



**Making Social Care
Better for People**

inspection report

CARE HOMES FOR OLDER PEOPLE

Hill House, The

**28A Sydenham Hill
Sydenham
London
SE26 6TP**

Lead Inspector
Keith Izzard

Unannounced Inspection
31st July 2007 10:00

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	Hill House, The
Address	28A Sydenham Hill Sydenham London SE26 6TP
Telephone number	020 8693 0353
Fax number	020 8693 1761
Email address	b.macey@abbeyfield.com
Provider Web address	
Name of registered provider(s)/company (if applicable)	Abbeyfield UK
Name of registered manager (if applicable)	Ivorine Evadney Facey
Type of registration	Care Home
No. of places registered (if applicable)	26
Category(ies) of registration, with number of places	Dementia - over 65 years of age (17), Old age, not falling within any other category (26)

SERVICE INFORMATION

Conditions of registration:

1. This home is registered for 26 elderly persons of whom up to 17 may also have dementia and up to 10 may also have a physical disability

Date of last inspection 21st June 2006

Brief Description of the Service:

Hill House is a purpose built home that provides care and accommodation for 26 older people. It owned and managed by Abbeyfield UK. It is located in a residential area of Sydenham, with local buses to Lewisham, Sydenham and Peckham. It is a twenty-minute walk to the nearest train station of Sydenham Hill, with trains to London Victoria. It is situated at the rear of a sheltered housing complex and offers limited car-parking facilities. The garden and courtyard areas at the rear of the home are secluded with a variety of mature trees, and the garden is partially paved for wheelchair access. The building comprises of 3 floors; the lower ground, the ground and first floors. The home has a passenger lift to all floors. All rooms are single occupancy rooms and have a sink, but two rooms have en-suite shower or bath and toilet also. The home is fully wheelchair accessible, with ample accessible bathrooms and toilets. There is a large dining room and open plan living room on the ground floor, together with a kitchen where all meals are cooked.

The home is staffed by a team manager, assistant team manager and twenty-eight care staff, on varying full time and part time contracts. There is a full time cook employed.

The homes fees are £550.00 per week. The cost of newspapers, hairdressing and social outings are not included in this. Information is available on the Abbeyfield UK web site. On enquiry, information can be offered in person or posted out. There is a copy of the CSCI inspection report in the reception area of the home.

SUMMARY

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

This was an unannounced inspection was completed over a period of 8.5 hours by the Inspector on 31/07/07. The previous full inspection was an unannounced inspection on 21/07/06 followed by a random unannounced inspection on 13/03/07.

The inspection included a complete tour of the premises, examination of individual resident care records and other documentary evidence of health and safety recording. Medication and management systems and documentation were also examined. During this time discussions took place with a number of residents and staff members. Prior to the inspection survey questionnaires were sent by the Inspector to a large number of residents, relatives and involved external professionals with the home. Two resident care plans were case tracked and the personnel files of three staff members recently employed were examined in respect of the recruitment practice of the home. Overall, practice was found to be of a good standard and nine questionnaire responses received at the time of writing this report, were largely complimentary of the service provided. Any subsequent questionnaires received, if significant, will be shared with the manager and reported on at the next inspection.

The Inspector would like to thank the deputy manager, care staff catering staff, domestic staff and the regional manager for their assistance during the inspection. Also, the four residents interviewed and all those residents and relatives who returned questionnaires.

What the service does well:

The home has a Statement of Purpose and Services User Guide; these support residents in making choices about the home. The home gathers information to ensure they will be able to meet residents' needs. Care plans reflect resident's assessment and changing needs. Residents are supported around issues of privacy and dignity and medication is generally well managed. The home offers a pleasant, safe and comfortable environment, and rooms of a size that enables residents to bring small items of furniture with them. The home has sufficient numbers of staff on duty to meet resident's needs and residents felt that generally staff members were friendly and supportive of their needs; maintaining their dignity and privacy.

What has improved since the last inspection?

The home now has a permanent registered manager in place, who, has provided much needed stability in a home that had been without a registered manager for a period of two years. The new manager has addressed issues raised in previous inspection reports, improved residents' access to transport. There has also been an increase in staff on duty that has facilitated more time for staff to work with residents and set up activities for residents. 16 previous requirements made within the two inspection reports for the home over the past year were complied with and most of the recommendations addressed. The deputy manager and other staff interviewed felt that the new manager had made a significant difference to the running of the home and the support and assistance offered by the regional manager had also assisted improvements being made.

What they could do better:

Two questionnaires returned suggested more staff on duty would be helpful, particularly at weekends and more one to one sessions with care workers. Three requirements were made as follows;

The manager must ensure that all potential residents are provided with a letter confirming that their needs can be met prior to their admission to the home. The manager must ensure that residents' security is maintained by providing an electronic keypad entrance/exit system on the rear door to the home. The manager must ensure that either the CRB or recorded reference CRB number is retained for and available at inspection.

Three recommendations were made as follows;
Training should be provided for the activities coordinator to help her develop her role.
Complaints logged by staff members should be clearly separated from any made by residents relatives or professionals or others outside of the home. Continued efforts should be maintained to ensure that the minimum required level of 50% staff qualified to NVQ level 2 is achieved as soon as possible.

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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Staffing (Standards 27-30)

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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,& 3

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 Statement of Purpose and Service User Guide; this has now been updated with information about the new manager now that she has become the registered manager for the home.

Senior staff make an assessment of residents' needs prior to them being admitted to the home and residents are able to visit prior to making any decisions with regard to moving there. Letters confirming that potential residents', needs can be met prior to their admission to the home need to be implemented.

EVIDENCE:

Standard 1

The home has a Statement of Purpose and Service User Guide that have both been updated and comply with the requirements of this Standard.

Standard 3

The home has a policy of inviting all prospective residents to visit the home; the home will assess the person's needs on that visit. If this is not possible, then a visit will be made to the person to assess their need. The home requests a Community Care Assessment and obtains other information as needed. Evidence of this was seen on two care files of residents who were case tracked by the Inspector. However, it was noted that letters to potential residents confirming that the home can meet their needs, prior to their admission to the home had not been sent and this must now be implemented.

See Requirement 1

Standard 6

This Key Standard was not assessed, as the home does not provide an intermediate care Service.

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

Quality in this outcome area is **good**

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

Care plans examined were comprehensive and well recorded.

Health care needs were appropriately attended to and recorded on residents care files.

Medication was generally well managed but a requirement was made regarding the management of homely remedies.

Residents were treated with respect and their dignity maintained.

EVIDENCE:

Standard 7

Care plans were comprehensive, well written, up to date and kept under monthly review. Care plans were based on assessment and showed how resident's identified needs were to be met in respect of any risk assessments identifying specific areas of need. Risk assessments seen were comprehensive and included action-plans, this area was subject to a requirement in the previous inspection and had been fully addressed. There was evidence that staff had identified problems within care plans described intended outcomes and provided written guidance of the action required by care staff members to achieve the outcome. One resident had suffered a series of falls and a risk assessment and moving and handling assessment had been updated appropriately and good evidence of daily observation by staff recorded on the care file. Evidence was available that care reviews had been undertaken appropriately and that relatives had been involved and signed care plans. Both residents, case tracked, commented that were satisfied with how care was provided in the home and that staff members discussed their care and the way it was provided with them. Two other residents interviewed also commented favourably on how care staff involved them with how their care should be provided.

Standard 8

All residents were registered with a GP and supported to access other healthcare services. In the care plans viewed there was a record kept for contact with professionals. This showed for example, that a GP, chiropodist care managers and District Nurses had seen residents. Staff said that where necessary the GP referred residents to other healthcare professionals such as a psychiatrist or community psychiatric nurse. A visiting District Nurse stated to the Inspector that staff members were professional in their approach and that communication between them and the surgery had improved over the last year. Furthermore, staff members were organised with relevant background information available on residents, when the she visited to see residents.

Standard 9

Medication management was assessed the home had a dedicated clinical room with appropriate storage facilities and evidence of monitored room and fridge temperatures. Records were kept for receipt, administration and disposal of medicines. Records were kept so that an audit trail could be completed. Medicine records checked for three residents were correct. Controlled drugs were in use and safe systems were provided to store and record these with a separate locked cupboard within the medicine cabinet and a ledger recording two staff signatures for the administration of each dose given. None of the current residents managed their own medicines. Medication administration charts were well maintained and showed that prescribed medicines including topical applications were administered. Homely remedies were kept in the

medicine room and used for the whole home. These records were well maintained and accurate.

Standard 10

Staff members were seen to respect residents privacy and dignity when assisting with personal care, ensuring that bedroom and toilet doors were closed and knocking before entering rooms. All the residents interviewed and a further nine responses received via questionnaires from both residents and their relatives commented positively on the way that staff treated residents in terms of maintaining their dignity and privacy.

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):

12-15

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

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

Residents have the opportunity and are encouraged to pursue leisure interests that they enjoyed prior to moving into the home.

Residents maintain contact with family and friends, and are encouraged to exercise choice and control over their lives.

Meals served are varied and appetising, service users are involved in planning the menus for the home.

EVIDENCE:

Standards 12-14

The new manager has set up a new weekly programme of activities and introduced a book to record activities undertaken, and those residents who participated in them. Pre admission assessments are increasingly reflecting the social interests of residents prior to their admission to the home and life stories developed. Activities listed included dominoes, gentle exercise, sing-a-long sessions, one to one sessions, beauty workshop and visits from a priest

and "Harry the Dog." Also scheduled around the time of the inspection were tips to Kew Gardens, Hastings and the pub house reminiscence building. All staff members are expected to undertake activities in addition to caring tasks and are supported by an activities coordinator employed in this role for twenty hours per week. It is recommended that the person responsible for coordinating activities be provided with training to assist her with this role.

See Recommendation 1

The number of staff on duty during the day has been increased and this has given more time for staff to support residents with activities.

The manager has accessed the community transport scheme operated by the London Borough of Lewisham, thereby facilitating the provision of vehicles with a tail lift facility for residents who use wheelchairs. The home will now be able to nominate staff to take a driving test with the scheme and extend the capacity of the home to hire mini buses for trips. The manager had also applied to use the local dial a ride scheme, and obtained a blue badge for the home, and staff members support residents to access and gain confidence in using the disabled taxi service.

Residents are encouraged to receive visits from friends, relatives or professionals at any reasonable time; there are no visiting restrictions.

On the day of inspection it was observed that residents had made choices about where they wished to spend their day, with some residents choosing to remain in their rooms and others using the communal areas. One lady was seen to take herself out for a walk and this had been risk assessed as being safe and noted in her care file. Four residents who were interviewed stated that they were able to make their own choices with regard to their day-to-day lives and a further nine returned questionnaires supported this view.

Standard 15

The home provides nutritious and enjoyable food; there is a choice at mealtimes, and access to fresh fruit. The manager has introduced a nutritional assessment for all residents. This also reflects the needs of three residents who require culturally appropriate food. The home has also started a cookery club once a week where residents will be able to cook things themselves and this will be encouraged further once the new kitchenette facility is developed in the proposed lower ground floor extended sitting room.

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.

There is a clear complaint process readily available to residents, relatives and involved professionals and all can be confident that complaints will be investigated and acted upon.

The home has a Safeguarding Adults policy and procedure. Staff members have received training and displayed a good understanding in this area.

EVIDENCE:

Standard 16

The complaints procedure complies with The Care Homes Regulations 2001. Information about the contact details for the CSCI had been updated and there were timescales for staff to follow when investigating concerns. Guidance was provided about the stages that complainants could follow if they were not satisfied with the response provided by the home. No complaints had been received directly by CSCI and the complaints log retained within the home showed that since the previous inspection 12 complaints had been received, however, most of those logged from staff in response to how residents had treated them, these should be recorded separately as the complaints log should reflect only complaints made about staff or the running of the home.

See Recommendation 2

Only minor complaints had been raised about the home and all had been dealt with appropriately within timescale and to the satisfaction of the complainant.

Standard 18

Staff members that were interviewed by the Inspector were aware of the procedure for reporting poor practice and abuse and were confident that senior staff would act to address any issues they raised. One issue in relation to safeguarding adults had arisen within the home since the previous inspection in June 2006. This was subject to an internal investigation and ratified by the local authority adult protection coordinator. The outcome of this investigation was that alleged bruising of a resident by staff members was not substantiated, but all staff were retrained in respect of moving and handling procedures as a precautionary measure to minimise any further such incidents. Overall, the matter had been appropriately and promptly reported under Safeguarding Adults procedures to both the local authority and CSCI. The home has a policy in place with regard to the protection of vulnerable adults. There was evidence of staff training in this area on the files looked at and there was evidence of ongoing training in this area for staff members manager said there would be further training this year. A previous requirement regarding protection of residents' personal money had been fully addressed. See Standard 35.

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 **good**

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

Overall residents live in a safe and secure environment but one rear door requires an electronic keypad system to improve the security of residents.

The home is clean bright and airy, pleasant and hygienic.

EVIDENCE:

Standard 19

The home is just off a main road, but set back from the road and offers a pleasant and quiet location. There is a large sitting room on the ground floor, leading to a dining area. There is a second smaller sitting room on the lower ground floor that has doors leading onto a very pleasant secluded and paved garden. Many of the bedrooms have windows looking out onto the garden, which is surrounded by mature trees. Communal areas were pleasantly

decorated. The home has 24 single rooms and two single rooms with en suite WC's. Residents' bedrooms are of a reasonable size and there was evidence that residents have brought with them various items of furniture and that their rooms have been personalised. Residents are able to have a key to their rooms and there is a lockable space in the rooms. The manager has rearranged the main sitting room to make it more homely and following consultation with residents and their families. The use of the small sitting room is being reviewed with regard to how it could best be used and the intention is to knock a wall through into an adjoining bedroom in order to provide a self catering kitchenette area where residents could make meals or snacks for themselves, if they so wished. This would mean a reduction in overall numbers of residents accommodated but would be an appropriate improvement for the benefit of residents.

Overall, the home is well maintained and pleasantly furnished. Residents are able to bring their own beds and furniture if they wish and all rooms seen were nicely decorated and contained the personal possessions of the individual residents.

Following recent episodes of two residents leaving the building unnoticed by staff the Inspector advised that a rear door is fitted with an electronic keypad system.

See Requirement 2

Standard 26

The home is safe, well maintained and was clean and hygienic. The only small item observed in need of repair was a carpet fixing in the doorway of the small sitting room.

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):

27-30

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

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

There are satisfactory staffing levels, and sufficient senior staff to oversee different levels of training and managerial duties.

Recruitment procedures are managed well, however evidence of CRB checks must be retained and available for inspection.

The company ensure staff members are suitably trained for their different roles.

EVIDENCE:

Standard 27

Staffing rotas were examined over a four-week period and found to comply with the minimum requirements and no regression from the time of registration of the home.

The new manager has increased by one the morning care staff and afternoon care staff. There are now five care staff on duty in the morning with one senior carer and four in the afternoon, with one senior carer. The home does not use agency staff as it has its own bank staff for back up when needed.

Standard 28

The home recruits care staff members that have already been trained in care up to NVQ 2, where possible, and also supports staff in taking this qualification.

The percentage of staff with this training was assessed at just below the required minimum of 50% qualified to NVQ level 2, however with two staff members currently engaged in training the required minimum may be achieved later this year.

See Recommendation 3

Standard 29

Three personal staff member files were examined, in relation to recruitment and training. Records seen indicate that there are sound recruitment procedures in place to protect residents living in the home. However, in the absence of the manager it was not possible to access the CRB records, although both the deputy manager and Regional manager were confident that these were obtained. CRB certificates or evidence of the serial numbers of the original certificates must be available for inspection at all times.

See Requirement 3

Standard 30

A yearly planned training programme was provided and accessible to staff. The programme included routine training such as moving and handling, fire safety adult protection, COSH, medication supervisory skills and end of life care. Evidence was also available of training being planned for the future. Training records seen showed that staff members had received the training outlined above. Staff members that were interviewed said they received an adequate level of training to enable them to fulfil their roles and that they were encouraged to identify areas of training for themselves in addition to that provided by the organisation.

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, & 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 managed by a manager respected by staff members and regarded as approachable by both residents and staff alike.

The home ensures that relatives and service users are able to voice their opinions and contribute their views on the running of the home. The home is well maintained, and observes health and safety practices.

EVIDENCE:

Standard 31

The manager is very well qualified, experienced, and well suited to perform the tasks required as manager of the home.

It was evident that both the residents and staff members interviewed felt positively about the manager and all stated she was very approachable, neither residents nor staff members would hesitate to speak to her should they have any concerns regarding the running of the home or the welfare of residents. Six members of staff, who were interviewed, commented that the manager has made significant improvements in the general running of the home and that staff morale has improved because of this. Since the previous inspection the manager successfully applied to become the registered manager of the home.

Standard 33

The managing organisation has a quality assurance policy in place, and has a survey undertaken by professional company annually. The home has monthly residents meeting; there is also group for relatives that facilitates issues to be raised on behalf of residents with the management of the home. The new manager has invited residents' representatives to part of the senior staff meeting as a way of increasing resident participation in the running of the home and gaining residents' views and suggestions. The organisation completes regulation 26 monitoring visits to the home monthly and is sending these to the CSCI office.

Standard 35

Records pertaining to the personal allowances of two service users were examined. The amount of money being held for each service user tallied with the amount recorded in the ledger book records examined. All service users money remains in individual named envelopes. The staff stated that receipts are given to people depositing money into service users accounts. Receipts are kept for all items that are purchased by staff on behalf of service users.

Standard 38

The deputy manager stated that the home has regular access to a maintenance person employed by the provider, who carries out regular health and safety checks and undertakes routine repairs etc.

Fire safety arrangements were good. Regular checks were undertaken to ensure that the fire alarm system, emergency lights, fire extinguishers and fire doors were in working order. Fire safety equipment was serviced regularly and staff received fire safety training and attended fire drills.

Health and safety records were sampled. All of the records seen were up to date.

A member of the domestic staff was interviewed and displayed a good understanding of COSHH assessments and procedures.

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	2
3	X
4	X
5	X
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	3
9	3
10	4
11	X

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

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

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

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

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	3
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.	OP3	14 d	The manager must ensure that all potential residents are provided with a letter confirming that their needs can be met prior to their admission to the home.	01/10/07
2.	OP19	12 (2) a	The manager must ensure that residents security is maintained by providing an electronic keypad entrance/exit system on the rear door to the home	01/11/07
3.	OP29	19 & Schedule 2	The manager must ensure that either the CRB or recorded reference CRB number is retained for and available at inspection.	01/10/07

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.	OP12	Training should be provided for the activities coordinator to help her develop her role.
2.	OP16	Complaints logged by staff members should be clearly

		separated from any made by residents relatives or professionals or others outside of the home.
3.	OP28	Continued efforts should be maintained to ensure that the minimum required level of 50% staff qualified to NVQ level 2 is achieved as soon as possible.

Commission for Social Care Inspection

SE London Area Office

River House

1 Maidstone Road

Sidcup

Kent DA14 5RH

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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