Key inspection report

Care homes for adults (18-65 years)

<table>
<thead>
<tr>
<th>Name:</th>
<th>150 Andlers Ash Road</th>
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<tbody>
<tr>
<td>Address:</td>
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The quality rating for this care home is: two star good service

A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a ‘key’ inspection.

<table>
<thead>
<tr>
<th>Lead Inspector:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Christine Bowman</td>
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This is a review of 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.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

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.

<table>
<thead>
<tr>
<th>Outcome area (for example Choice of home)</th>
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<tbody>
<tr>
<td>These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:</td>
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<tr>
<td>This box tells you the outcomes that we will always inspect against when we do a key inspection.</td>
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<tr>
<td>This box tells you any additional outcomes that we may inspect against when we do a key inspection.</td>
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<tr>
<td>This is what people staying in this care home experience:</td>
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<tr>
<td>Judgement:</td>
</tr>
<tr>
<td>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.</td>
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<tr>
<td>Evidence:</td>
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<tr>
<td>This box describes the information we used to come to our judgement.</td>
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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 Homes for Adults (18-65 years) can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- 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.

**Reader Information**

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<tr>
<th>Document Purpose</th>
<th>Inspection report</th>
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<tr>
<td>Author</td>
<td>Care Quality Commission</td>
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### Information about the care home

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<td>Telephone number:</td>
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<td>Email address:</td>
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<td>Provider web address:</td>
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| Name of registered provider(s): | The Hampshire Partnership NHS Foundation Trust |
| Name of registered manager (if applicable) | |
| Type of registration: | care home |
| Number of places registered: | 3 |

### Conditions of registration:

<table>
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<tr>
<th>Category(ies) :</th>
<th>Number of places (if applicable):</th>
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<tr>
<td>learning disability</td>
<td>Under 65 Over 65</td>
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Additional conditions:

The maximum number of service users to be accommodated is 3.

The registered person may provide the following category/ies of service only: Care Home only (PC) to service users of the following gender: Either Whose primary needs on admission to the home are within the following categories: Learning disability (LD).

### Date of last inspection

### Brief description of the care home

150 Andlers Ash Road is a care home registered to provide personal care to three younger adults with learning disabilities. The home is a detached house, located on a residential road, within walking distance of the centre of the small town of Liss. There is a parking area to the front of the home and a small garden to the rear, for the service users enjoyment. Accommodation consists of one bedroom with en-suite on the ground floor and two bedrooms and a bathroom on the first floor. Communal space comprises a sitting room, a separate dining room and kitchen. There is a second sitting
Brief description of the care home or activities room on the first floor. The service is a part of the Hampshire Foundation NHS Trust Social Care Directorate and the Kingstone Housing Association is the landlord.
Summary
This is an overview of what we found during the inspection.

| The quality rating for this care home is: | two star good service |

Our judgement for each outcome:

- Choice of home: Adequate
- Individual needs and choices: Excellent
- Lifestyle: Excellent
- Personal and healthcare support: Good
- Concerns, complaints and protection: Good
- Environment: Good
- Staffing: Excellent
- Conduct and management of the home: Good

How we did our inspection:
This was a newly registered service, so we looked at the information sent to us by the service over the previous six months. We also looked at the AQQA (the Annual Quality Assurance Assessment), which is a document completed by the manager telling us about developments in the service and also gives us some numerical information. When we carried out the site visit on 27th November, we met the manager and the two current service users, who returned to the home briefly between activities. We also met three staff members and looked at records such as support plans, medication records, staff recruitment and training records, and the service user guide.
What the care home does well:

Service users have detailed support plans, which cover all aspects of their personal lives and inform the staff of their personal preferences. This enables the staff to offer personalised care according to the needs and wishes of the service users. We observed the service users making decisions about how they would like to spend their time. Suitable transport was available to promote the service users' access to the community and enable them to take part in educational, social and leisure activities according to their needs and wishes. Service users have regular health checks and access a variety of healthcare professionals as required. The home has a stable team of staff offering continuity and consistency of support to the service users.

What has improved since the last inspection?

This was the first inspection of this service, however, since registration the home had been re-furbished and re-decorated for the comfort and enjoyment of the service users.

What they could do better:

The manager identified areas for improvement in the AQAA and explained how the service users would be supported in their moves to supported living.

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 our findings

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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:

<table>
<thead>
<tr>
<th>People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.</th>
</tr>
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<tbody>
<tr>
<td>People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between the person and the care home that includes how much they will pay and what the home provides for the money.</td>
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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.

Accurate and accessible information about the home is available to the service users so they know what to expect from the service. There is no admissions process because the home will be deregistered when the service users currently living there have moved.

Evidence:

Since the registration of the service six months ago, there had been no new admissions to the home and the current service users had been living there for many years as patients of the National Health Service. The manager explained that neither of the two residents, currently living at the home, would remain there, as they were in the process of re-assessment and moves to supported living accommodation were in place. One Service user had chosen to live alone and other wanted to share a bungalow with a friend. There was no admissions procedure in place because the intention of the provider was to deregister the home as soon as the moves had been successfully completed.

The home had produced an accessible service user guide, illustrated with photographs.
Evidence:

of the exterior and interior of the home, and of the responsible individual and the manager. A clear explanation of the aims of the home, accompanied by colourful symbols and drawings, informed the people living there what to expect from the service.
Individual needs and choices

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

<table>
<thead>
<tr>
<th>People’s needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.</th>
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<tr>
<td>People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.</td>
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</table>

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.

Service users are involved in decision-making and planning all areas of their lives and they are supported to take risks to promote their independence

Evidence:

The AQQA recorded that, 'service user's support plans and risk assessments are person-centred to ensure each service user's individuality is recognised and their choices included. Positive risk taking is promoted.' Service user's files contained a person-centred profile covering all aspects of personal care and showing individual preferences to enable new staff members to provide care consistently according to their wishes.

Risk assessments covered activities within the home and in the community, promoting positive risk-taking and independence. All the care plans sampled had been regularly evaluated and updated on a monthly basis, to ensure the information was up to date, and guidelines to the staff were clear. Review meeting minutes had been provided to service users in an accessible format, illustrated with diagrams and symbols to aid
Evidence:

their understanding. Service users' goals were recorded and action plans included the person responsible for carrying out the plan and a date by which it would be completed. The two service users, currently living at the home, had access to independent advocates, in addition to allocated key workers to provide consistency and continuity of support.

Records confirmed that service users made their own decisions, and this was witnessed on the day of the site visit, when the service users returned from having lunch out. One service user chose to spend some one to one time having their nails painted in their bedroom and the other service user enjoyed socialising with the staff and asked to be taken out again.
Lifestyle

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

<table>
<thead>
<tr>
<th>Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They can take part in activities that are appropriate to their age and culture and are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.</th>
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<tbody>
<tr>
<td>People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.</td>
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</table>

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 ensures the service users lead a lifestyle which suits them.

Evidence:

On the day of the site visit, the service users were not at home when we arrived. The manager said they were staying out for lunch in town. The home had a suitable vehicle to enable the service users to access the community. When they returned in the afternoon, both the service users made choices about how they wanted to spend their time. One chose to have some one to one time having their nails painted and the other service user socialised with the staff and asked to be taken out again later, which the staff organised. Records in service users' files confirmed that activities chosen by them included, going to discos, having a meal out in a pub, shopping, drumming, hydrotherapy, taking a drive to the seaside and visiting places such as Petersfield, Selbourne, the Alice Holt Forest Park and the Queen Elizabeth Country Park. The AQAA recorded that service users accessed the community on a daily basis.
Evidence:

and regularly attended day services and social clubs.

Contact with relatives was promoted, both by supporting service users to visit their relatives and by visits to the home by relatives, the AQAA recorded. The manager stated that Christmas and Birthday parties were arranged and that friends and families were invited. This information was also recorded in service users' care plans. One service user's person-centred plan recorded that they liked to attend church to sing and to meet friends at Network Options.

The AQQA recorded that, 'the service users choose the menus from photographs on a daily basis and that each day there was a choice of two main meals. The manager stated that the service users assisted with shopping for food and person-centred plans recorded service users likes and dislikes with respect to food. One service user's plan recorded that they liked to sit in a special seat at the dining table. A record was kept of service users' weight in their health action plans.
Personal and healthcare support

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

<table>
<thead>
<tr>
<th>People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way.</th>
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<tr>
<td>If people are approaching the end of their life, the care home will respect their choices and help them to feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.</td>
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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.

Service users health and personal care needs are met according to their individual needs and preferences and they are supported to access their medication safely

Evidence:

Support plans sampled, recorded the service user's personal preferences with respect to the support they received from the staff in maintaining their independence in carrying out personal care tasks. The AQAA recorded that service users can get up and go to bed when they wish and are encouraged to choose their own clothing. Aids and equipment had been supplied to support service user's mobility needs and the manager wrote in the AQAA, 'all the staff are trained to use any new equipment in the home. Advice from a moving and handling advisor and occupational therapist is available and sought prior to the purchase of new equipment.

Service user's health action plans sampled, confirmed that health checks had been undertaken in a timely way and that healthcare professionals such as General Practitioners (GPs), dentists and opticians had been consulted with as and when required. Records confirmed that specialist community professionals such as the epilepsy nurse and learning disability support nurses supported the service users.
Evidence:

Risk assessments with respect to the administration of medication recorded that full support was required from the staff to ensure the service users could access their medication safely. Staff files sampled contained certificates to confirm that training in the administration of medication had been undertaken and the staff training matrix recorded that training had been updated regularly and further updates had been planned. Medication was safely stored and the manager stated that regular audits were carried out at the end of each shift to ensure that all medication was accounted for. Most of the medication was pre-packed and colour-coded at the pharmacy to promote safe handling and liquid medication was appropriately labelled with full instructions for the staff. A pharmacy returns book recorded unused medication to ensure that all medication was accounted for, and medication administration records had been appropriately completed.
Concerns, complaints and protection

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

If people have concerns with their care, they or people close to them, know how to complain. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

Information on how to complain is available to service users, their relatives and representatives and complaints are welcomed as positive way of improving the service. Policies, procedures and training are in place to inform the staff and to protect the service users from abuse, neglect and self-harm.

Evidence:

The complaints procedure was displayed in the entrance hall and a publication produced by the Hampshire Parnership NHS Foundation Trust entitled 'here to help' explained the process. Complaints were regarded as a tool for the further improvement of the service and compliments were also welcomed. The complaints procedure included a timescale for acknowledging complaints but no timescale for reporting back to the complainant to let them know if their complaint had been upheld and of an action plan to show what had been put in place to improve the situation. The complaints procedure was available in a variety of formats including large print, braille, and was available in a number of languages and on tape. The up to date contact details of the Care Quality Commission were included to inform service users and their relatives and representatives. The AQAA recorded that the home had received no complaints over the previous twelve months.

The home held a copy of the local authority safeguarding adults policy and procedure to inform the staff and the staff training matrix recorded that training had been regularly updated to ensure the staff would know how to protect the service users.
Evidence:
from harm. Three safeguarding referrals had been made over the previous twelve months but no investigations had been carried out.

Service user's money was safely stored and accurate records kept. Receipts had been retained, a record kept of how service user's money been had spent and the balances and weekly withdrawals had been signed by the staff responsible. The service users had a record of their bank accounts with symbols to aid their understanding.
Environment

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

| People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic. |
| People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. People have enough privacy when using toilets and bathrooms. |

This is what people staying in this care home experience:

Judgement:

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

Service users benefit from living in a clean, homely environment, which is safe and well-maintained.

Evidence:

The AQAA recorded that, 'the house is a normal family home and the service users have their own bedrooms that have been decorated to suit their individual tastes.' Improvements to the environment over the previous six months had included, redecoration, the replacement of carpets, and the provision of matching furniture in the communal rooms and in the service user's bedrooms. An accessible bath had been installed and storage facilities had improved'.

When we visited the home, as part of the inspection process, we found that the home provided comfortable and homely accommodation for the two service users currently living there. There was a spacious dining room with views of the garden and equipped with solid, but domestic table, chairs and other furnishings. The sitting room was provided with comfortable seating for the service users to relax in and the lighting was domestic. There was a large screen television to make viewing easier for the service users with visual impairment and a music centre for their enjoyment. Framed photographs of the service users and ornaments gave a feeling of connection with the service users. The garden, to the rear of the home, provided a pleasant outdoor space.
Evidence:

with garden furniture for the service users to relax in.

Service user's bedrooms viewed had been personalised with photographs and ornaments and had been decorated in their individual styles. Specialist equipment had been provided to support the service users including adjustable beds, an assisted bath in one service users' en-suite and a spa bath in the shared bathroom. As there were only two service users living at the home, they were able to enjoy the privacy of their own bathrooms.

Provision for infection control throughout the home was good, and the manager confirmed that infection control training for the staff had been updated annually. The home was clean and fresh on the day of the site visit. The industrial washing machine was located in the kitchen area, and risk assessments and systems were in place to ensure this would not pose a health risk to the service users.
Staffing

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

| People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable. People’s needs are met and they are supported because staff get the right training, supervision and support they need from their managers. |
| People are supported by an effective staff team who understand and do what is expected of them. |

This is what people staying in this care home experience:

Judgement:

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

Service users benefit from being protected and supported by a safely recruited, well-trained and qualified staff team

Evidence:

The AQAA recorded that there was a team of ten full-time staff supporting the service users, and records confirmed that the team had remained stable over the previous three years, offering them consistency and continuity. The staff team had worked at the home prior to registration with the Care Quality Commission. As no new staff had been recruited over the past three years, the recruitment documentation of the two most recently recruited staff, was sampled. The staff files were well-organised, indexed and contained evidence of pre-employment checks and references, confirming that the staff recruited were suitable to work with vulnerable adults, prior to being confirmed in post in order to protect the service users.

Included in staff personnel files were job descriptions and completed induction documentation, which confirmed that new staff received training, which promoted the privacy and dignity of the service users. The staff training matrix showed that mandatory training, including moving and handling, health and safety, first aid, fire safety, food safety, infection control and medication administration had been updated as required and further dates were booked to keep this training up to date. Staff
Evidence:

training and development files sampled, contained certificates for other specialist training such as support for service users, whose behaviour challenged, epilepsy, autism and dementia awareness, person-centred planning, and mental health and specialist communication needs. The manager stated that a training manager had been employed by the provider organisation to prepare the staff for the changes associated with the service user's moves to supported living. Plans were in place for some of the staff to continue to work with the service users in their new accommodation.

The provider was committed to ensuring the staff had the opportunity of achieving qualifications. At least fifty per cent of the staff had achieved a National Vocational Qualification at level 2 or above, and the remainder were either in the process of working towards this qualification, or plans were in place to book them on a course.
Conduct and management of the home

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

| People have confidence in the care home because it is run and managed appropriately. People’s opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out. |
| People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done. |

This is what people staying in this care home experience:

Judgement:

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

The needs and wishes of the people who use the service are central to the management of this home and their health, safety and welfare is protected and promoted because the home has good policies, practices and training in these areas.

Evidence:

The manager, originally registered for this home, had moved within the organisation to another post over the previous twelve months. The registered manager of another home had been appointed to manage this home and was currently managing two homes. She had four years of management experience at the home she was registered to manage and had completed a National Vocational Qualification (NVQ) at level 4 and the Registered Managers Award. The manager stated that she was in the process of applying to be the registered manager for this home. She also recorded in the AQAA that she had undertaken leadership and other courses, including medication assessor, provided by the Hampshire Partnership Foundation Trust, to support her in the management role. Good systems were in place for managing the home and records to be sampled were easily located.
Evidence:

The manager stated that regular audits were carried out and monthly visits by the responsible individual were well documented and provided useful comments for the improvement of the service and support for the manager. The manager stated that she has, 'an open door policy' with respect to service users and staff and that regular meetings were held to enable the people using the service and the staff to make their views known. She also confirmed that surveys were completed annually to gain feedback from stakeholders and that their views were sought in service users' reviews.

The home had a full fire risk assessment in place and during the site visit maintenance checks were carried out on two fire doors and actions planned for work to be completed. Records were kept of equipment checks and samples of certificates for electrical installations and lifting equipment confirmed that they had been serviced or tested as recommended by the manufacturer or regulatory body.
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.

<table>
<thead>
<tr>
<th>No.</th>
<th>Standard</th>
<th>Regulation</th>
<th>Requirement</th>
<th>Timescale for action</th>
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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.

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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.

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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.

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<thead>
<tr>
<th>No</th>
<th>Refer to Standard</th>
<th>Good Practice Recommendations</th>
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