff recruitment as not all checks have been received before people start working at the home. These areas all require urgent attention to ensure required actions are undertaken to keep people safe. Staff told us that the manager is approachable and listens to any concerns that they have. The home has regular staff meeting and there is a regular home newsletter that keeps people informed about events at the home.

Evidence:

Staff told us that they receive supervision but records show that supervision is not always at the required frequency. The home has a quality assurance programme that includes a number of audits to review medicines, the environment and accidents that are undertaken by the manager and other staff. The home sends out surveys to people who live at the home, their relatives and other interested parties. The home's Annual Quality Assurance assessment (AQAA) was sent to us when we asked for it. The AQAA gave us an adequate account of the service but should be further developed to provide more information on how the service can develop and how it is auditing itself to ensure that required standards are being met and maintained. The home's quality assurance programme is not effective as an effective quality assurance system would have highlighted the deficiencies we found during this inspection with adequate monitoring.

The Manager acts as appointee for two people's money, we advised that this is not appropriate and this responsibility transferred to an appropriate agency. We checked the records of people's personal money and found receipts are available for transactions, although we did advise there was a need for receipts to be available for hairdressing. Balances were also checked and all were found to be accurate.

Maintenance contracts spot checked were found to be up to date. Records of hot water checks show that there are areas in the home that have hot water that is above a safe temperature and there was no record that any action had been taken to address this and we would expect.

Staff receive training and regular updates in all mandatory training.

We have not been informed of all incidents that have affected people's health and well being, we also found this at the previous visit to the service and a requirement made at that time is therefore not met.

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
1	8	12	<p>Care plans must detail peoples needs, choices and capabilities.</p> <p>Detailed care records will provide instructions for staff how needs should be met and will give assurance that the home is making proper provision for the health and welfare of people living at the home</p>	30/11/2008
2	27	12	<p>Staffing at the home must be sufficient to meet people's needs and also keep them safe.</p> <p>Sufficient staffing will give assurance that proper provision has been made for the health and welfare of people who live at the home.</p>	30/11/2008
3	37	37	<p>The home must inform the Commission for Social Care Inspection of all incidents that affect the health safety and wellbeing of people who live at the home.</p> <p>This will greater assurance that all required actions are undertaken to keep people safe and protect their health and well being</p>	30/11/2008
4	38	13	Risk assessments must detail	30/11/2008

			<p>the risk and actions to be undertaken to minimise the risk.</p> <p>This will give greater assurance that unnecessary risks are identified and so far as possible eliminated.</p>	
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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
1	8	12	<p>Staff should only use equipment and other items for the use they are designed.</p> <p>This will ensure that people are protected from harm by only using equipment for their appropriate purpose.</p>	18/05/2009
2	9	13	<p>There should be appropriate arrangements for the safe keeping and safe administration of medicines.</p> <p>There will assurance that people will have their health and well being promoted.</p>	18/03/2009
3	9	13	<p>Controlled medicines must be stored in accordance of the Misuse of Drugs(Safe Custody) arrangements 1973.</p> <p>Controlled medication will be both safely and securely stored.</p>	18/05/2009

4	38	13	Hot water must be maintained within required temperatures. This will provide assurance that people are being protected from the risk of scalding.	10/03/2009
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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
1	8	Care plans for people with diabetes should detail a "normal" blood sugar range and signs of high and low blood sugar.
2	9	When a variable dose of medicine is prescribed the amount of medicine given should be recorded.
3	9	There should be regular audits of peoples medicines.
4	9	There should be a record of medicines that are received into the home and when medicines are carried forward the balance carried forward should be recorded.
5	9	The minimum, maximum and actual drugs fridge should be recorded.
6	9	Instructions should be available when medicines are prescribed "as directed" or "when needed".
7	9	Two staff members should confirm the accuracy of hand written medication records.
8	9	There should be a record of the temperature of the room where medicines are stored.
9	35	The manager or any member of staff should not act as appointee for any person living at the home.
10	35	Receipts are available for all transactions of peoples personal money including hairdressing.

Helpline:

Telephone: 03000 616161 or

Textphone: or

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

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