



*Making Social Care
Better for People*

inspection report

CARE HOMES FOR OLDER PEOPLE

Hoar Cross Nursing Home

**St Michael's House
Abbots Bromley Road
Hoar Cross
Near Burton on Trent
Staffs
DE13 8RA**

Lead Inspector
Rachel Davis

Key Unannounced Inspection
23rd November 2007 09:45

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	Hoar Cross Nursing Home
Address	St Michael's House Abbots Bromley Road Hoar Cross Near Burton on Trent Staffs DE13 8RA
Telephone number	01283 575210
Fax number	01283 575310
Email address	info@hoarcrosscare.co.uk
Provider Web address	
Name of registered provider(s)/company (if applicable)	Hoar Cross Care LTD
Name of registered manager (if applicable)	vacant post
Type of registration	Care Home
No. of places registered (if applicable)	45
Category(ies) of registration, with number of places	Mental disorder, excluding learning disability or dementia (1), Old age, not falling within any other category (20), Physical disability (45), Physical disability over 65 years of age (45), Terminally ill (5)

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 26th September 2006

Brief Description of the Service:

Hoar Cross Nursing Home is a 45-bedded care home (with nursing care) situated in the rural Staffordshire hamlet of Hoar Cross.

It is owned by Hoar Cross Care Ltd, the manager is Ms Kathy Cleaver. Kathy is in the process of putting her application forward to the Commission for Social Care Inspection to become the registered manager at Hoar Cross Nursing Home.

Hoar Cross Nursing Home is registered with the Commission for Social Care Inspection to meet the needs of adults with a physical disability and those with a terminal illness. A variety of specialist equipment is available to assist the people who use the service.

The fees charged are from £550:00 to £795:00 per week.

The home has two floors and twenty- nine single occupancy bedrooms, there are a remaining 11 bedrooms classed as premium or shared rooms. Twenty-seven rooms have an en suite.

The home has the luxury of space, stunning views and it is exceptionally well appointed. The lounges, dining areas, bathrooms and bedrooms and all other indoor and outdoor facilities are fit for purpose.

SUMMARY

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

This announced inspection (4 days notice given) took place over eight hours. It was carried out by one inspector who used the National Minimum Standards for Older People as the basis for the inspection.

This was a 'key inspection' and therefore all the core standards were assessed, this was the first inspection of this service for this inspector.

During our visit we looked at how people were admitted to the service and the information they had to make a decision. We looked at the life people were able to lead and whether their health and personal care needs were being met.

We also looked to see whether people who use the service were being protected and the arrangements the service had for listening to what people thought about Hoar Cross Nursing Home.

We read the Annual Quality Assurance Assessment, this is required by law on an annual basis from each registered service provider, and in this document they give their own assessment of how they are meeting outcomes for people who use their service. Some statistical information is also provided.

We sent questionnaires to a number of people who use the service to find out directly from them how the service is being managed, if they are satisfied with the standard of the care being received, and if the staff understand their needs and have the training and support required to meet them.

Three people who use the service returned survey forms to us with their views. Seven staff also returned questionnaires to inform us on how they feel they are supported, trained and managed.

During the visit we met and spoke to a number of people living in the home, three visitors and five members of staff.

Observations were made of staff and resident interaction around non-personal care tasks, lunchtime, activities, and the medication administration was also seen.

We looked round the home to see the standard of the accommodation and some of the people living in the home showed the inspector their bedrooms.

We have not needed to visit the home since the last inspection held in September 2006.

What the service does well:

The nursing and care staff are kept well informed resulting in an enthused team, who are able to provide good quality care.

The services admission procedure provides people with the opportunity to visit the service before deciding to move to live there.

The home prioritises the needs of the people who use the service ensuring that their wishes and feelings are continually assessed and met. The home has begun to operate a person centred approach and demonstrates a good understanding of individuals care needs.

Peoples descriptions of the home were as follows:

"Excellent care, it could not be better"

"The staff are marvellous kind people."

"It's a home that is a home."

"It is a wonderful place to be."

Relatives' comments included:

"They keep me well informed, I am confident to leave my relative here."

"I feel Hoar Cross is open, welcoming, they communicate well, the staff are very kind and talk to everyone."

"From the time we viewed till present I have received an exceptional service."

" My relative is very content at Hoar Cross Nursing Home."

Health needs are closely monitored and access to other health professionals is arranged as required, emotional needs appear to be addressed with care and sensitivity.

The home ensures staff are not employed without full employment checks therefore confirming they are suitable people to work with vulnerable adults.

The manager confirmed all newly appointed staff undergo a suitable induction programme to promote good practice, confidence and understanding in the service delivery.

When we spoke to people living at Hoar Cross they said that they liked the care staff and found them to be very caring, we saw staff had good relationships with the people who use the service.

The management of residents' monies is robust and safe.

We saw that the level of activities and entertainment for those people using the service was good.

What has improved since the last inspection?

This is the first inspection for this inspector therefore it is quite difficult to assess what has improved.

The staff told us that the training opportunities have improved since last year, they also felt supervision and support offered had taken " *a 360 degree turn.*"

The people who use the service were happy with the way in which the service was being run.

The manager has been in post for six months and has identified areas she wishes to change or amend, and staffing rotas have already been changed to avoid long shifts, previously staff were expected to work 14 hours. One member of staff commented that the content within the homes policies and procedures had improved, and stated more meetings were held, someone else commented that "*things were now recorded better*" and handover diaries were very useful.

No requirements were made at the last inspection, the previous inspector made two recommendations.

One of these recommendations is now irrelevant, as the previous manager has resigned, and was around the completion of a management qualification. The other was to ensure the refurbishment of the premises was completed in a timely manner, this had occurred.

What they could do better:

The Statement of Purpose and Service User Guide give individuals an accurate account of the home and its services, however, the home may wish to offer a more "user friendly" version.

Although care plans and risk assessments are developed for the people who use the service there is room for improvement. Plans of care should be person centred and give a picture of the individual, looking at their abilities as well as their needs, the information on how to manage a risk was not detailed enough. There was no evidence to confirm people who use the service had involvement with their own plan of care.

The homes evaluation of their annual quality assurance needs to be made available to the people who use the service and this needs to include information around the quality of nursing.

The service needs to ensure that all the staff are appropriately trained to make sure they can meet the needs of the people who use the service. Mandatory training meets the Skills for Care Induction Standards however Protection of Vulnerable Adults training, manual handling training and fire drills have not been delivered to all the staff therefore people using the service do not benefit from fully trained staff in these fields.

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 and 3. Quality in this outcome area is **good**

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

The information available allows people to make a decision as to whether the service can meet their needs. People are only admitted following a suitable assessment.

EVIDENCE:

People using the service are provided with a copy of the homes brochure, Statement of Purpose and Service User Guide, this means that people have information about the service and people know whether the home can meet their needs.

The home may wish to consider providing this information in a more “user friendly” manner to ensure that people who use the service are aware they are able to access various formats and styles.

Before people are admitted to the home, their needs are assessed so that all parties can be confident that they will be fully supported in the way they require.

The home is registered to provide care to people with a physical disability, 1 person with a mental disorder and 5 terminally ill people. The home have support from palliative care specialists and are introducing End of Life tools such as the Liverpool Care Pathway for the dying patient.

There was evidence to confirm that the home are proactive in ordering any specialist equipment necessary, this includes profile beds, stand aids, individually assessed mattresses or other aids and adaptations that may be required.

Hoar Cross Nursing Home is not registered to provide intermediate care, therefore Standard 6 is not relevant so not assessed.

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.

There are care planning systems in place which identify the needs of the people who use the service so staff have the information necessary to meet these needs. The health and personal care needs that people who use the service receive are individualised but records could be improved upon. The principles of respect, dignity and privacy are practiced.

EVIDENCE:

All people who use the service have a key worker and a named nurse. The key worker system enables closer resident staff relationships where likes, dislikes and needs are shared and should also be recorded.

The care records of three people who use the service were checked during this inspection. A plan of care has been developed in all instances and these were suitably reviewed.

Equality and diversity information about people's preferences should be included on care plan documentation and this will ensure that people are treated as individuals and in the way they prefer.

It is recommended that the information within the plan of care are expanded to ensure that staff know exactly what support is required especially where people who use the service are not able to express themselves easily. Care plans could become more person centred and contain more succinct information around areas of need such as, recreation, hobbies, nutrition, spiritual needs, sexuality, life skills and death and dying. There was no evidence to verify plans of care had been agreed or developed with the individual.

Risk assessments were evident but there was lack of clarity on how to manage the risk. Assessments that include the views of people who use the service or their representatives must be in place to support people taking reasonable risk.

People who use the service had access to a wide range of additional health care services according to their individual need and assessments were in place that looked at peoples tissue viability, pressure areas, nutritional needs, continence needs, hearing and sight. This list is not exhaustive. There was evidence to confirm people who use the service were regularly weighed.

Medication procedures were observed and were sound, people who use the service receive their medication as prescribed and a safe management system is in place.

The home need to ensure there is a clear audit trail and sign in the medication, it is presently checked appropriately, but not recorded. The required recording commenced on the day of inspection.

The home must also ensure 'as and when required' medication is recorded as prescribed not only when the nurse in charge administers, this will ensure it is personal choice rather than what presently reads in some instances like a clinical decision.

The home should also refer to their medication policy to check if they need to include a code for discarded medication on the Medication Administration Sheets.

It is recommended that a digital thermometer be purchased to record both the minimum and maximum fridge temperatures for drugs stored in this area.

The controlled drugs book and a random sample of drugs were checked, no errors were noted.

Medication is stored in a locked area and other equipment necessary for example oxygen, is safely stored.

Each person has a medication file with details about known allergies and all medication being administered. Staff receive medication training and the manager should now ensure competency checks are undertaken and recorded.

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.

Activities and stimulation for people who use the service are in place, this provides daily variation and interest for people living at Hoar Cross Nursing Home. The home encourages and welcomes visitors and has strong links with the local community.

EVIDENCE:

The home has an activities programme on display and records are kept to confirm participation. The manager verified that part of the key workers role is to spend 1-1 time with the people who use the service. On these occasions there were records to show that time was spent doing massage, manicures, hair and make up.

The home is fortunate to have strong links with the local community and has approximately 15 volunteers. This means people who use the service 'keep in touch' and feel involved, Hoar Cross Nursing Home confirmed the recent Christmas Fayre had been a great success.

People living in the home may have visitors whenever they wish and this was verified by a number of visitors spoken to on the day of the inspection. People who use the service could choose to see their visitors within their own private accommodation if they preferred and relatives confirmed they were able to join the people living in the home for meals. Private parties have been arranged and people were seen to come and go as they pleased.

One visitor said:

"I am a regular visitor and am encouraged to be involved with my relatives care."

Another commented:

"Can I just say what a lovely place this is, when I leave I am confident that my relative is well cared for."

Several people who lived in the home told the Commission that the quality of the food was good. Questionnaires also confirmed this to be so. Local produce was used, there was a fresh supply of fruit and vegetables, the local butcher delivers the meat, and the pantry was well stocked.

The food was well presented on the day of the inspection, presently the meals come plated up from the kitchen.

A discussion was held at this inspection as to whether choices could be expanded. The cook could look at offering more visual choices such as developing menus in photo format. The residents may like to choose their own vegetables from a separate dish or decide whether they fancy gravy or a sauce that day by having them in sauceboats or jugs. Liquidized meals were evident, these were presented in a bowl with all parts of the meal blended together, this does not offer people any variety of taste, texture, colour or visual stimulation and if appropriate for the individual they should be blended separately.

People who use the service and required support with their meal are given assistance on a one to one basis and this was undertaken with sensitivity.

The kitchen is well maintained, it was inspected and found to be clean and tidy, all necessary temperature checks and probes are recorded.

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 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 suitable complaints procedure and ensures the people who use the service are protected from abuse in accordance with written policies, staff do however require training in the recognition of abuse, this is evidenced under 'Staffing.'

EVIDENCE:

The Commission for Social Care Inspection has not received any formal complaints about the home since the last inspection held in September 2006.

The manager is happy to promote the recording of complaints in a transparent manner, however the home still needs to develop this approach. The Commission were able to evidence a complaint that had not been recorded and even though the home may consider it to be 'minor' it may not be so to the individual, the home will now take a more proactive approach in its recording.

The complaints procedure is available in the service user guide and on the homes' notice board in the hall.

Relative's questionnaire and feedback from relatives spoken to evidenced knowledge of the complaints procedure.

Q10 asks do you know how to complain? All questionnaires returned said yes.

Comments, compliments, grumbles or concerns can also be recorded in the suggestions box sited in the hall near the office.

No safeguarding adult referrals have been made since the last inspection. It is recommended that the home is in receipt a copy of the Safeguarding of Adults policy and protocol to ensure they are up to date with new procedures, this can be obtained from the Staffordshire Health and Social Care Directorate.

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, 21, 22 and 26. Quality in this outcome area is **excellent**.

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

People who use the service live in a safe and well-maintained environment.

EVIDENCE:

Hoar Cross Nursing Home is well maintained, safe, comfortable and attractive, it has all the specialist equipment and adaptations needed to meet individuals' needs. The management and staff encourage people who use the service to see the home as their own home.

Achieving such a high standard of domestic housekeeping must be complimented as being commendable.

Robust infection control measures are in place, examples of this include: paper towels, liquid soap, laundry management and personal protective clothing.

The home employs a maintenance person who carries out any required maintenance on an ongoing basis.

People who use the service said.

"The home is always spotless."

"I can come and go as I please "

"There is never any smell here."

There is evidence to verify that the people who use the service have a say in what fabrics, furnishings and colour schemes are used, bedrooms were personalised and tailored to individual need.

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 **adequate**

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

The home makes sure the right staff are employed to look after vulnerable people, people who use the service were very happy with their carers. Volunteers are welcomed into the home and play an integral part, they must however be in possession of a Criminal Record Bureau disclosure, this is the homes responsibility. All the staff must have all the required training to ensure they can meet and understand the needs of the people who use the service.

EVIDENCE:

The number of staff on duty was satisfactory to meet the needs of the people who use the service.

On talking with relatives and people who use the service there did not appear to be an issue with having to wait and call bells were answered promptly.

Of the 3 questionnaires returned where it asks 'Are the staff available when you need them?' Two said usually and one said, "*as far as I know.*"

Three staff files were examined and all demonstrated that a thorough recruitment practice was in place, this included 2 written references, criminal records bureau checks, application forms that covered gaps in employment history and the required identification and training certificates.

There were not any photographs on file for staff and this is a requirement. There was also no evidence of supervision between a Protection of Vulnerable Adults First and an enhanced Criminal Record Bureau disclosure, this needs to be included.

The home may wish to discuss the application form with their provider as it still contains 'date of birth' which does not conform to age discrimination legislation. It also refers to a basic Criminal Record Bureau disclosure and "spent" sentences which do not exist within a social care setting.

The law states the home must ensure that all volunteers who are involved with Hoar Cross Nursing Home hold a Criminal Record Bureau disclosure, this is because they are in contact with vulnerable people. Under these circumstances disclosures are provided free of charge.

Male and female staff are recruited to the home which promotes equality and choice.

The home should consider introducing a training matrix for all staff for ease of reference. There was evidence to confirm that a large number of staff required training in the recognition of abuse, and some in manual handling and fire training. First aiders were not checked on this visit and the home should refer to the Commissions guidance to verify they are sufficient in number. People who work at the home must have the training to meet people's needs.

Staff spoken with felt that training has improved since the last inspection and considered they were offered more opportunity to participate, it is recommended that the home include equality and diversity within its training programme.

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 and 38. Quality in this outcome area is **good**

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

Health and safety in the home is well managed ensuring staff and people living in the home are safe. The management team are closely monitoring the quality of the service and making changes and improvements where identified and required.

EVIDENCE:

From the discussions with staff, people living in the home and visitors to the home it was clear they considered the home was run with the needs of the people living in the home in mind.

Comments were made such as:

"We can have whatever we need we only have to ask," "marvellous place, I love the staff", "the communication is good" and "It is a wonderful place to be."

Kathy Cleaver is the manager of Hoar Cross Nursing Home and has been in post for approximately 6 months she is presently being registered with the Commission for Social Care Inspection. Kathy has been registered as a manager with the Commission previously, but is new to this establishment.

The management team closely monitors the practices in the home and there is a quality assurance system, action plans are developed and reviewed as required. The results of surveys completed by the people who use the service need to be published and made available to current and prospective users and their representatives. This gives people confidence and shows the homes willingness to continue to develop. This must also include the quality of nursing where nursing care is provided at the care home and should consider involving staff and other stakeholders in its programme.

Following discussion it was clear that the records for the management of monies held on behalf of the people living in the home were well organised, receipts were available for all expenditures and there were double signatures where necessary.

The management of fire procedures was not sampled during this inspection, however it is recommended that the home liaise with the appropriate person to ensure they are meeting the new Fire Regulations.

Staff are now regularly supervised and records made, the staff confirmed team meetings are held.

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	X
3	3
4	X
5	X
6	N/A

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

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	4
14	3
15	3

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

ENVIRONMENT	
Standard No	Score
19	4
20	X
21	3
22	4
23	X
24	X
25	X
26	4

STAFFING	
Standard No	Score
27	3
28	2
29	2
30	2

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	4
34	X
35	3
36	X
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	13 (4)(b)(c)	Risk assessments need to offer clarity around the management of risk and include evidence of the service users involvement or their representative. This ensures everyone is clear on how to manage the risk whilst, where appropriate, empowering the individual to take reasonable risk.	23/12/07
2	OP28	19(4)(b) (i)	Criminal Record Bureau disclosures are required for all people who are involved with vulnerable adults.	23/01/08
3	OP29	19 (1)(b)(i)	A photograph of each staff member is required on file, evidence of supervision between a Protection of Vulnerable Adults First and a Criminal Record Bureau disclosure is needed to fully protect vulnerable people.	01/01/08
4	OP30	18(1)(c)	A proportion of staff need to be provided with recognition of abuse training, manual handling and fire safety, this ensures the home can demonstrate that the have the skills necessary to meet the needs of the people who use the service.	23/01/08

5	OP33	24(2)	The results of surveys completed by the people who use the service need to be published and made available to current and prospective users and their representatives. This gives people confidence and shows the homes willingness to continue to develop. This must also include the quality of nursing where nursing care is provided at the care home.	01/02/08
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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	OP1	The home should develop a more user friendly Statement of Purpose and Service User Guide to assist people who use the service with diverse and/or complex needs.
2	OP7	It is recommended that some of the information in the care plans be expanded to ensure that staff know exactly what support is required for each individual and any associated risks.
3	OP9	A record of the maximum and minimum temperature of medication stored in the fridge should be recorded, this can be achieved with a digital thermometer.
4	OP9	The home should confirm that it follows company policy regarding discarded medication, presently there is no code available for this on the Medication Administration Sheets and it may need to be included.
5	OP9	The home should ensure it records 'as and when' PRN medication as per resident request not by nurse administration. This will ensure personal choice rather than what presently reads like a clinical decision.
6	OP9	The home may wish to develop a programme to assess and monitor the staffs' competency in administering medication to the people who use the service. This will assist in evidencing good practice and ensuring staff continually adhere to policy.
7	OP15	The cook should liquidise all parts of a meal individually to

		provide a more stimulating experience.
8	OP15	Records of the food provided should be in sufficient detail to enable anyone inspecting them to determine whether the diet offered promotes choice.
9	OP16	The home could improve upon the recording of complaints, however minor they may appear, including the outcome, this will further evidence the homes openness and transparency.
10	OP18	The home should ensure they have a copy of the Safeguarding of Adults policy.
11	OP29	The home may wish to improve the content of their application form so it fully conforms to recent legislation.
12	OP30	The home should consider offering staff training in equality and diversity.
13	OP30	The manager should consider implementing a training matrix with an indication of when updated training will be necessary.
14	OP30	Although the home is proactive in promoting equality and diversity it should continue to consider ways in evidencing this within their service.
15	OP38	The home should seek advise from the fire officer. This is to establish if individual records need to be in place for the people who use the service should a full evacuation be necessary.

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