



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Avon Reach

**Farm Lane
Mundeford
Christchurch
Dorset
BH23 4AH**

Lead Inspector
Jo Pasker

Key Unannounced Inspection
29th November 2007 10:40

The Commission for Social Care Inspection aims to:

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

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Avon Reach
Address	Farm Lane Mudford Christchurch Dorset BH23 4AH
Telephone number	01425 272666
Fax number	01425 272843
Email address	avonreach@coltencare.co.uk
Provider Web address	www.coltencare.co.uk
Name of registered provider(s)/company (if applicable)	Colten Care Limited
Name of registered manager (if applicable)	Mrs June Reynolds
Type of registration	Care Home
No. of places registered (if applicable)	56
Category(ies) of registration, with number of places	Old age, not falling within any other category (56)

SERVICE INFORMATION

Conditions of registration:

1. No more than 32 service users in need of nursing care may be accommodated.

Date of last inspection 17th May 2006

Brief Description of the Service:

Avon Reach Care Home is a purpose built care home located in a residential suburb of Christchurch. It overlooks Mudeford Quay and is within level walking distance of the local shops and is on a bus route. There is also ample parking space for visitors at the back of the home.

Colten Care Limited owns the home, a company who have a number of care homes in Dorset and adjoining counties, and is managed on a day to basis by the registered manager, Mrs June Reynolds.

The home is registered to accommodate a maximum of fifty-six service users over the age of sixty-five years with or without nursing needs. Accommodation is in fifty-six single occupancy rooms all having en-suite facilities, situated on three floors with access via a passenger lift with an additional service lift also available. There are a variety of communal areas including a large dining room and lounge on the ground floor; two lounges on the first floor; a hairdressing salon, a quiet lounge, sitting room and activities room on the second floor. There are also attractive outside patio and garden areas for residents and visitors use.

Avon Reach is well decorated and furnished, maintaining a welcoming and homely feel and offers a hotel style service with care.

The current fee range is £805 to £876 per week. Additional charges are made for hairdressing and chiropody. See the following website for further guidance on fees and contracts:

http://www.csci.org.uk/about_csci/press_releases/better_advice_for_people_choos.aspx

SUMMARY

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

This unannounced inspection took place over the two days of the 29 November and 11 December 2007 and took approximately 10 hours. The purpose of the inspection was to assess all of the key standards and review the requirements and recommendations made in the last report. The Registered Manager, Mrs June Reynolds and the Operations Manager, Mrs Linda Brownlie, were on hand to aid the inspection process and were very helpful throughout.

Information for this report was obtained from discussion with the Registered Manager, operations manager, discussions with 8 service users and 8 members of staff on duty, a review of a variety of documentation including records provided to the Commission, care records, staff records, maintenance records, policies and procedures and a guided tour of the home. A total of 39 comment cards from residents, relatives and professionals were also received and the home submitted a completed Annual Quality Assurance Assessment (AQAA) prior to inspection.

What the service does well:

A range of community health professionals support the home's staff in looking after the residents.

There is an excellent range of activities and social events planned by the home, which meet the residents' social, recreational and religious needs and residents are encouraged to maintain contact with the local community and visits by their friends and relatives are welcomed by the home.

The meals provided are of a high standard with a wide variety and choice available.

The home continues to protect those living there from abuse by ensuring the robust policies and procedures are in place and staff are aware of them.

The home provides a safe and well-maintained environment for the residents, with an excellent standard of décor and comfort.

Sufficient numbers of staff are on duty throughout the day and night and good induction and training procedures are in place, to ensure that staff are able to meet the needs of the residents.

Management within the home is good ensuring that it is run in the best interests of the residents.

The health and safety of the residents and staff are protected by the policies and procedures that the staff follow at Avon Reach.

Comments received reflected that residents and relatives were very happy with the overall care provided, including:

- "I have been here for almost two and a half years and very happily settled."
- "There is always a high standard of hygiene."
- "All the staff at Avon Reach are kind considerate & helpful"
- "Welcoming to visitors. Very kind and caring to my Father. Helpful & ready to discuss problems. Pleasant well kept surroundings."
- "I would like to praise all the staff at Avon Reach for caring for my Mother."
- "This care home keeps me very well informed of any problems regarding my Mother."
- (*The home*) "Provide a level of care in excess of the agreed expectations of the clients, in a sensitive and considerate environment".

What has improved since the last inspection?

2 random inspections have been carried out since the last key inspection, 1 on the 15 August 2006 and another on 4 October 2006. These looked specifically at morning care routines and palliative care respectively. It was found at each visit, that improvements had already been made with regard to several of the previous requirements made in the last reports.

Pre admission assessments now contain more detailed information regarding where, when and who contributed to compiling them.

The home has made several improvements to the management of palliative care within the home, ensuring that residents who are dying receive good standards of care and with their families, are well supported. Improvements include specific palliative care assessments and care plans; timely involvement of external support agencies, such as Macmillan nurses; updated policies and procedures and Liverpool pathway training for some members of staff.

Following a complaint made to the Commission regarding the early morning waking of residents, the home now ensures that residents are allowed to wake and eat breakfast at a suitable time for themselves, ensuring that their rights are protected.

The complaints policy and procedure has been improved to include updated contact details of the local Social Care and Health team and the local Primary

Care Trust, for funded residents and of the Commission for Social Care Inspection.

Security checks regarding access to the home out of hours now take place.

Residents' preferences regarding the gender of staff caring for them are now taken into account and written into their care plans and new staff or agency are introduced to residents if possible.

Recruitment procedures have improved and all necessary documentation is now obtained prior to a new member of staff starting work.

The home ensures that accurate records and amounts of all residents' money held, are now kept.

Sufficient details are kept in the accident book of who was contacted following any incidents involving residents.

What they could do better:

As a result of this inspection 2 requirements and 5 recommendations of good practice have been made.

Care plans must set out in detail the care required to ensure that assessed needs in respect of the resident's health and welfare are to be met, including emotional and psychological support.

All hand written entries on MAR charts must be checked for accuracy and signed and dated by 2 competent persons.

Prescribed medication must be regularly reviewed to ensure that it is still required and that the safety of residents is maintained.

Staff should ensure that residents' spiritual and cultural preferences regarding death and dying, are also recorded on their advanced care plans.

The home should ascertain residents' wishes regarding waking, record personal preferences and ensure that a routine is in place to meet people's needs in accordance with their rights and personal preferences.

All decanted dry foodstuff in the kitchen, should be labelled and dated.

Recruitment interview notes should be kept on the person's staff file to evidence what was discussed during the interview.

The home's recruitment policy should be updated stating that all newly employed staff awaiting a CRB check must work under supervision until it is received by the home.

It is recommended that staff supervision records also include details of training needs and reflect any performance or human resource issues addressed.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

CONTENTS

Choice of Home (Standards 1-6)

Health and Personal Care (Standards 7-11)

Daily Life and Social Activities (Standards 12-15)

Complaints and Protection (Standards 16-18)

Environment (Standards 19-26)

Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

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

3 (The home does not provide intermediate care so Standard 6 does not apply).

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

New residents move into the home having had their needs assessed and been assured that these needs will be met.

EVIDENCE:

The files of 2 recently admitted residents were viewed which both contained pre-admission assessments and showed that a thorough and informative assessment had taken place. This ensures that sufficient information was gained so that a comprehensive care plan could be written; to ensure that the resident's care needs could be met appropriately.

They were all dated and signed indicating when and who had carried out the assessment and where the information had been gathered from, for example, nurses or relatives.

Residents were asked in comment cards sent out by the Commission before the inspection, had they received enough information about this home to decide whether it was the right place to live. Of the 13 that responded, 12 said 'yes' and 1 said 'no'. Comments included:

- "This is the right place for me at the moment."
- "I went for a two week trial stay which was helpful."

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

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

7, 8, 9, 10 & 11

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

Generally good systems are in place to provide staff with the information they need to meet the health and personal care needs of residents but some improvements could be made regarding aspects of recording by staff. Individuals are treated with respect and dignity and improvements have been made in palliative care, ensuring that residents and their families are well supported.

EVIDENCE:

The care records of 4 residents were reviewed and found to be comprehensive, up to date and relevant and were based on the findings of appropriate assessments. Files contained a variety of assessments including ones for falls, pressure area care, communication and nutrition. However, no care plan could be found for 1 resident whose assessments stated that they experienced low mood and depression and there was minimal information on another care plan to address a resident's low mood. For example, the plan stated "*To provide good psychological support*" but did not specify what the individual

interventions would be to achieve that. All care plans were seen to be regularly reviewed though and there was evidence of them being discussed with and signed by a resident's representative.

It was clear from discussions with staff and residents that they have access to the health services they need. There was evidence to show that residents get support from General Practitioners, the district nurse, nurse specialists, dietician, chiropodists and opticians. 4 GPs completed surveys and all were satisfied with the service provided at Avon Reach, with 1 stating "*I feel there has been improved care provided over the last two years.*"

Medicines were properly stored, being locked away and records were kept of the receipt, administration and disposal of medication and examination of these showed that all was well recorded and there was a clear audit trail available. An up to date list of staff specimen signatures and self medicating risk assessments were seen and all medicines checked were in date and appropriately dated when opened, where necessary. All the medicine administration records seen for each resident clearly stated whether there were any known allergies to medicines and with no gaps seen in recording. However, some handwritten entries had not been double signed by staff and there had been no recent review of one resident's medication, which was no longer required and had been recorded as 'refused' instead.

Residents and relatives spoken with were happy with the care they received and confirmed that staff treated them with respect and were supportive and kind. Comments included:

- "All the staff at Avon Reach are kind considerate & helpful"
- "The staff listen and act- the sisters are very good, the carers occasionally forget to do what I have requested."
- "Good individual nursing care which is sensitive and thoughtful. My Mother, even though is physically and mentally disabled, has improved in the 5 years she has been there indicating good nursing care."

Several improvements have been made with regard to providing palliative care to dying residents at Avon Reach, since a random inspection was carried out following concerns raised. The home has now implemented advanced care plans which address issues such as preferences for a place of care, resuscitation agreements, power of attorney and other requests and were seen to be signed by the resident and their GP. However, the advanced care plans seen did not make reference to any spiritual or cultural preferences, such as choice of religious belief, although the home are planning to enhance the guidelines to staff regarding recording this information.

Otherwise, palliative care plans were seen to contain a good level of detail, based on clear assessments and were regularly updated to reflect the changing needs of the person. Evidence was seen of external support groups and

specialists, such as the local Macmillan cancer care unit, regularly visiting residents and offering individual care and advice. Liverpool Pathway palliative care training has been completed by the manager and deputy matron and 2 other staff have undertaken relevant training and advise other staff as needed.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

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

12, 13, 14 & 15

Quality in this outcome area is **excellent**. This judgement has been made using available evidence including a visit to this service.

There is a wide range of activities and social events planned by the home, which meet the residents' social, recreational and religious needs. Residents are encouraged to maintain contact with the local community and visits by their friends and relatives are welcomed by the home. An excellent choice of food is available, which provides a balanced diet and the individual needs of the residents are well catered for. However, some aspects of recording could be improved.

EVIDENCE:

Avon Reach employs 1 full time activity organiser and a dedicated social carer and offers a full and varied range of activities and social events. Activities include:

- Games and quizzes
- Extend exercise classes
- Regular entertainers and musical sessions
- Clothes stalls
- Mini bus trips out

Life diaries are completed for all residents and social carers visit those who are unable or choose not to join in with the offered activities. Records are kept of residents' choice of activities and daily living however, preferences regarding breakfast and waking up times were not seen to be recorded, although the home is planning to introduce documentation which will address this.

Residents confirmed that they are able to choose what they do, with some able to go to the pub, shops or for a walk independently. When residents were asked in the survey, if there were activities arranged by the home that they could take part in, 4 said 'always', 4 said 'usually', 4 said 'sometimes' and 1 said 'never'. However, relatives and residents commented:

- "Because I am blind there are several activities that I can't do, but I enjoy the quizzes and concerts."
- (*The home*) "Provides plenty of social activities for residents if they wish to join in, without pressurising those that don't wish to participate."
- "My mothers life is restricted now but they try to encourage her to take part in activities if possible."

Visiting is open and flexible and visitors are welcomed into the home.

The menu provides a wide choice and variety of meals, with individuals' likes and dislikes accommodated. The kitchen area was seen to be clean and tidy, with ample amounts of food and fresh produce stored. However, dry store cupboard goods, which had been decanted into other containers, were not seen to be dated though. Residents confirmed they could take their meals where they wished and some preferred to eat in their rooms and some preferred to go to the dining room. On the last day of the inspection, a 100th birthday party was being held for a resident-extra chefs and staff were on duty and the planned 3 course meal was prepared as well as the normal menu choices. The quality of food was excellent and residents commented on how much they enjoyed the special celebration and the effort that had been made by the home.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

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

16 & 18

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

The home has a good complaints system, which ensures that complaints are managed properly and residents and relatives can be sure that their concerns will be listened to and acted upon. Adult protection is appropriately addressed in staff training and policies and practice are in place, in order to safeguard residents from potential abuse and harm.

EVIDENCE:

The Commission has received 2 complaints since the last key inspection, which were both found to be upheld following 2 separate random inspections carried out. The home now keeps an untoward incident log in addition to its complaints book and thorough details were seen to be recorded of the 2 incidents documented. The complaints policy and procedure has been updated following recommendations made at the last key inspection and now includes up to date contact details of the Commission, Dorset Care & Health and the local Primary Care Trust.

The home has a robust policy and procedure to respond to suspicion or evidence of abuse or neglect and staff have received training in this. In discussion they appear to have a general understanding of local procedures.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

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

19 & 26

Quality in this outcome area is **excellent**. This judgement has been made using available evidence including a visit to this service.

The standard of décor and maintenance at Avon Reach is excellent, providing residents with a safe and homely environment in which to live and is clean and free from any offensive odours.

EVIDENCE:

The home has a programme of ongoing maintenance and provides an extremely comfortable environment in which to live. Work carried out within the last year includes new lighting in all communal areas, a new shower room, changing the reception area into an open desk and making it more 'friendly', new carpets and furniture in many communal areas and the on going decoration and refurbishment of residents rooms.

Following a previous requirement made when the home was found to be unlocked during an early morning inspection, the registered manager confirmed that it is now secure during unsocial hours and she had carried out a spot visit to check this.

The home was clean and free from any unpleasant odours, with evidence of good infection control procedures in place and the laundry was well managed with ample supplies of clean linen seen throughout the home.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27. Service users' needs are met by the numbers and skill mix of staff.
- 28. Service users are in safe hands at all times.
- 29. Service users are supported and protected by the home's recruitment policy and practices.
- 30. Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

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

27, 28, 29 & 30

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

Sufficient levels of staff are employed to ensure that the needs of the residents are met. The home's recruitment system ensures that residents are properly protected from the risks of potentially unsuitable staff being employed, however recording could be improved. Staff also receive comprehensive training which enables them to be competent in their work.

EVIDENCE:

The duty rota was seen during the inspection and it showed that sufficient numbers of care staff were employed to meet the needs of the residents. The home also employs several other ancillary staff including housekeeping staff, kitchen assistants, an activity organiser and a dedicated social carer. All new agency staff working in the home now are introduced to residents, where possible, to ensure that people know who will be looking after them. When staff were asked in the surveys, if there were enough staff to meet the individual needs of all the people who use the service, 2 said 'always', 2 said 'usually', 3 said 'sometimes' and 2 said 'never'. 12 residents responded to the question, 'Are the staff available when you need them?' 4 said 'always' and 8 said 'usually'.

The home has an ongoing training programme, which includes NVQ level 2 in care. The home confirmed that at the time of inspection nearly 50% of care staff held this award with several more working towards achieving this.

The files of 3 staff members were viewed and all relevant documentation was found to be present however there was no evidence of gaps in employment or areas of concern in previous employment, having been explored. When discussed, the registered manager confirmed that the issues were addressed during interview but no notes were kept on the staff files. The recruitment policy also does not reflect that newly employed staff awaiting their CRB must work under supervision, until it is received by the home.

Training files demonstrated that staff were receiving induction training and this was confirmed in discussion with a new member of staff. Staff confirmed that they had attended a number of training sessions provided including infection control, food hygiene, fire training and moving and handling. Additional training completed by some staff included palliative care, syringe driver use and MUST training.

Further information on available training can be accessed through the following websites:

www.picbdp.co.uk

www.skillsforcare.org.uk

Management and Administration

The intended outcomes for Standards 31 – 38 are:

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

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

31, 33, 35, 36 & 38

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

The home is well organised and the daily management and running of the home centres round the care of residents. Staff are adequately supervised ensuring that training needs are identified and met and the welfare of residents and staff are well promoted and protected, ensuring that risks to health and safety are minimised.

EVIDENCE:

Mrs June Reynolds is the registered manager of the home and has completed the Registered Managers Award and is also a registered nurse. Recent training undertaken by Mrs Reynolds includes Liverpool care pathway palliative care, a diabetic specialist nurse update and elder abuse trainer training. Residents and staff spoken with during the inspection said they were happy to approach Mrs

Reynolds with any concerns they may have. Comments received in surveys from relatives and residents reflected that on the whole, they felt the home was ran to a very good standard and benefited from "a very professional matron and well qualified sisters". However several people commented that they felt there were less senior staff, including the matron, on duty at the weekend and it was difficult to get information.

There have been improvements in quality assurance processes since the last inspection and the home now use surveys to monitor the people's satisfaction with the service provided. There is a quarterly newsletter now published, residents' meetings are well attended and regular audits are carried out. An annual development plan has also now been produced based on the results of feedback and audits. The home also submitted a completed Annual Quality Assurance Assessment (AQAA) prior to the inspection, as required by the Commission.

Generally residents had appointed a responsible representative to deal with financial matters, however the home does hold small amounts of cash for some people. A sample of records and balance of monies held were seen and checked and demonstrated that the recording was accurate.

Records seen and staff spoken with confirmed that formal staff supervision has improved and staff were receiving it regularly but supervision records seen did not reflect performance and human resource issues or any training needs identified. However, the home confirmed that this was an area that would be looked at and improved.

The accident book showed that accidents were properly recorded and appropriate action was taken as necessary, including who had been contacted and was regularly audited. Records showed that equipment had been serviced regularly and all servicing certificates seen were in date. Appropriate risk assessments were in place, including ones for the use of bed rails and all fire training and safety checks were up to date. The home have now invested in portable call pendants for residents using the grounds or who have increased needs, to help protect them further.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
<i>Standard No</i>	<i>Score</i>
1	X
2	X
3	3
4	X
5	X
6	N/A

HEALTH AND PERSONAL CARE	
<i>Standard No</i>	<i>Score</i>
7	2
8	3
9	2
10	3
11	3

DAILY LIFE AND SOCIAL ACTIVITIES	
<i>Standard No</i>	<i>Score</i>
12	4
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
<i>Standard No</i>	<i>Score</i>
16	3
17	X
18	3

ENVIRONMENT	
<i>Standard No</i>	<i>Score</i>
19	4
20	X
21	X
22	X
23	X
24	X
25	X
26	3

STAFFING	
<i>Standard No</i>	<i>Score</i>
27	3
28	3
29	2
30	3

MANAGEMENT AND ADMINISTRATION	
<i>Standard No</i>	<i>Score</i>
31	3
32	X
33	3
34	X
35	3
36	3
37	X
38	3

Are there any outstanding requirements from the last inspection? No

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1.	OP7	15(1)	Each care plan must set out in detail the care required to ensure that assessed needs, including emotional and psychological support, are met regarding the resident's health and welfare.	31/03/08
2.	OP9	13(2)	All hand written entries on MAR charts must be checked for accuracy and signed and dated by 2 competent persons. Prescribed medication must be regularly reviewed to ensure that it is still required and the safety of residents is maintained.	31/03/08

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	OP11	Residents' wishes regarding death and dying should be sensitively ascertained and any wishes, including spiritual and cultural preferences recorded as part of the assessment process.
2.	OP12	Residents' preferences regarding breakfast and waking up times should be recorded to ensure that their rights are protected.
3.	OP15	All decanted dry foodstuff should be labelled and dated.
4.	OP29	Recruitment interview notes should be kept on the person's staff file to evidence what was discussed during the interview.
5.	OP29	The home's recruitment policy should be updated stating that all newly employed staff awaiting a CRB check must work under supervision until it is received by the home.
6.	OP36	It is recommended that the records of supervision sessions provide more details and include aspects of the persons work performance, clinical supervision (for trained staff) and training needs in addition to their achievements in maintaining good practice.

Commission for Social Care Inspection

Poole Office

Unit 4

New Fields Business Park

Stinsford Road

Poole

BH17 0NF

National Enquiry Line:

Telephone: 0845 015 0120 or 0191 233 3323

Textphone: 0845 015 2255 or 0191 233 3588

Email: enquiries@csci.gsi.gov.uk

Web: www.csci.org.uk

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