



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Phil Mead House

**240 Bredon Avenue
Binley
Coventry
West Midlands
CV3 2FD**

Lead Inspector
Mrs Suzette Farrelly

Key Unannounced Inspection
28th February 2007 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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SERVICE INFORMATION

Name of service	Phil Mead House
Address	240 Bredon Avenue Binley Coventry West Midlands CV3 2FD
Telephone number	02476 636 166
Fax number	02476 636 618
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Abbeyfield UK
Name of registered manager (if applicable)	Mrs Linda Freeman
Type of registration	Care Home
No. of places registered (if applicable)	25
Category(ies) of registration, with number of places	Old age, not falling within any other category (25)

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 7th February 2006

Brief Description of the Service:

Phil Mead House is a purpose built home in the Binley area of Coventry and is registered for 25 older people. It is part of the Abbeyfield UK.

Accommodation is mainly on the ground floor and consists of two lounges a large dining area and a conservatory.

There are 23 single bedrooms on the ground floor with an en-suite toilet and wash-hand basin and there are two bedrooms located on first floor, one of these has an en-suite toilet and the other has a bathroom directly next to the room. There are ample parking facilities to the front of the home and there is a large well-maintained garden with summerhouse to the back of the home. Phil Mead House is readily accessible to amenities such as shops, places of worship and public transport.

The fee charged for staying at this service is £428 per week. Residents also have to pay for hairdressing, chiropody, some outings and other personal items.

SUMMARY

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

This is the first key inspection for this year. The inspection process consisted of a review of policies and procedures, discussions with the manager, staff, visitors and residents. The visit took place between 9:30 am and 4:45 pm. This home is considered an excellent service that strives to meet all the residents needs and continues to up date practice and consult with all those involved.

During the visit two residents were 'case tracked'. This involves establishing an individual's experience of living in the care home by meeting or observing them, talking to their families (if possible) about their experiences, looking at resident's care files and focusing on outcomes.

A meeting was held with six residents and they discussed their experience of choosing this service and what it is like to live here. Their comments have been incorporated into this report.

Five staff were spoken with and one volunteer about their experiences of working at this home.

Discussion took place with the registered manager and her deputy throughout the day concerning the running of the service.

Records examined during this inspection, in addition to care records, included, staff recruitment records, training records, social activity records, staff duty rotas, health and safety records and medication records.

Before the inspection, a random selection of residents and relatives were sent questionnaires to seek their independent views about the home. Comments received are included where appropriate within this report.

A pre-inspection questionnaire was received from the home; some of the information contained within this document has also been used in assessing actions taken by the home to meet care standards.

The inspector wishes to thank the residents, relatives, staff and management for their welcome and co-operation throughout this visit.

What the service does well:

This is an excellent service and the residents and staff report feeling happy, contented and enjoy being part of the home.

Residents stated that they are very happy with the care they receive, comments made by the six residents who agreed to meet with the inspector demonstrated that they are well cared for, have choices in every aspect of their daily lives, and have a varied choice of food and drinks. Below are a variety of comments made:

- ' We have a choice when we go to bed and get up'
- ' I feel safe and secure and therefore my family also feel happy'
- ' Staff always knock on the door before entering'
- ' Activities are available at different times and we can join in if we wish'
- ' I know how to make a complaint, but I never have any'
- ' I made the decision to live here, there is no better place'
- ' Visitors are always made welcome and there are no restrictions'

The home is well maintained and the communal and private residence of this home is clean, comfortable, homely and free from unpleasant smells.

There are a variety of activities available for all the residents; these are conducted by staff, volunteers and outside entertainers. The type of entertainment and activities are discussed and recorded at resident meetings. Copies are available in large print and given to each resident.

The medication management is very good and ensures the safety of the residents. Self-medication is encouraged and the process for assessment is yearly with monthly audits ensuring continued safety in self-medication.

The residents and relatives are clear about how to make concerns and complaints known and all spoken to stated that they felt confident that the registered manager and her staff would deal with all concerns raised.

All staff spoken to have a good understanding of what is 'abuse' and how to report this, therefore protecting vulnerable adults.

It was noted that the residents and staff were very happy, laughing and sharing their daily lives together.

The quality of food is good and there is sufficient choice to ensure that residents are able to eat what they wish. The dining facilities are pleasant and homely and socialisation amongst the residents was observed during the main mealtime.

The residents are consulted about the running of the home at monthly meetings and are surveyed yearly. Relatives are also involved in the residents meetings and are asked their opinion of the service. Staff are also surveyed. The home has a volunteer who acts as the residents' liaison person and will discuss issues with the residents and take their suggestions, concerns and ideas to the meetings.

The management of health and safety is very good, all staff are aware of procedures to minimise infection and have received training to ensure safe working practices protecting them and the residents from harm.

What has improved since the last inspection?

All care plans, which state the care required by the residents, have been up dated. These were found to contain sufficient information and are clear and concise assisting staff to give consistent care.

The medication management has improved and regular reviews take place to ensure that administration is done correctly.

A member of staff is clearly delegated to ensure that the laundry is completed and the registered manager has ensured that this does not affect the number of care hours.

What they could do better:

No requirements were made at this inspection. The registered manager stated that she feels the following needs improvement.

- ◆ General decoration and new carpets
- ◆ The employment of an activities organiser
- ◆ Continued improvements to the care of residents

The registered manager also discussed an application made to the City Council, for funds which have been made available, to refurbish all en-suite bathrooms to enhance the residents independence and for the trees in the garden to be trimmed or removed to increase the light and enjoyment of this area.

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):

3, 5 - 6 was not regulated, as the home does not have intermediate services.

Quality in this outcome area is **excellent**. All residents are fully assessed prior to admission to ensure that their needs can be met. Residents and their families visit the service prior to admission enabling them to make an informed choice.

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

EVIDENCE:

Two residents' profiles were examined and pre-admission information was available. This contained sufficient information to ensure that the home could meet their needs before admission.

Eight residents stated that they had the opportunity to visit the service or their family had done this on their behalf. All stated that they were very pleased with the service and their needs were met.

Four relatives spoke with said that the home had visited prior to admission and that they were involved in the decision to admit their relative to this home.

They stated that the consultation was good and felt confident that the home could meet the needs required.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

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

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

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

7, 8, 9, 10, 11

Quality in this outcome area is **good**. Resident's health, personal and social care needs are fully met, records related to this require some up dating. Medication management is excellent and fully protects the residents. All residents are treated with dignity and respect.

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

EVIDENCE:

Two care profiles were examined as part of the case tracking. Six residents also agreed to meet with the inspector to discuss their experiences of living at this home. Four relatives were also met with.

The care profiles contained information and directions about the care required to ensure that all their needs are met. The registered manager is aware that in some cases more detail is required, such as preventative care plans to ensure that the development of pressure sores (sores that occur from too much pressure especially to bony areas of the body). The district nurse who visits was seen, she was visiting to assist the home with a resident who was

admitted to the home with a pressure sore. She stated that the home was well run, the staff well trained and professional in the care they gave.

From discussion with residents it was evident that all their care needs are met. Residents stated that the staff assist them where required and that if they need help in areas that they normally manage the staff are always available and willing to assist.

Staff spoken to know the residents well and were able to discuss their care and their needs. One relative stated that the staff know her relative very well and have cared for them with love and kindness.

Residents stated that:

'The staff encourage me to be independent but give assistance if needed'
'Staff are always kind and know what I need'

Ten residents' were sent a survey 'Have Your Say'. Five replied that they always receive the care and support they need and five stated that they usually received the care and support they need.

All residents have the right to see their GP when needed. The six residents who met with the inspector said that they can visit the GP or he will visit them if needed. They can also see the optician, chiropodist and dentist when and if they need to. Records seen confirmed this.

Relatives and staff talked about the support and care of residents who are dying and the support given when someone dies. One relative stated that the care was excellent and that the management and staff were supportive and very professional and kind. Staff stated that they feel supported by each other and the management and were able to discuss issues related to death and dying in a safe environment.

A resident told the inspector that her best friend had died the day before and how kind the staff were and that they gave her time to talk about her loss.

It was observed and confirmed through discussion with residents and relatives that staff always knock their door before entering, call them by their preferred name and ensure that they are dressed appropriately. Privacy when assisting to personal needs is ensured by good practice.

The medication management has improved since the last inspection and this now meets all the standards. Medication is stored appropriately and all records needed for the ordering, administration and disposal of medication is very good and ensures safe management.

One resident self medicates, a full assessment was conducted between the resident, the GP and the registered manager. This is reviewed yearly. Also the resident's medication is audited half way through the monthly cycle and at the end to ensure continued compliance.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

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

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

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

12, 13, 14, 15

Quality in this outcome area is **good**. Residents find the lifestyle experience in the home matches their expectations and preferences and they are helped to make choices and have control over their lives.

They are assisted to have contact with family and friends and to continue to have contact with the community.

The choice of meals is very good and there is sufficient choice, meals are eaten in pleasant and homely surroundings.

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

EVIDENCE:

There are a variety of activities available for all the residents; these are conducted by staff, volunteers and outside entertainers. The type of entertainment and activities are discussed and recorded at resident meetings. Copies are available in large print and given to each resident.

During the visit residents joined in a sing-a-long singing favourite tunes, the residents and staff were seen to enjoy this it was observed that all were smiling and joining in.

There is a volunteer who comes regular to the home and runs a bingo session. Residents spoken with said that they pay 20p for each go and this is put into the residents fund and prizes are bought for those who win. They also said that they enjoyed these sessions. At the end of each bingo session they have a 'Tell a Joke' they explained that they are all suppose to bring jokes but the volunteer is best at telling them.

It was also seen during a tour of the home that residents have a variety of items in their own rooms related to activities such as books, television and music equipment. One resident showed their music equipment and music collection explaining that they recorded and copied music that they like into a compilation disc.

Where possible residents are encouraged to maintain independence. One resident regularly goes out shopping either to the local shops or to town, often buying items for the other residents. During a meeting with six residents they said that staff would take them out if they wish, three residents said they did not want to go out and were happy to stay around the home.

Ten residents returned the 'Have Your Say' form sent to them by us below is their reply

Are there activities arranged by the home that you can take part in?				
Always	Usually	Sometimes	Never	Comments
3	6	1	0	<p>As some residents who come into the home now are not so active there are less activities.</p> <p>Went Christmas shopping, would like more outings</p> <p>Like watching films with subtitles</p> <p>There are usually activities arranged that I can take part in 2 or 3 afternoons a week</p>

Residents are assisted and encouraged to maintain contact with family and friends. Both residents and relatives spoken with said that there are no restrictions to visiting and that they are made welcome. Coffee and tea are always available and they can also have a meal if they wish.

Residents spoken with said that they are given choices in relation to all areas of their life. They can go to bed and get up when they like. Five residents said that they have breakfast in their bedrooms in the morning and get washed and

dressed at their own pace. They have a choice of meals, whether they join in activities, where they go in the home and whom they spend time with.

During the visit it was seen that staff ask residents what they would like and explain what is happening.

A meal was eaten with the residents at lunchtime. The meal was served and all residents were asked if they would like gravy on their meal. Condiments were available on the table with paper serviettes and a central table decoration. The meal was hot and tasty. One resident said that the food was always good and that there was always a choice. The dining room was relaxed and the residents were observed to chat together and with the staff.

A visit was made to the kitchen, there are menus for three four-week cycles and the food available is discussed in the resident meetings and items are removed and added to the menus on resident suggestions.

The kitchen was clean, well organised and there was a sufficient supply of all foods required. The cook explained the cleaning schedules and checking of the temperatures of food and fridge / freezers, this was confirmed by the documentation maintained.

Do you like the meals at the home?				
Always	Usually	Sometimes	Never	Comments
7	2	1	0	Food is always very good There is always plenty to eat There is always a choice and the food is good

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 **excellent**. Residents, relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon. Residents are protected from abuse by excellent training, policies and procedures and staff knowledge.

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

EVIDENCE:

Neither the registered manager of this home or the Commission has received any complaints. Policies and Procedures concerning 'Making Complaints' are clear and give guidance to residents, relatives, staff and other visitors.

Through discussion with the registered manager it was established that regular meetings with residents, relatives and staff ensure that concerns and issues are recorded and dealt with promptly.

During the discussion with six residents it was confirmed that they knew who to talk to if they had concerns or complaints and felt safe to do so. They all said that the registered manager and staff were approachable and listened to their concerns.

Three relatives stated that they knew how to make complaints and concerns known and felt confident that the registered manager and her staff would listen to them and act upon the information.

Do you know how to make a complaint?				
Always	Usually	Sometimes	Never	Comments
7	3	0	0	<p>Yes, but I never have to – nothing to complain about, very well looked after.</p> <p>Know how to complain</p> <p>Can bring issues up in resident meetings</p>

A discussion took place with three care staff, the volunteer and a member of domestic staff who all told the inspector about their role in the protection of vulnerable adults. All had a good knowledge of what constitutes abuse and about whistle blowing.

The policies and procedures related to the protection of Vulnerable Adults clearly stated the process to be taken and reflected the philosophy of the service and local procedures.

Training in adult protection is part of the induction programme and the National Vocational Qualification, ninety eight percent of staff have a National Vocational Qualification to at least Level II in Care.

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, 23, 24, 26

Quality in this outcome area is **excellent**. The residents live in a clean, homely, well-maintained environment with attractive communal and personal areas. The home is clean and free from unpleasant odours.

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

EVIDENCE:

During this visit a selection of residents private rooms were seen along with communal lounges, bathrooms and the dining area. All areas were pleasantly decorated and in good repair. The home smelt fresh and clean and residents and their families all stated that the home is always lovely and clean.

Is the home fresh and clean?				
Always	Usually	Sometimes	Never	Comments
10	0	0	0	The home is always clean
				The home is lovely

New blinds had been fitted to the conservatory the day before the visit and this area was comfortable and pleasant to sit in.

The communal toilets and bathrooms were suitable for the residents and enabled independence and enabled assistance to be given if needed. There was sufficient daylight in all areas and the artificial lighting was good in all areas.

The bedrooms seen were individual and contained items belonging to the occupant making them personal places. A number of residents were seen in their rooms after lunch and showed their personal possessions and discussed their experience of living at the home. One resident showed her needlework and talked about how this is very difficult now to do, but enjoys looking at her work.

The laundry was seen and this area was organised and clean with minimal washing. There is a hand washbasin, liquid soap and paper hand towels to ensure infection control.

Staffing

The intended outcomes for Standards 27 – 30 are:

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

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

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

27, 28, 29, 30

Quality in this outcome area is **excellent**. The residents need are met by the correct number and skill mix of staff who trained and competent. Procedures for employment, induction of new staff and ongoing training ensure that residents are protected and safe.

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

EVIDENCE:

There is sufficient staff on duty at all times to ensure that the needs of all residents are met. The care staff have a period of overlap between shifts to allow for information about care and the residents well being to be shared.

Early Shift 7.30 – 16.30	Late Shift 16:30 21:30	Night Shift 21:30 – 7:30
4 Care Staff Manager I supernumerary care staff from 7:30 – 12:30	3 Care Staff 1 care staff (senior) stays until 22:00 for hand over and to administer medication.	2 Care Staff
Domestic	Cook / Kitchen	Other:
2 Domestic persons who are working overtime to cover weekends – new	There is a: Head Cook, Cook who	Designated maintenance person.

domestic for weekends has been advertised for.	work opposite each other and 2 morning and evening kitchen assistance.	Laundry is delegated to a staff member shown on the roster.
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Ninety eight percent of all care staff employed have achieved the National Vocational Qualification to at least Level II in Care, this exceeds the National Minimal Standard for Older People Services.

All staff have an initial induction to the home and are supervised for the first week, after which they complete an in depth induction that meets the National Training Standards. Completed induction forms were seen in staff records examined.

Staff also receive a variety of training related to their role such as moving and handling, first aid, food hygiene and infection control. The registered manager stated that training in Protection of Vulnerable Adults has been organised for later this spring.

Two staff records were examined of recently employed staff; these had all the correct documentation including references, Criminal Record Bureau checks and protection of Vulnerable Adult checks.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

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

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

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

31, 33, 35, 36, 38

Quality in this outcome area is **excellent**. Residents live in a home, which is run and managed by a person who is fit to be in charge and discharges her responsibilities fully. The home is run for the benefit of the residents and they also benefit from the ethos and leadership of the home. The safety and well being of the residents, visitors and staff are promoted and protected.

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

EVIDENCE:

The registered manager is a qualified nurse and has completed her Registered Managers Award. She has demonstrated through the excellent running of this home her ability to discharge her duties and ensure that the residents, visitors and staff are safe from harm.

There is a good quality assurance system in place that ensures that all those involved in the service are included in the decision-making. Resident meetings are held monthly and a volunteer liaison person represents the residents. The following day a staff meeting is held so that changes or issues can be discussed and decided as soon as possible after the residents meeting. Both meetings are recorded and shared with all those concerned. The recorded information is made available in large print to assist with reading.

Relatives are invited to the home on a regular basis as part of the residents review, during this time the registered manager discusses the residents care and any other issues related to their lives.

The home is also part of the 'Health Home Collaborative', this group is organised by the Primary Care Trust and enables managers and staff from all homes in the Coventry area to meet and share good practice. Various initiatives from this have been implemented with success.

Residents are consulted about changes that occur and also about areas such as food, activities, routines and the general running of the home.

The relatives spoken to said that the registered manager and her staff were always approachable and that any concerns are immediately dealt with. One relative who lives abroad felt secure that her relative was well cared for and that the registered manager communicated her well being to her.

The home has recently taken part in a quality assurance pilot from Abbeyfields, which includes surveys to residents, staff and visitors. The information has been collated and shared and changes have been implemented. Changes to the time that tea in the evening is served have been changed as a result of this.

The home manages the personal monies for a number of residents, a selection were checked with the registered manager and records examined. These monies were safely maintained and the records were up to date.

Staff receive regular supervision. Three care staff spoken with said that this was very useful and that they were able to discuss any issues related to work. They also said that the registered manager was open to new ideas and ways of working.

A selection of the health and safety records were checked and found to be in good order. The fire records were very good and fire drills are regularly undertaken.

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	X
2	X
3	4
4	X
5	X
6	X

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

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

COMPLAINTS AND PROTECTION	
Standard No	Score
16	4
17	X
18	3

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

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

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

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
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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

Commission for Social Care Inspection

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