

Key inspection report

Care homes for adults (18-65 years)

Name:	Church View
Address:	Church View Kirkleatham Village Redcar TS10 5NW

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.

Lead inspector:	Date:
Andrea Goodall	2 6 0 8 2 0 0 9

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.

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.

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

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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.

Reader Information

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Information about the care home

Name of care home:	Church View
Address:	Church View Kirkleatham Village Redcar TS10 5NW
Telephone number:	01642283320/21
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	Tees and North East Yorkshire NHS Trust
Name of registered manager (if applicable)	
Jacquelyn Richardson	
Type of registration:	care home
Number of places registered:	8

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	8	0
Additional conditions:		

Date of last inspection									
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Brief description of the care home
Church View is owned and operated by Tees, Esk and Wear Valley Foundation Trust and is registered under the Care Standards Act 2000 to accommodate 8 people with learning disabilities. It is a large detached property in a rural location in its own large garden. The home is divided into two units, one on each floor, each with four single bedrooms. The bedrooms all meet the size requirements of the National Minimum Standards and have a hand basin fitted. None is equipped with ensuite bathroom or toilet facilities. Both upstairs and downstairs areas have their own kitchen, bathroom and lounge areas. The care needs of the people who live at Church View needs are high and support is provided by the staff team with the support of external professionals and agencies.

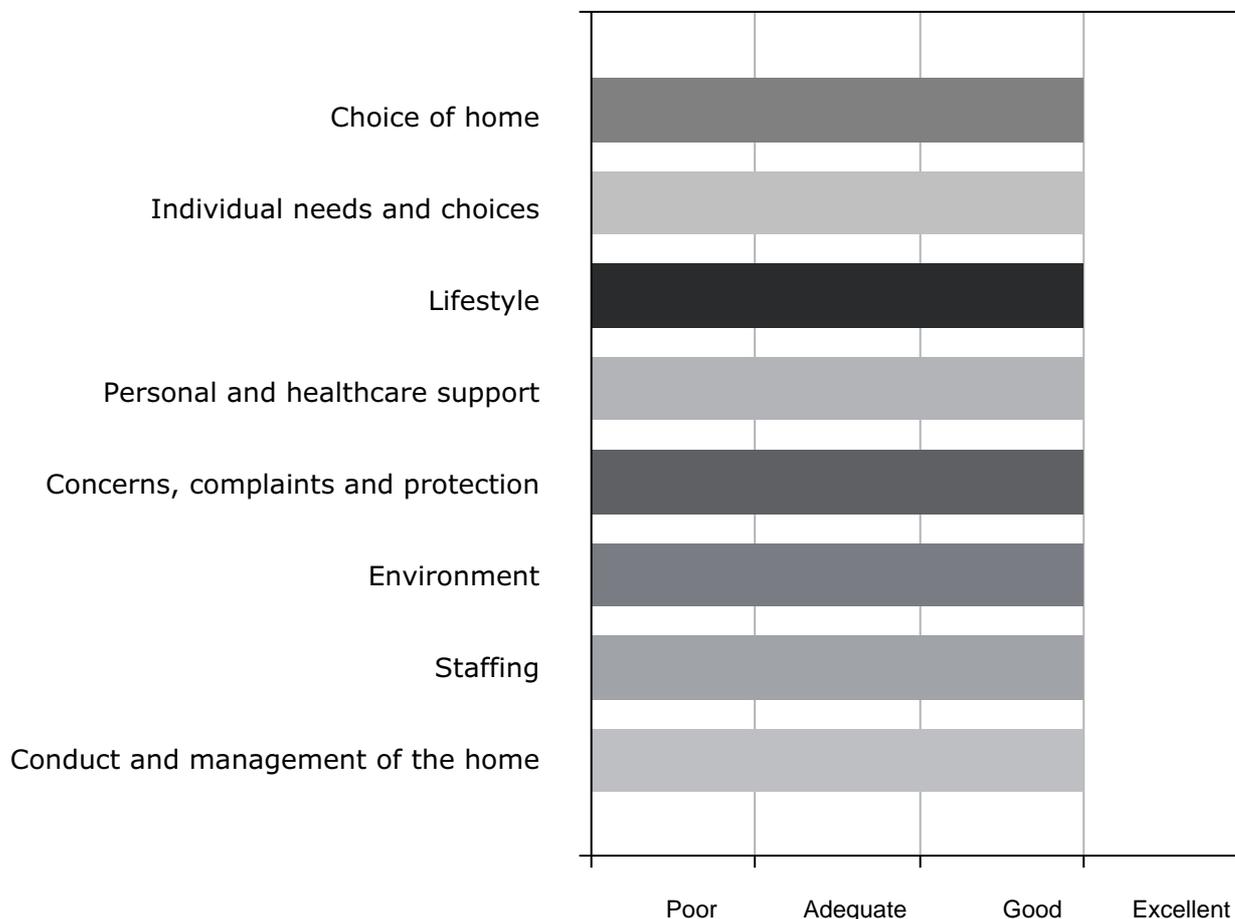
Summary

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:



How we did our inspection:

Before the visit we looked at information we have received since the last visit on 1st October 2007, and the last annual service review on 12th September 2008. We looked at how the service dealt with any complaints or concerns since the last visit. We looked at any changes to how the home is run. We asked the Provider for their view of how well they care for people in their AQAA (an annual quality assurance assessment).

We made an unannounced visit to the home on 26th August 2009.

During the visit we spent a short time with people who use the service and staff. We looked at how staff support the people who live here. We looked at information about the people who use the service and how well their needs are met. We looked at other records which must be kept by a care service. We checked that staff had the knowledge, skills and training to meet the needs of the people they care for. We looked around parts of the building to make sure it was clean, safe and comfortable. We

checked what improvements had been made since the last visit.

We told the manager what we found.

We have reviewed our practice when making requirements, to improve national consistency. Some requirements from previous inspection reports may have been deleted or carried forward into this report as recommendations, but only when it is considered that people who use services are not being put at significant risk of harm. In future, if a requirement is repeated, it is likely that enforcement action will be taken.

What the care home does well:

Before people moved in, the home made sure that it was the right place for them to live at that time.

The Provider is now going to see if people would have a better life if they lived in a different way.

The care plan records are very good so that all staff know exactly how to help people in the right way.

The home is good at supporting people to keep in touch with their family.

The house is warm, comfortable and safe for the people who live here.

Staff have good training in care so they know how to help people in the right way.

The home is well managed.

What has improved since the last inspection?

It is much better that there is a separate entrance for the first floor unit. This means people can come and go without disturbing the people on the ground floor.

The entrance hallways have been redecorated so they are much brighter and welcoming.

Modern laminate flooring has been fitted to several rooms.

Stair carpets that were stained have been replaced with new flooring.

There are new fridge/freezers in each kitchen.

What they could do better:

Only one requirement is made. The Provider must make sure that all staff have up-to-date training in health & safety areas, like food safety.

Other things that could be better include: the Provider should look at how people can go out more often; there should be a list of staff who can give someone a special medicine; bathrooms could be more homely; and there should be a cupboard in bathrooms to keep gloves and other personal equipment out of sight.

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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Choice of home

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

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between the person and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

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

Prospective residents are fully assessed before they move here so that they know the home can meet their needs.

Evidence:

Church View has a written information pack about the service it provides. This provides clear details of the service and its aims. It is good that there is also a service users' guide that is available in easy-read format and photographs to support the communication skills of the people who live here. However the manager commented that most people here find it very difficult to understand written or pictorial information due to their high dependency.

Church View opened in 2001, and there have been no new people to move in here since 2003. Care files of the eight current residents show that there were full and detailed assessments of each person before they moved here to make sure that the home could meet their needs associated with their learning disability. It is good practice that care files also show on-going monthly assessments of each person's care needs.

Evidence:

During this visit the manager stated that the Provider and the local authority are currently looking at whether this service best meets the individual, personal goals of each of the people who live here. For example, some people may prefer and benefit from living in their own flat, rather than sharing a large house. Other people may prefer and benefit from shared accommodation. At this time independent assessors are being sought so that they can work with each person to design a person-centred plan for their future support. This process may take some considerable time to complete.

In the meantime there are eight people living here. The home is divided into two units, one on each floor of this large former vicarage. Four men live in the ground floor unit and four women live on the first floor.

Individual needs and choices

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Care planning systems are good, so that staff work consistently to support residents with their individual needs.

Evidence:

Care plans are records that are used by all care services to show what sort of help each person needs and how staff will provide that care. For example, how to help people with their activities, finances, health care, and behaviour. The sample of care records at Church View were detailed and provided clear guidance to staff about how to meet each person's needs. A new care plan format is being introduced but these records are not dated which would make it difficult to review. The home also records a monthly overview of each person's well-being which shows an up-to-date record of their health, activities, sleeping pattern and behaviour (where appropriate).

At this time people find it difficult to understand their own care records, and some would find it hard to sit with staff to join in discussions about their care plan. However each month the main support staff for each person hold a 'keyworker' meeting about

Evidence:

how they can support the person to meet new goals . For example the minutes of one meeting show that staff know the person would enjoy more physical activities such as trampolining and swimming. The monthly meetings also look at whether the person needs new clothing, and where they might like to go for trips out. In this way the known preferences and choices of each person are considered and used to plan their lifestyle, where possible.

Residents have some daily opportunities to make their own decisions and choices, such as what to wear, and where to spend time in their unit. People can show their choice from a small number of options that are given to them, either by gesture or speech. The home did offer some choices in pictorial form, such as menus, but the risks to one person in using these pictures meant they had to be removed.

The home has very detailed risk assessment records to guide staff in how to support people with activities that may involve an element of risk. For example, using transport and going out. These include clear guidelines about how the risks can be minimised.

Lifestyle

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Overall residents are supported to lead a lifestyle where their rights to individuality, choice and privacy are respected.

Evidence:

At this time most people do not have a formal day care programme, except one person who continues to attend a day centre throughout the week. All the other residents used to attend day centres but over the years this has been withdrawn and now the home is fully responsible for providing their individual daytime occupation and activities.

Recently there have been some new activities for people, such as sessions at a sensory room in Middlesborough, and evening trampolining sessions at a local day centre. It is good practice that some staff have trained to be lifeguards so that people

Evidence:

can have sole use of a swimming pool at a local school one evening a week. The manager also commented that some activities are more purposeful for people, for example using a self-serve checkout to help them understand and be more involved in the concept of using money and paying for goods.

It is clear that the home tries hard to ensure that people do have the chance to go out as often as possible. This might even be a trip to the local shops or for a short walk. However, due to risks and peoples' behaviours, everyone needs two-to-one support to go out, or occasionally two-to-two support for a short local walk. However this is also restricted by the 'grade' of staff on duty. During discussions with some staff it was clear that they are frustrated by these restriction. They commented that it is sometimes difficult to support people to go out to their activities because there must always be at least one 'band 3' staff to accompany them, but the majority of staff are 'band 2'. As a result people only get the chance to go out every couple of days or so.

The manager acknowledged that whilst activities are gradually improving, the staffing arrangements and risks continue to limit peoples' opportunities to go out. She stated that there are proposals to provide specific activity staff (who would be in addition to care staff). There are also proposals to increase housekeeping hours to relieve staff from evening meal preparation. There are also plans to build a summer house in the large garden so that people could have a quiet area away from the noise of the main house. These additional resources would allow better support for people to enjoy more occupational activities.

The home is good at supporting people to keep in touch with their family, and some people go to their parents' home for visits. It is good that the home also supports one person to write to their next of kin who lives abroad. It is also good practice that the home has arranged for independent advocates to represent those people who have no family.

Although most people who live here have very limited verbal skills, they enjoy engaging with staff particularly when the evening meal was being prepared. Although people are not routinely involved in the actual food preparation (as they would need a lot of close supervision to achieve this) some residents enjoy sitting in the kitchen whilst care staff prepare the meal.

People are involved in clearing the dining tables, putting bins out and putting their clothes into the laundry bins, with prompts and supervision. People are also individually involved in shopping for their own purchases. In this way the home does endeavour to include people in daily household tasks within their own capabilities.

Evidence:

The main grocery shopping is done via the internet as most people could not tolerate the stress and noise of a large, busy supermarket. Menus are designed around peoples' known preferences and dietary needs. If people show that they do not want a particular meal, for example by pushing it away, they will be offered an alternative dish and some people can use gestures to show what they would prefer. In this way the home endeavours to offer people a choice of menu.

People also have the chance to choose a take-away meal once a week. It is good practice that once or twice a month people might have the chance to go to a cafe or pub for a meal, or even go for a drink after tea at one of the local pubs where they are welcomed.

Personal and healthcare support

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

People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way.

If people are approaching the end of their life, the care home will respect their choices and help them to feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

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

People receive good support so that their personal and health care needs are met.

Evidence:

All of the people who live here need some support with personal care to varying degrees. For example verbal prompts and supervision to help people get dressed, washed and have baths.

It is good practice that there are 9 male support staff out of the 34 support and nursing staff. This means that there is usually at least one male staff on duty to work on the ground floor unit with the male residents. There are always female support staff to work with the female residents on the first floor unit. In this way the home endeavours to provide gender-appropriate support for the personal care needs of the people who live here.

There are clear health care records which show that the home ensures that residents have access to the right health care services when required. For example, GP, dentists, dietitians, and occupational therapists.

Evidence:

None of the people who live here have been assessed as able to manage their own medication. Medication is managed by the qualified nursing and senior residential staff, who have training in safe handling of medication. At this time there is no list of these designated staff and their initials. Medication is delivered to the home by a pharmacist each month. It is then securely stored on each unit, and recorded on medication records when given to residents. The Provider carries out regular audits of the medication system to make sure it is being managed in the right way.

The care plan of one person shows that they are prescribed a particular medication for epilepsy that would be applied invasively in an emergency. So far the person has not required this medication whilst living here, but there is no list of staff who have been trained to apply this and no details of any refresher training in this technique. (In this way staff may not feel confident about administering this medication.)

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.

The home's procedures and staff training make sure that people are protected from abuse.

Evidence:

The home has a complaints procedures that is outlined in its information guide. The people who live here have limited communication skills and would find it difficult to comprehend the concept of a complaints procedure. However they are able to express dissatisfaction with a situation either through speech, gesture or mannerisms. Staff have built up a very good understanding of different resident's likes, dislikes and communication needs.

The manager said, "All the staff are very attuned to peoples' behaviour so they recognise if people are not enjoying a situation or an activity, and would offer them something else to see if that's the issue."

There has been one recorded complaint since the last inspection from a parent. This matter has been addressed and resolved by the home.

All new staff receive training in the protection of vulnerable adults as part of their initial induction training. There are plans for all staff to have training in safeguarding adults so that they would know how to report any poor practice or suspected abuse. The manager has had training in these council-wide safeguarding adults procedures.

Evidence:

She has recently been involved in an investigation of reported poor practice, and so is familiar with her responsibilities in this area.

There is clear guidance to show how and when staff should intervene to support someone with their behaviour. There are also clear records to show when and why this has been necessary.

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.

People live in a comfortable and safe environment so they enjoy a good standard of accommodation.

Evidence:

Church View is a former vicarage set back from the road in a rural village. The house has been divided into two self-contained units, one on each floor, each providing accommodation for four people. Each unit has its own lounge, dining room, bathrooms and kitchen. The house is set in a large, pleasant garden that provides a private and secure outdoor space for residents to enjoy. Overall the home is comfortable, warm and safe for the people who live here.

There have been some small but effective improvements to the 'homeliness' of the accommodation since the last inspection. For example, a side door of the house has been converted into a separate entrance and exit for the people who live in the first floor unit. This means they can come and go without having to disturb people living in the ground floor accommodation. Also the entrance hallway to the ground floor unit has been redecorated and brightened so it is more welcoming. Modern laminate flooring has also brightened several rooms and the previously stained carpets to stairs have been replaced with alternative flooring.

Evidence:

The eight bedrooms reflect the individual tastes of the people who live here. Although some people have not been engaged in choosing their own colour schemes, bedrooms have been decorated to reflect their known preferences. Some people have highly personalised rooms. Other people could not tolerate too much visual stimulation, so their rooms are quite bare and this suits their needs and choice. Some bedroom furnishings have become quite worn due to peoples' behaviour towards them, and the manager commented that she is actively looking for more robust, though domestic, furniture. It was recommended at the last inspection that windows should be dressed to safeguard the privacy of the people who live here. Many people here cannot tolerate curtains in their rooms so the home has provided opaque-film covering to their windows in order to preserve their dignity when using their bedroom.

There is a bathroom, toilet, and separate shower room on each floor (although at this time the shower room on the first floor is being used for storage). Everyone here needs supervision for their safety when having a bath. The bathroom on the ground floor is very small and it must be awkward for a resident and a staff member to fit in this room together. Also the ground floor bathroom is quite bare and featureless so does not really offer a welcoming homely environment for bathing in. There are protective gloves and continence aids on display in bathrooms which does not support the dignity of the people living here.

The home employs housekeeping staff who manage the main domestic tasks each day. Overall the home was clean and odour control was good, and this is also helped by the new laminate flooring.

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.

People are supported by suitable, competent staff so that their care needs are met.

Evidence:

The care staff team currently consists of the manager, a deputy manager, seven senior staff, and 26 care staff. This allows for two senior staff and four care staff during the day and early evening (ie one senior and two care staff for each unit). This level of staffing provides sufficient staff to support people when they are in the house, for example with their daily personal care, with their household tasks such as washing and cooking, and with activities within the house.

However if people have activities planned outside the house they need two staff to accompany them, and one of the staff must be of a higher 'band'. This leaves only one staff in the unit for the remaining residents. Staff felt that this arrangement can present barriers to the opportunities for people to go out.

The Trust is an equal opportunities employer, and the current staff team has a mix of experience, gender and age. One staff commented that the Trust is a good employer to work for, and felt that this job had given them lots of opportunities to learn about caring for people. However there has been a notable increase in staff turnover at this service. Seven staff have left in the last year, which is around 20% of the team. The

Evidence:

manager confirmed that most of these staff have left because of the uncertain future of Church View due to the proposed 're-provision' of the service.

All the vacant posts have now been filled, but there are also three staff on long term sick leave. The home has access to bank staff and tries to ensure that the same bank staff are used for the continuity of care for the people who live here.

It is good practice that around two-thirds of the staff team have a suitable care qualification including qualified nurses, and LDAF (learning disability award framework) qualifications.

However the number of staff with training in mandatory health & safety matters, such as food safety and moving & assisting, is not up-to-date. The manager acknowledged that this is an area that needs improving. Staff stated that training courses are "like gold dust" and are often geographically difficult for this staff team to attend. Also this staff team has had a year of covering for vacant posts and sick leave, and it was felt that this was another reason for the lower level of staff with up-to-date training in these statutory matters.

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 home is run in a satisfactory way that promotes the welfare of the people who live here.

Evidence:

The manager has been in post for about two years and has been the registered manager for over one year. She is a qualified nurse and has many years experience of working in health and social care settings for people with a learning disability. She is supported by a deputy manager and a team of senior staff.

The Trust uses a number of quality monitoring tools to audit the service it provides at this home. These include monthly visits by a representative of the Trust to the home to check on its operations. People are encouraged to express their views, wherever capabilities allow, at their house meetings where they can comment on things they like or do not like. The views of relatives are sought through an annual questionnaire, and at individual resident's reviews.

Evidence:

The Trust carries out regular health & safety audits to make sure that the home continues to protect the welfare and safety of the people who live here. Maintenance and service checks are carried out, including fire safety and water temperature checks. The hot water temperature is checked every time someone has a bath to ensure that it is safe (that is, around 43 degrees Centigrade). At the time of this inspection the hot water records showed that the temperature is quite low at 36-38 degrees Centigrade, which could be too cool for some people.

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

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

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	35	18	The Provider must ensure that all staff have planned, up-to-date training in health & safety matters, including food safety and moving & assisting. This is to ensure that staff are fully equipped to support the welfare of the people who live here.	01/02/2010

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	6	It might be helpful if the new (Ovem) care plan records were dated for future reference and review.
2	12	The Provider should consider how opportunities for people to go out more frequently can be achieved, so that people lead a fulfilling and purposeful lifestyle.
3	20	It would be helpful for the home to have a list of the staff, including their initials, who are designated as responsible for the management of peoples' medication.
4	20	There should be a record of staff who have been trained in

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
		the use of rectally-administered medication, including details of periodic refresher training.
5	27	Protective gloves and continence aids in bathrooms should be discreetly stored to support the dignity of the people who live here.
6	27	Consideration could be given to how the bathroom on the ground floor could be improved to offer a better bathing experience for the people who live here.
7	42	The home should check that the hot water to bathrooms can achieve 43 degrees Centigrade.

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