

Key inspection report

Care homes for adults (18-65 years)

Name:	Chaldon Mead
Address:	50 Rook Lane Chaldon Surrey CR3 5AB

The quality rating for this care home is:	two star good service
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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:
Deborah Sullivan	0 2 0 9 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

Document Purpose	Inspection report
Author	Care Quality Commission
Audience	General public
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Information about the care home

Name of care home:	Chaldon Mead
Address:	50 Rook Lane Chaldon Surrey CR3 5AB
Telephone number:	01883383820
Fax number:	F/P01883383820
Email address:	mary.bergin@sapb.nhs.uk
Provider web address:	

Name of registered provider(s):	Surrey and Borders Partnership NHS Trust
Type of registration:	care home
Number of places registered:	13

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	13	0
Additional conditions:		
The maximum number of service users to be accommodated is 13.		
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 care needs on admission to the home are within the following categories: Learning disability (LD).		

Date of last inspection								
Brief description of the care home								
Chaldon Mead is a detached property located in the village of Chaldon. Accommodation and care is provided for up to sixteen service users with learning disabilities. Service users benefit from a day care centre, which is situated next to the home. All bedrooms are single. There are adequate communal areas including a quiet room. There is a large enclosed garden to the rear of the property backing onto a golf course. The home has its own transport for service users and there is ample car parking space to the front of the property.								

Brief description of the care home

The weekly fee at this home is #917.38.

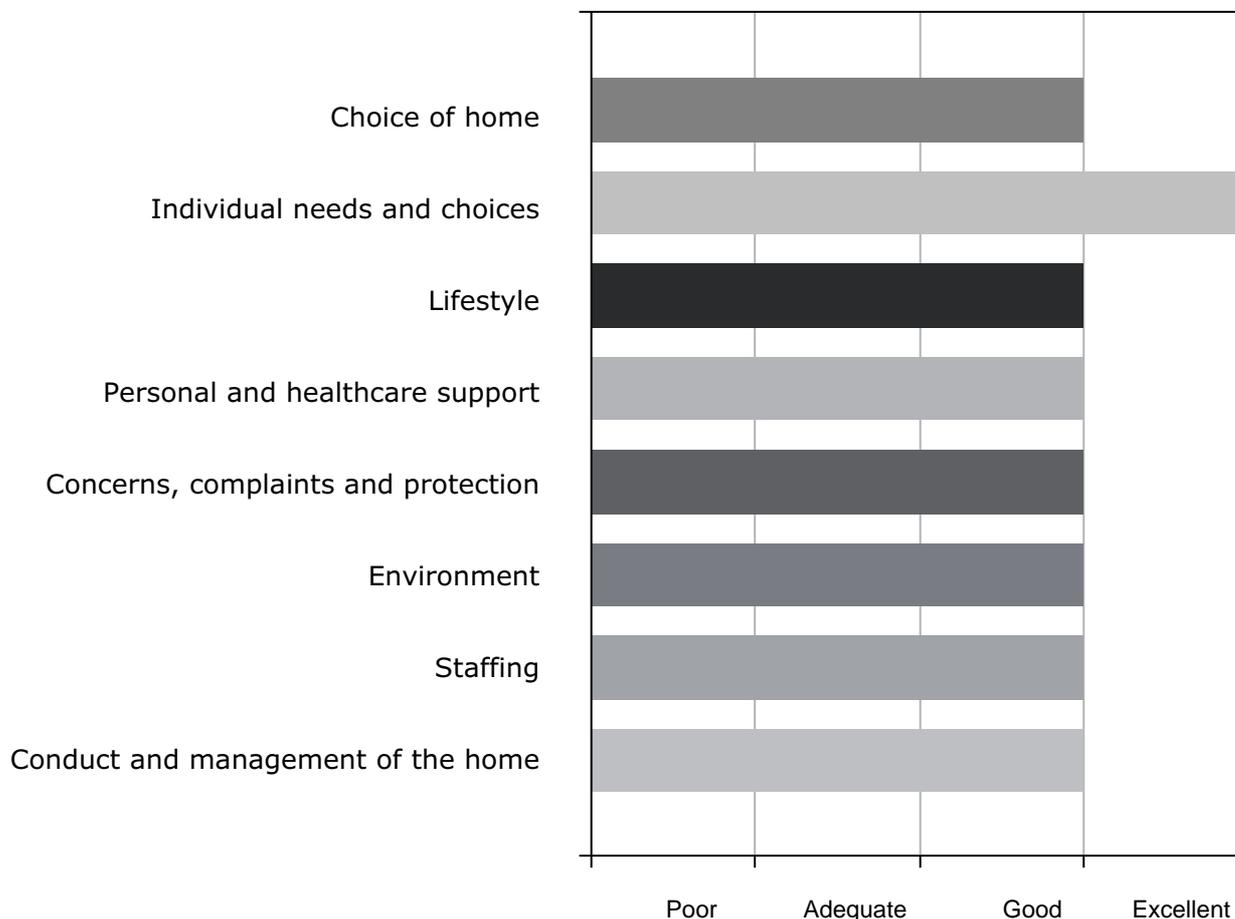
Summary

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:

This unannounced key inspection of Chaldon Mead took place over five hours. During the visit time was spent with the deputy manager, care staff and service users, all of whom were at home for part or all of the time. The registered manager was present for a short while and received feedback on the inspection. A range of records and documents were read including care plans, medication records, staff files and training information and internal quality assurance records. The house was toured and information provided in the AQAA (Annual Quality Assurance Assessment) document completed by the registered manager has also been used to inform and as evidence for the inspection. Survey forms received from some of the service users and staff, relatives and health and social care professionals included helpful feedback on the service, some of their comments have been included in the text of this report.

What the care home does well:

Chaldon Mead provides a homely, safe and secure environment for service users to live in.

The home is well managed and service users benefit from being supported by a well trained and well supervised staff team.

Care plans are person centred and reflect the individual needs, aspirations and preferences of service users, care plans are made user friendly with the addition of a large amount of pictorial information. The home makes good use of picture boards and the addition of pictures on other information such as menus, the complaints procedure and house meeting minutes.

Health needs are well met and recorded and good links are maintained with health and social care professionals.

The home views quality assurance as important and collates and acts upon the views of service users and other stakeholders.

Relatives who returned survey forms were very satisfied with the service, one comment was that "Since it first opened Chaldon Mead has gone from strength to strength. I now feel totally at ease and quite happy with the care and attention she receives from everyone that works there".

What has improved since the last inspection?

The statement of purpose and service users guide have been brought up to date. More activities are provided and activities planners have been made more accessible for service users.

There have been substantial improvements to the environment, new carpeting has been fitted to the stairs, lounge and corridors, there is new lounge and dining room furniture, net curtains have been fitted throughout the home and communal areas have been redecorated.

Four bedrooms have been attractively redecorated

More staff have gained an NVQ in care at level two or above.

What they could do better:

The use of shared hand towels in bathrooms and toilets should be reviewed.

The views of service users regarding the radio being on at lunchtime should be sought.

The furniture in one bedroom that was damaged needs to be replaced.

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.

Accessible information about the home is available for prospective service users and their representatives.

Needs are fully assessed before a place at the home is offered to ensure sure that they can be met.

Evidence:

The home has not admitted any new service users since the last inspection, all the current service users are well established at the home. There is a statement of purpose and service users guide, both are up to date and produced in text and pictorial format so that they are accessible for service users. Evidence of pre admission assessment was seen on care plans and that health and social care professionals were involved and relatives contribute to the process.

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

Each service user has a plan of care that reflects their needs and personal preferences and is completed with their involvement if they choose.

Risks are assessed and service users are supported to make informed choices about their daily lives.

Evidence:

Each service user has an individual plan of care, the plans are highly person centred, information is held in personal folders which contain health action plans and in "essential lifestyle" folders. Care plans contain up to date information and the less current information has been separated out to make them easier to access. Each person has a keyworker and associate keyworker, the AQAA tells us that individual keyworking arrangements are regularly reviewed. The personal folders are clearly sectioned with a large amount of helpful coloured pictures added to make them more accessible for service users. Evidence was seen that service users are invited to be involved in compiling their care plans and information is shared with them. There are

Evidence:

introductory sections on the person's background and social network, health and social care, professionals involved and pictorial activities planners. The essential lifestyle section holds information on likes and dislikes, goals and aspirations and how they are to be achieved. There is information on how the person likes to be supported, for example with personal care or eating, things that are important to them, such as visits to and from relatives and on communication. There are also behavioural guidelines and individual risk assessments in place. Service users are supported to make informed choices and any associated risks are recorded, one person has a smoking risk assessment in place, examples of others are use of aids to mobility and daily living and risk of low fluid intake. The content of each care plan read was of a very good standard, full annual care plan reviews involving relatives and outside professionals take place and needs are reviewed by the home monthly. Risk assessments are regularly reviewed. Completed daily diary notes are added to the folders, they record each person's daily activities and any matters of note or concern clearly. Personal information is stored confidentially at the home.

Service users are offered opportunities to be involved in the day to day running of the home, house meetings take place monthly and are minuted with pictures added, service users help choose menus and activities and those who wish to can assist in with meal preparation and make snacks and drinks following risk assessment for these activities.

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.

Service users have opportunities to take part in a range of activities at home and in the community.

Staff observe the rights and privacy of service users.

Menus are varied, healthy and nutritious and meals are freshly cooked.

Evidence:

Service users have individualised activity programmes as part of their care plan, the programmes are pictorial, a weekly pictorial schedule of all activities is on display in the dining room. Service users have opportunities to take part in a variety of activities at home and in the community that suit their interests and abilities. During the inspection four people attended a day centre in the morning and others were going in the afternoon. Other activities are a sugar icing group in the community, music

Evidence:

sessions, attending social clubs in the community, going out for meals and to the cinema and shopping. The house food shopping is done locally and a staff member said service users who wish to go are welcome. Some service users were attending a barbecue at the residential service next door the following day. A service user who had been helped to fill in their survey by staff put on the form they liked days out and going to a social club. The AQAA says that a fortnightly sing a long session is now brought into the home. A staff member said that they were taking a service user to London for a day out next week, each service user has an annual holiday. Two people were having their holiday the following week, two staff were accompanying them.

Service users were using the lounge, quiet room, dining room and their bedrooms during the visit and moving freely about the home. Some service users attend church on Sundays, the deputy manager said the number attending can vary between six and four people. The home has a minibus with a tail lift and a people carrier, as far as possible there are always drivers on duty so scheduled activities outside the home are not compromised. The homes' routines are flexible and staff were observed to be respectful of service users privacy and dignity, for example by knocking on bedroom doors before entering.

Contact with relatives is supported, some service users have very regular contact with families, one person visits their relative who is in a nursing home each week. A relative wrote on a survey that "The home manager and all the staff have been wonderful, they take my (relative) out and bring her to us for home visits". Contact with families is recorded in daily diary notes.

The menu is displayed pictorially, it is reviewed every three months, service users help plan the menus and a new one had started that week. There is daily choice available and meals are varied and healthy. The lunch on the day of the visit was freshly cooked and there were fresh vegetables. Service users appeared to enjoy the meal and those needed some help with their meal such as with cutting up food were assisted appropriately. The meal was taken in a relaxed atmosphere, the radio was on throughout and the music playing may not have been the choice of all the service users, the manager said they would look into the use of radio at lunchtime.

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.

Health and personal care needs are well recorded and met and personal preferences are respected.

Thorough medication policies and procedures are in place for the protection of service users.

Evidence:

The person centred care plans reflect service users' individual preferences for the delivery of personal care, the information is very detailed and covers all aspects of daily hygiene and personal presentation. Support is given flexibly and there is choice about when to get up and go to bed. Health action plans are largely pictorial and have sections on health needs in relation to regular health checks and for recording concerns or action needed in relation to particular parts of the body for example, eyes, teeth and gums, ears and feet, the outcomes of appointments are recorded. There is information on other aspects of health care such as how service users may let staff know if they are in pain or feeling unwell and on sleep patterns, dietary needs and exercise requirements. Evidence was seen that annual health checks take place and service users are supported to attend appointments with

Evidence:

a range of health professionals such as chiropodists, speech and language therapists, GPs, dietitians and epilepsy nurses. The manager said that one person had recently been referred to the falls clinic. Where it has not been possible to carry out routine or other checks this is recorded, one person had chosen to refuse an eye test. Another service user needed blood tests but was not happy about the procedure taking place, the manager was arranging for a "best interests" meeting to be held in line with the principles of the Mental Capacity Act. This demonstrates that the home is aware of new legislation and puts it into practice where there may be concerns about a person's health or welfare. Any concerns about health are recorded and where necessary promptly referred to health colleagues for their input. A health professional stated on a survey that there was "continuity of care through a consistent team of the manager and key workers".

The majority of service users are now over sixty five and some have increasing health and mobility needs, some people have equipment to aid their mobility and to support their care needs such as zimmer frames and hoists and some have wheelchairs for use at home or in the community.

Medication policies and procedures are in place and medication is securely stored. Staff who administer medication receive medication training and medication recording sheets sampled were correctly completed. No service users currently self medicate.

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.

Residents can be sure that any concerns or complaints will be listened to and taken seriously.

Safeguarding policies and procedures are in place and staff understand their responsibility to keep residents safe.

Evidence:

The home has a clear complaints procedure that is available for service users in a pictorial format. Each person is given a copy to keep in their room and the procedure is included in information about the service. Service users vary in their ability to be able to raise a concern or complaint either verbally or by other means, staff are aware of individual methods of communication and how people demonstrate if they are not happy. Some service users have relatives who are very regularly in contact, one person with no relatives has been referred to an advocacy scheme. Four service users sent in survey forms that staff had helped them to complete and they responded that they knew how to make a complaint.

One formal complaint had been recorded since the last visit, the Commission had been aware of the concern and that as a result the manager had taken action to make sure that staff were reminded of the relevant policies and procedures they needed to observe. The service had recorded its initial response and the organisation was in the process of formally responding.

Evidence:

The home has safeguarding policies and procedures one safeguarding alert had been raised since the last inspection that was considered by the local authority and not pursued as a safeguarding matter. Staff receive safeguarding training and are thoroughly vetted on recruitment, they sign annual statements that they have had no cautions or convictions. Staff spoken with were aware of safeguarding procedures and how to pass on any concerns about suspected abuse.

Clear guidelines are in place for the management of any behaviours that may challenge to ensure the safety of residents and others at home and in the community.

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 home that has been made more attractive and homely and is clean and well maintained.

Bedrooms are personalised and reflect individual personalities and interests.

Evidence:

The last inspection found that areas of the home were in need of redecoration and refurbishment, over the last year the organisation has invested in improving the accommodation and staff have made it more homely looking. A cleaner is employed and there was a good standard of cleanliness and hygiene. One bedroom contained a slight odour, staff said the carpet was due to be cleaned, one other bedroom has been fitted with alternative flooring due to the assessed needs of the service user. New carpets have been fitted in all corridors, stairways, the landing and sitting room. There is new lounge and dining room furniture and more is on order, net curtains have been put up throughout the home, all the communal areas have been redecorated and four bedrooms have been attractively redecorated in consultation with service users about their choice of colour scheme. Throughout the building there are plenty of pictures and ornaments that brighten up the premises and make it homely, one shelf has a display of pottery made by service users. The majority of bedrooms were visited, all are attractively decorated and reflect the tastes, interests and personalities of the

Evidence:

occupant. Personal items in bedrooms include photos of families, activities and holidays, pictures, videos, TV's and music systems and CDs, cuddly toys and ornaments. The bedside cabinet and chest of drawers in one room needed replacing as they were damaged, otherwise all the furniture and furnishings were of good quality. Four service users have keys to their rooms. The lounge is of a good size and well decorated with a small quiet room leading off it, one person was using the room to spend quiet time by themselves. The garden is accessible, large, safe and well maintained. There is a patio with patio furniture, in good weather gazebos are put up and staff said the garden is well used. Some vegetables were being grown in the garden and greenhouse and the produce used for meals. There is a shaft lift and handrails are fitted throughout shared areas, communal areas are all easily accessible to wheelchair users. There are bathrooms upstairs and downstairs, two have Parker baths. There were hand towels as well as paper hand towel containers in all the toilets and bathrooms, the manager was advised to review the use of hand towels as they could pose a hygiene risk.

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 are supported by a competent, well supervised and well trained team of staff.

The recruitment procedures in place protect service users.

Evidence:

The home is staffed by the deputy manager, care staff and a part time cleaner. The deputy and three care staff were on duty during the morning of the visit. One carer was supplied by an agency, the home always uses the same agency and staff supplied are very familiar with the home. Profiles on agency staff are kept. Bank staff are also sometimes used.

Most staff cover some day and some night time shifts, two waking staff are on at night. Staff were observed to have good relationships with service users and were aware of their individual needs and routines. The staff team is diverse and during the visit there was a mix of male and female staff of differing ages, experience and ethnic backgrounds on duty.

There is a thorough recruitment procedure and staff files examined showed that the necessary pre employment checks take place.

Over fifty percent of the care staff have gained a NVQ in care at level two or above and the training schedule tracks the need for staff to have core training

Evidence:

updated. Training information read showed that refresher courses take place and there is also specialist training available such as epilepsy, deprivation of liberty and pain recognition in relation to people with learning disability.

Staff spoken with individually confirmed plenty of training is given, and said they had regular staff meetings, supervisions, annual appraisals and that staff meetings were held. One person was imminently due to have their appraisal.

Supervision records were sampled, each meeting is well recorded and meetings are held regularly.

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 well run in the best interests of service users and staff. There is a friendly atmosphere and efforts have been made to make the service more homely.

Service users are kept safe by the policies and procedures in place.

Evidence:

The registered manager is well qualified for the role and experienced in working with people with a learning disability, the deputy manager supports the manager. Supervision and appraisal of staff is shared between the manager and deputy. The home is well managed and all the recording and documentation read was completed to a good standard, where information or procedures had been reviewed they were dated and signed. Survey forms sent in by relatives were positive about the home comments included ,

"I cannot praise Chaldon Mead highly enough. The caring staff don't just see to my (relative's) physical needs but make sure that her well being and happiness are of

Evidence:

prime concern" and "Chaldon Mead caters very well for all clients,we have seen for ourselves as we are regular visitors there".

Internal quality assurance takes place,the annual service user survey was undertaken in March 2009.The results of this years' survey had been collated and produced in text and pictures,service users had voiced their opinions and no major concerns had arisen.Relatives and other stakeholders are also surveyed annually.

Monthly as required under Regulation 26 take place and are well recorded and internal audits take place such as thise in respect of health and safety.

Checks on fire equipment take place and there are routine fire practices involving staff and service users,the outcomes are recorded.

During the visit staff were observed to be using safe working practices.

The manager returned the AQAA(Annual Quality Assurance Assessment) in good time and was clear and informative.

Investment has been made by the organisation since the last visit and the service has been made to feel more homely.

Staff who were personally involved in the inspection and who sent in surveys feel well supported and records evidence that supervision and staff meetings take place.

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

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

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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