



*Making Social Care
Better for People*

inspection report

CARE HOMES FOR OLDER PEOPLE

Teamcare Ltd t/a Highcliffe Residential Home

**T/A Highcliffe Residential Home
226 Preston Road
Whittle Le Woods
Chorley
Lancashire
PR6 7HW**

Lead Inspector
Julie Playfer

Unannounced Inspection
2nd April 2008 09:30

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	Teamcare Ltd t/a Highcliffe Residential Home
Address	T/A Highcliffe Residential Home 226 Preston Road Whittle Le Woods Chorley Lancashire PR6 7HW
Telephone number	01257 265 198
Fax number	01257 265 198
Email address	highclifferesthome@hotmail.com
Provider Web address	
Name of registered provider(s)/company (if applicable)	Teamcare Limited
Name of registered manager (if applicable)	Patricia Eskdale
Type of registration	Care Home
No. of places registered (if applicable)	24
Category(ies) of registration, with number of places	Dementia - over 65 years of age (1), Old age, not falling within any other category (24)

SERVICE INFORMATION

Conditions of registration:

1. The home is registered for a maximum of 24 service users to include:
 - *Up to 24 service users in the category of OP (Old age not falling within any category).
 - *Up to 1 named female service user in the category of DE (E) (Dementia over 65 years of age).

Date of last inspection 11th April 2007

Brief Description of the Service:

Highcliffe Residential Home is registered with the Commission for Social Care Inspection to provide personal care and accommodation for 24 Older People.

The home is a detached property set in its own grounds, with outdoor seating areas. The home is located in a residential area in Whittle Le Woods, a small village on the outskirts of Chorley. Access to the home is via a private road off Preston Road.

Accommodation is provided in 24 single bedrooms, 11 of which have an ensuite facility. Communal space is provided in two lounges and one dining room. There are 2 assisted bathrooms and one assisted shower. There are also three rooms, which can be used by visitors.

At the time of the inspection, the scale of fees ranged from £342.50 - £386.00 per week. Additional charges were made for hairdressing, private chiropody and personal magazines and newspapers. The weekly charges were due to increase on 7th April 2008 to £366.00 to £412.00.

Information was made available to prospective residents by means of a statement of purpose and service user's guide. The guide was usually given to prospective residents and/or their relatives on viewing the home or at the point of assessment.

SUMMARY

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

The quality rating for this service is **2 stars**. This means the people who use this service experience **good** quality outcomes.

A key unannounced inspection, which included a visit to the home, was conducted at Highcliffe on 2nd April 2008. At the time of the inspection there were 20 people accommodated in the home with two additional people in hospital. The inspection comprised of spending time with the residents, looking round the home, looking at the residents' care records and other documents and discussion with the staff, the care coordinator and the registered manager. As part of the inspection process the inspector used "case tracking" as a means of gathering information. This process allows the inspector to focus on a small group of people living at the home, to assess the quality of the service provided.

Prior to the inspection the care coordinator completed a detailed factual questionnaire about all aspects of the care home, which provided useful information and evidence for the inspection. Satisfaction questionnaires were sent to the home for distribution to the staff, the residents and their relatives. Twelve questionnaires were returned from relatives/visitors to the home and ten questionnaires were received from the people who live in the home. In addition six questionnaires were received from staff. The responses from the questionnaires were collated and used as evidence throughout the inspection process.

What the service does well:

Current and prospective residents were provided with appropriate written information. This ensured the residents were aware of the services and facilities available in the home. The admission procedure involved an assessment of people's needs. This enabled the registered manager and prospective residents to determine whether or not their needs could be met within the home.

The daily routines were flexible and designed to meet the wishes of the residents, many of the residents chose to have a lie in and breakfast was served throughout the morning to suit their preferences. The residents spoken to felt they were well cared for and the staff respected their rights to privacy and dignity. One resident wrote in a questionnaire, "I enjoy being here" and another person wrote, "It's a very pleasant place to spend my later years".

Visitors were welcome in the home at any time and residents were supported to maintain good contact with their family and friends. The relatives who completed a questionnaire were satisfied with the quality of care provided, one

person commented, "They are very caring and always give the residents the feeling that they are special".

The residents were aware of the complaints procedure and knew who to talk to in the event of a concern. Residents' meetings were held on a regular basis, which gave the residents the opportunity to discuss all aspects of life in the home.

The residents were provided with clean comfortable bedrooms. The residents could personalise their rooms, with their own belongings. The sitting and dining areas were decorated in a homely fashion, with a variety of armchairs, footstools, side tables, ornaments and pictures.

A good percentage of staff had achieved NVQ level 2 or above. This qualification provided the staff with the necessary knowledge to carry out their role effectively.

What has improved since the last inspection?

Since the last inspection, senior staff had accompanied the care coordinator during some of the preadmission assessments and efforts had been made to ensure this staff member was on duty when the person was admitted to the home. This helped the resident to settle into their new surroundings and ask any questions about life in the home. This practice also gave the staff an insight into the life changes the resident was making.

The care plans and monthly review forms had been updated to incorporate daily living routines. This meant the staff had more information about each resident's preferred daily routines. The format had also been revised to make the plans and reviews easier for the residents, their relatives and the staff to understand.

The storage of drugs had been relocated in the home to provide more space.

Several improvements had been made to the premises. Four bedrooms had been redecorated and two bedrooms had been fitted with new carpets. A wheelchair access shower facility had been fitted to allow every person the choice of a bath or shower. The car park had been completed and provided ample parking for visitors and various wildlife feeders had been fitted round the garden, at the request of a resident to encourage local wildlife into the garden.

All recruitment checks had been carried out prior to new staff starting work in the home, to ensure the residents were protected from unsuitable people.

The staff had been actively involved in the review of the annual development plan, which was based on the outcomes of the quality assurance processes. This meant that the staff were fully consulted about the planned developments in the home.

What they could do better:

The care plans must include up to date information about people's medical conditions. This includes any information or direction given to staff by a healthcare professional. This is to ensure staff are aware of how a person's changing needs are to be met.

Medication must be administered in line with the prescriber's instructions and any changes must be clearly recorded. This is to ensure the residents are given their medication correctly.

Controlled drugs must be stored in a controlled drugs cupboard, which is fully compliant with the relevant legislation concerning the safe custody of drugs. This is to ensure such drugs are stored safely.

The gas installations must be tested and the gas safety certificate renewed. This is to ensure such systems are operating safely.

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

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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):

1, 2, 3 and 4.

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The people who live in the home had their needs properly assessed and they were provided with appropriate written information to enable them to make an informed choice about where to live.

EVIDENCE:

Written information was available for the residents in the form of a statement of purpose and service user's guide. The guide was available for reference in the front office and in each of the bedrooms. Both documents provided useful information about the services and facilities offered in the home. The care coordinator explained that work had commenced to produce a brochure, which would provide a short guide to the overall service and give details about what a prospective resident could expect when living in the home. With the exception of one person, all the residents who completed a questionnaire indicated they received enough information prior to moving into the home.

All residents were issued with a statement of terms and conditions of residence or contract. It was noted the contract had been signed by the residents and/or their representative and included information about the current level and payment of fees.

The 'case tracking' process demonstrated the residents had their needs assessed prior to admission to the home by a social worker and/or the registered manager/care coordinator. Copies of the preadmission assessments were seen on the residents' files. The registered manager ensured that admissions were not made to the home in the absence of a full needs assessment. This meant the registered manager was confident that the staff had the necessary skills and knowledge to meet the assessed needs of the prospective resident.

Since the last inspection, senior staff had accompanied the care coordinator during some of the preadmission assessments and efforts had been made to ensure this staff member was on duty when the person was admitted to the home. This practice meant the resident had a familiar person to ask any questions and settle into their new surroundings.

Following admission, a three month trial period was offered to every resident, so that both parties could make sure the placement was successful and the resident's individual needs could be met.

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 and 10

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The health and personal care received by residents was based on their individual assessed needs. Care practice took full account of the residents' privacy and dignity.

EVIDENCE:

From the case files seen, it was evident each resident had a plan of care, based on their assessment of needs. Since the last inspection, the care plans and monthly review forms had been updated to incorporate daily living routines. The format had also been revised to make the plans and reviews easier for the residents, their relatives and the staff to understand. The plans were supported by records of personal care, which provided information on changing needs and any recurring difficulties.

Whilst the residents spoken to could not recall participating in the development of their care plan, there was documentation signed by the residents within

their personal file indicating their involvement. The relatives who completed the questionnaires felt they were kept up to date about important issues affecting their family member, one person wrote, "We have weekly chats about any changes that have been required to make sure she is well cared for" and another person commented, "Care plans are shared and our input is valued".

The care plans had been reviewed on a monthly basis. The review forms included prompts for staff, to ensure any changing needs were identified.

Risk assessments in respect to moving and handling, pressure sores and nutrition had been incorporated into the care plan documentation. However, it was noted that not all risk assessments were supported by risk management strategies, especially following a "Waterlow" assessment of the risk of pressure sores. It was also noted that one person's nutritional risk assessment did not include details of a medical condition, which impacted on the person's diet. This meant the staff did not always have sufficient information within the risk assessments about how to manage identified risks.

Healthcare needs were considered as part of the assessment process and a list of healthcare needs along with details about how these needs were to be met were included within the care plan documentation. However, not all information about people's conditions identified in the daily care records had been transferred to the care plans, for instance the management of pain. A chart was maintained to monitor the residents' weight, to ensure any significant fluctuations were noted and acted upon. Care plan documentation indicated that the residents accessed NHS services and received specialist support as necessary. However, there was no evidence seen to indicate that a direction given by a District Nurse had been carried out in relation to one person's condition. All the residents spoken to confirmed that they received the medical support they needed.

The residents spoken to felt the staff respected their rights to privacy and dignity and all made complimentary remarks about the staff, for instance one person said "The staff are very good, we are well looked after". The residents, who completed the questionnaires prior to the inspection, also made positive comments about the staff, for instance one person commented, "I find the management and staff very caring and pleasant". The staff were observed to interact with the residents in a positive manner and they referred to the residents in their preferred term of address.

Policies and procedures were in place to cover all aspects of the management of medicines and patient information leaflets were available in alphabetical order for staff reference. Since the last inspection the storage of medicines had been relocated in the home, to provide more space. The home operated a monitored dosage system for the administration of medication, which was dispensed into blister packs by a local pharmacist. Appropriate records were maintained in respect to the receipt, administration and disposal of medication

and all staff designated to administer medication had received accredited training. However, it was noted that not all medication was administered in line with the prescription label. Systems were in place for the management and administration of controlled drugs and a check of stocks corresponded accurately with the controlled drugs register. However, it was noted the controlled drugs were stored alongside other medication in a locked trolley and not within a cupboard, which is compliant with the relevant Regulations.

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 and 15

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The residents were able to choose their lifestyle and social activity and were supported to keep in good contact with their friends and family. The residents enjoyed the meals provided, which were served at times convenient to them.

EVIDENCE:

The residents' preferences in respect of social activities were recorded as part of the assessment process. The residents were encouraged by the registered manager and the staff to pursue a range of activities. A recreational therapist was employed to assist with activities within the home, which included dominoes, bingo, quizzes, making cards and active games such as throwing hoops or sticky darts. Professional entertainers visited the home on a regular basis and all birthdays and religious festivals were celebrated. Trips were also arranged to places of interest in the local area.

An artist visited the home on weekly basis to help residents with their artwork. An art session was observed on the day of the inspection. All the residents spoken to said they enjoyed developing their painting skills. Details about the

residents' participation in social activities were included within the daily care records.

The residents and their relatives were informed about forthcoming events in the monthly newsletter and posters displayed around the home.

The residents were supported to follow their chosen religion and church services covering three denominations were held in the home on a regular basis.

The routines were well established and residents had the choice in the times they got up and went to bed. One resident said, "I can do as I please, last night I enjoyed watching the football until 11 o'clock". Breakfast was served throughout the morning to suit the wishes of the residents. The staff were observed to seek the residents' views throughout the inspection and the residents spoken to said they felt comfortable to comment on life in the home.

There were no restrictions placed on visiting times and residents were able to receive their guests in the privacy of their own rooms, should they wish to do so. The relatives who completed the questionnaires indicated they were satisfied with the quality of care provided, one person wrote, "We always feel welcome, staff are courteous and are able to talk about any concerns that we may have. We receive regular newsletters to keep us up to date and they look after the residents' wellbeing". Another person commented, "They show compassion and understanding to the differing needs of the residents". A perspex box was fitted to the wall in every bedroom, which was used by the relatives and staff to communicate any messages.

The residents said the meals were "good" and "very nice". They also said there was plenty to eat and the food was a good quality. There was a choice of meal each mealtime and residents were asked prior to each meal what choice they wished to make. The meal served on the day inspection looked appetising and was well presented. Whilst residents were assisted to eat their meals in a sensitive manner, it was observed that the content of the blended meals were liquidised together and served in one bowl, rather than in separate blended portions. This did not allow the residents to enjoy the individual tastes of the food.

The menu was clearly displayed in the dining room and the residents were aware of the forthcoming meal. Drinks and snacks were served throughout the day and at other times on request. Residents were observed asking for drinks during the inspection and were promptly served by staff.

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 and 17

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Residents were able to express their views and had access to a clear complaints procedure. Policies and procedures were in place to respond effectively to any allegations or suspicions of abuse.

EVIDENCE:

The complaints procedure was included in the statement of purpose, service user's guide and the residents' contract. The procedure contained the necessary information should a resident wish to raise a concern. The procedure incorporated the relevant contact details for the Commission. The residents spoken to said they could speak to the manager, staff or the owner if they had a problem. All the residents who completed a questionnaire indicated that they were aware of how to make a complaint. The relatives who completed the questionnaires were also aware of the complaints procedure, one person commented, "I've never had to make a complaint, but if we did there is a communication box in every bedroom. Also there is always a member of staff available to speak to".

The registered manager had received one complaint since the last inspection. The complaint had been recorded along with the details of the investigation and outcome.

Policies and procedures for safeguarding vulnerable adults were available and provided guidance to staff should they suspect or witness any harmful practice. These issues were incorporated into the induction training and staff received specific tuition as part of their NVQ training. A video was also used for staff training purposes, which tested staff knowledge by the use of an accompanying questionnaire. Staff had access to a whistle blowing procedure, should they need to report any concerns.

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, 20, 21, 23, 24, 25 and 26

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The residents were provided with a clean, pleasant and comfortable environment.

EVIDENCE:

Highcliffe Residential Home is a mature detached property set in its own grounds, with a purpose built extension. There is a large patio area at the rear of the building, which could be used by residents in fine weather.

Accommodation is provided in twenty-four single bedrooms, with eleven of these rooms having an ensuite facility. Communal space is provided in two lounges and a dining room. There are also three rooms, which can be used by visitors.

Since the last inspection several improvements had been made to the premises. Four bedrooms had been redecorated and two bedrooms had been fitted with new carpets. A wheelchair access shower facility had been fitted to allow every person the choice of a bath or shower. The car park had been completed and provided ample parking for visitors and various wildlife feeders had been fitted round the garden, at the request of a resident, to encourage local wildlife into the garden.

Established arrangements were in place to report repairs and routine maintenance and appropriate records had been maintained of the work completed.

It was evident on a partial tour of the building that the residents had personalised their rooms with their own belongings and decoration was good throughout. The residents spoken to said they liked their rooms, which they described as comfortable and warm. The bedroom doors had been fitted with appropriate locks, which enabled the residents to lock the door using a "latch" on the inside. The locking mechanism allowed staff to gain entry in the event of an emergency call.

Radiators were fitted with guards or had a guaranteed low surface temperature. To prevent scalding all water outlets had been fitted with preset valves to guarantee water was delivered close to 43°C. A call system with an accessible alarm was placed in every room.

The home was clean and odour free at the time of the inspection. The residents spoken to said that a good level of hygiene was maintained at all times.

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 and 30

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The staff received appropriate training and new staff were fully vetted before commencing employment in the home.

EVIDENCE:

A staff rota was maintained, which indicated which staff were on duty at any time on a particular day. The registered manager confirmed all staff providing personal care were aged over 18 and all staff left in charge were aged over 21. At the time of the inspection the number of staff on duty was sufficient for the number of residents living in the home.

A recruitment and selection procedure was available and a checklist was used to track documentation required for the recruitment of new staff. The files of two new members of staff were inspected. It was evident both people had completed an application form, provided a full working history and had attended the home for an interview. Two written references and a CRB (Criminal Records Bureau) check had been received prior to the staff commencing work in the home.

Arrangements were in place for all new employees to undertake an in house induction programme and complete a "Skills for Care" induction. The latter

provided underpinning knowledge for NVQ level 2. According to information supplied by the care coordinator, 11 out of 17 members of staff had achieved NVQ level 2 or above, which equated to 65% of the overall staff team. In addition, five members of staff were working towards NVQ level 2. All the staff who completed a questionnaire confirmed they received training relevant to their role and all commented that they were well supported by the management team with any training needs.

Staff attended both internal and external training courses and had at least three paid days training a year. It was noted all the staff had a training and development profile and a staff training plan had been devised. The care coordinator had also entered the staff training records onto the Lancashire Workforce Development Plan, which is a database on the internet. This meant that future training needs could be identified and courses arranged as necessary.

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, 32, 33, 35, 36 and 38

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The management approach promoted positive relationships between the staff and the residents. Effective systems were in place to monitor the quality of service provided.

EVIDENCE:

The registered manager had worked in various care settings for 25 years and had achieved the Registered Manager's Award and NVQ level 4 in Care. The registered manager had updated her knowledge and skills by attending several courses during the last twelve months; the courses included moving and handling, infection control and medication awareness.

Relationships within the home were good and staff spoke about the residents with respect. The residents valued the help and support they received from the staff. One person who completed a questionnaire said "All the staff help me" and another person commented, "The staff are always helpful and supportive".

Whilst staff had received appraisals of their work performance and were given the opportunity to attend regular staff meetings, not all staff had received formal supervision six times a year.

The management team had developed a quality assurance system to monitor the quality of the service received by the residents. A newsletter was distributed monthly to the residents and their relatives. Several of the relatives mentioned how useful the newsletter was in the questionnaires, one person wrote, "The regular newsletters keeps us all well informed".

The service was awarded a post recognition Investors in People Award in 2007. Satisfaction questionnaires were distributed in January 2008 to the residents, their relatives and professional staff. The results had been collated and feedback had been provided to all interested parties. Residents and staff were consulted at regular meetings and minutes of such meetings were seen during the inspection. Since the last inspection, the staff had been actively involved in the annual development plan, which was based on the outcomes of the quality assurance process. The plan set out the planned developments for the service for the forthcoming year. A business plan was also available and the care coordinator had set up ongoing monitoring systems, to ensure all aspects of the service ran smoothly.

At the time of the inspection, there was no money deposited on the premises by or on behalf of the residents. The registered manager confirmed records were maintained in respect to the amount of fees charged and received.

There was a set of health and safety policies and procedures available, which included the safe storage of hazardous substances. Staff had received health and safety training, which included moving and handling, food hygiene, first aid and fire safety. Documentation seen during the inspection demonstrated that the fire and electrical safety systems were serviced at regular intervals. The electrical safety certificate was dated January 2007 and was valid for 5 years. However, it was noted that the gas safety certificate had expired. The fire log demonstrated that staff had received instructions about the fire system and fire alarms were tested weekly. Systems were in place to carry out regular health and safety checks around the building and risk assessments had been undertaken on safe working practice topics.

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	
Standard No	Score
1	3
2	3
3	3
4	3
5	X
6	X

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	2
9	2
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	3
14	3
15	2

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	3
20	3
21	3
22	X
23	3
24	3
25	3
26	3

STAFFING	
Standard No	Score
27	3
28	4
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	3
33	4
34	X
35	3
36	2
37	X
38	2

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.	OP8	15 (1)	The care plans must include up to date information about people's medical conditions. This includes any information or direction given to staff by a healthcare professional. This is to ensure staff are aware of how a person's changing needs are to be met.	15/05/08
2.	OP9	13 (2)	Medication must be administered in line with the prescriber's instructions. Any changes must be clearly recorded. This is to ensure the residents are given their medication correctly.	02/04/08
3.	OP9	13 (2)	Controlled drugs must be stored in a controlled drugs cupboard, which is fully compliant with the Misuse of Drugs (Safe Custody) Regulations 1973 as amended in 2007. This is to ensure such drugs are stored safely.	02/07/08
4	OP38	13 (4) (c)	The gas installations must be tested and the gas safety certificate renewed. This is to ensure such systems are operating safely.	01/05/08

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.	OP8	Risk assessments should include risk management strategies to ensure staff are aware of how best to manage and reduce any identified risks in a consistent and safe manner.
2	OP15	When a resident requires blended food the meal should be liquidised in separate portions to allow the resident to enjoy the individual tastes of the food. The need for blended food should be kept under review, to ensure residents have the opportunity to experience texture in their food wherever possible.
3.	OP36	The staff should receive formal supervision at least six times year. This to ensure the staff have the opportunity to discuss their work in the home and identify future training needs.

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