



*Making Social Care  
Better for People*

# inspection report

## CARE HOMES FOR OLDER PEOPLE

**Cedarwood House Ltd**

**Hastings Road  
Battle  
East Sussex  
TN33 0TG**

*Lead Inspector*  
Mrs Sally Gill

*Unannounced Inspection*  
29th July 2008      09:25

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
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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](http://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](http://www.tso.co.uk/bookshop)

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# SERVICE INFORMATION

<b>Name of service</b>	Cedarwood House Ltd
<b>Address</b>	Hastings Road Battle East Sussex TN33 0TG
<b>Telephone number</b>	01424 772428
<b>Fax number</b>	01424 775260
<b>Email address</b>	
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Cedarwood House Ltd
<b>Name of registered manager (if applicable)</b>	Mrs Christine Butcher
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	20
<b>Category(ies) of registration, with number of places</b>	Dementia - over 65 years of age (0), Old age, not falling within any other category (0)

# SERVICE INFORMATION

## Conditions of registration:

1. Service users must be aged sixty-five (65) years or over on admission.
2. The maximum number of service users to be accommodated is twenty (20)

**Date of last inspection**          22nd August 2007

## Brief Description of the Service:

Cedarwood House is registered to provide accommodation for up to 20 older people including those suffering from dementia. They admit people with low to medium dependencies. The owners own several residential homes around the country. Mrs Christine Butcher is the registered manager and is in day-to-day control of the home.

The premise is a detached property with gardens to the front and rear of the property. The gardens include lawns areas and established borders and shrubs; the rear garden is secure and has a level paved patio area with tables and seating. There are 19 bedrooms on the ground and first floor. All are used as singles although one could be used as a double. Nine bedrooms have ensuite facilities. A passenger lift provides access to the first floor.

There are two assisted bathrooms and one assisted shower room. The home has two lounges and a dining room. The home is non-smoking. There is level access to the home.

There is car parking for around eight cars. The home is situated down a quiet lane off the Hastings Road. The town of Battle is approximately one mile away with local amenities, shops and a railway station.

The staff compliment consists of a manager, senior carers, carers and ancillary staff. Care staff' work a rota that includes two staff on duty during the day and two at night (one of which may be a sleep in).

Current fees range from £350.44 to £410.00 per week. Additional charges are made for hairdressing, newspapers and chiropody.

Previous inspection reports are available from the home or can be viewed and downloaded from [www.csci.org.uk](http://www.csci.org.uk)

# SUMMARY

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

This key inspection was carried out over a period of time and concluded with an unannounced visit to the home between 09.25am and 4.40pm. The manager and staff assisted during the visit. People that live in the home, a relative and staff were spoken to. Observations were made throughout the day. Nineteen people were living at the home on the day of the visit one of which was staying short term.

Surveys were sent to the home for the manager to distribute to residents and health and social care professionals. Two were returned from services users, which was generally positive about the care provided.

The care of people was tracked to help gain evidence as to what its like to live at Cedarwood House. Various records were viewed during the inspection and a part tour of the home undertaken.

The home returned the annual quality assurance assessment (AQAA). It was returned within the required timescale and contained reasonable information about the home.

The quality rating for this service is **1star**. This means that the people who use this service experience **adequate** quality outcomes.

## What the service does well:

The home is small and friendly. The atmosphere was relaxed and calm throughout the day of the visit. People confirmed that they were happy with the care provided and thought staff were very kind. One commented 'I have nothing but praise for the care and attention given by the staff at this home' another said 'I'm quite happy to come back, I love it here I am well looked after and love the garden.'

Pre-admission assessments are carried out and people receive good information about the home in order to make an informed choice about whether they want to live there. Opportunities are encouraged to visit the home prior to moving in.

A pleasant dining room is provided where people enjoy a variety of meals, which are home cooked and appetising. Special diets are catered for.

## What has improved since the last inspection?

The home has benefited from the ongoing refurbishment work both internally and in the garden.

Information in care plans is more detailed giving staff sufficient information in order to meet people's needs.

To ensure a safer medication system the manager undertakes a regular audit.

Some staff have undertaken training in dementia in order to understand people's needs and conditions.

Visits undertaken by the organisation to check the quality of care are now recorded.

Although the Fire safety Officer has visited to check appropriate fire safety measures protect people further action is required as noted below.

Laundry procedures have been improved to ensure better infection control for people.

### **What they could do better:**

Improvements are needed to the medication records and storage to safeguard people. There needs to be more frequent appropriate activities for people living in the home.

There is on going refurbishment work but concerns highlighted in relation to the environment, garden and cleanliness and hygiene of the home need to be addressed so people have a pleasant home in which to live.

People would be better protected with a review of staffing numbers, improved recruitment checks, further staff training, maintenance of some fire safety equipment and improved recruitment practices.

A review of the practices may enhance people's individuality, dignity and homely environment.

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](mailto: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, 3, 5 & 6

People who use the service experience **good** quality outcomes in this area. This judgement has been made using available evidence including a visit to this service.

People have the information they need in order to make an informed decision as to whether this home is right for them and can meet their needs.

## **EVIDENCE:**

People receive the information they need in order to make an informed decision. When the home receives an initially enquiry details are recorded and the enquirer is sent a brochure of the home. People surveyed felt they did receive enough information before they moved in.

An assessment visit is arranged in the person's own environment. The manager said she also takes along to introduce the intended key worker, which is usually a senior carer. The home is using a new assessment format which forms part of the care plan held on file. Where people are funded by a local authority copies of their assessments are now obtained. Once the

assessments are in place a decision is made as to whether the home can meet the assessed needs, which is confirmed in writing. A service user guide with detailed information about the home and details of the latest inspection report is also enclosed.

People confirmed that either they or their families were able to visit the home prior to admission and look round. People are able to stay for a meal if they wish.

The home does not provide intermediate care but can provide short-term holiday care.

# 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

People who use the service experience **adequate** quality outcomes in this area. This judgement has been made using available evidence including a visit to this service.

The health and personal care that people receive is based on their individual needs. The principles of respect, dignity and privacy could be enhanced. People are not fully protected by medication procedures.

## **EVIDENCE:**

People's health, personal and social care needs are set out in an individual care plan. Care plans were examined. These are all now on a new format, which was being introduced at the previous inspection. It is acknowledged that good progress has been made. The assessment and care plan combined contained sufficient information to inform staff how to meet people needs. In parts information has been transferred from old records. Work should continue to try and increase the details particularly where sections are blank. Where possible and appropriate people or relatives are involved in the development and three monthly reviews of care plans. Care plans contain a variety of risk assessment (nutrition, moving and handling, falls, general and environment) and all documents are reviewed regularly. The home needs to be sure where a

risk assessment identifies that assistance is needed that the assistance is actually always recorded. Daily reports are recorded by staff, which detail well any changes. Detail could be better to evidence care needs identified in the care plan are met. People confirmed that they are happy and generally satisfied with the care provided. A key worker system is in place and people confirmed they are aware of who their key workers are. Those people with dementia are reminded with a picture of the key worker and their name located on the back of their bedroom door.

People's health care needs are met. Appointments or visits with health care professionals are recorded. Any interventions needed following this are mostly recorded in the care plan. One person had been assessed as needing incontinence pads but this had not been followed through into all parts of the care plan, which could be misleading. People confirmed that a chiropodist visits the home regularly and there are opportunities for exercise. Nutritional risk assessments are in place and people are weighed monthly. People surveyed felt they always or usually received the medical support they need.

People would be better protected with some improvements to the medication system. No person currently looks after his or her own medication as staff administer for everyone. The manager advised all staff that give medication have received training. A pharmacist and the manager undertake audits of the system. The medication administration records (MAR) charts were examined. One person's medication had not been logged into the home although all others had. Handwritten entries were not dated, signed or witnessed and should be for good practice. Medication is stored in a metal trolley. At the time of the visit the trolley was not secured or within a locked room. This must be addressed. The area where the medication trolley was kept appeared warm and the temperature is not currently monitored. The home must ensure medication is kept at the required temperature. It is recommended that where medicines requiring refrigeration a separate secure fridge is provided. Procedures are in place for returning any medication.

People feel staff treat them with respect and their right to privacy is upheld. However some practices should be changed to ensure good practice. People said when staff assist with personal care they are sensitive and kind. All rooms are used as singles currently. During a tour of the home it was noticed that some bathrooms contained large bottles of toiletries in discussion with the manager it was confirmed that some people shared toiletries, which are purchased by the home. This is not considered good practice and each person should have his or her own toiletries. Cleaning checklists were displayed on the back of each person's bedroom door and some notices around the home mainly for staff instruction distract from ensuring this is a homely environment. Thought should be given to ensuring those people who suffer from dementia can clearly identify rooms such as their own bedroom, toilets and bathrooms. A recommendation is made to address the above.

## 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

People who use the service experience **adequate** quality outcomes in this area. This judgement has been made using available evidence including a visit to this service.

People who use the service are able to make choices about their lifestyle. People would benefit from more opportunities for stimulation through appropriate social, cultural and recreational activities. People enjoy good food and have a varied diet.

### EVIDENCE:

People do not have sufficient opportunities for activities to enable regular stimulation. The home has a programme of activities, which is displayed. These include a motivation group and a music man both who come in every two weeks. People confirmed these are thoroughly enjoyed. One person attends a local age concern club each week. A minister visits the home and people are able to take communion if they wish. A hairdresser visits the home regularly. A garden party was held the previous weekend and again people confirmed what a good event this was. People spoken to seem unaware of activities except those that come in from outside. Those surveyed only felt activities were usually or sometimes provided. Observations over a period of time in the main lounge confirmed that people's interactions were minimal and some did not interact at all. During this time staff's interactions were reactive

and they were not interacting in a positive way. On the day of the visit the activity was a film afternoon and an appropriate DVD was played. Staff confirmed that after a while only one person was watching the DVD but staff did not attempt to start another activity elsewhere. Activities for those with dementia need to be planned in short time frames and be interactive to keep their interest. During the month of July only eight activities had been recorded as having taken place. Activities for July included manicures, music, motivation, communion, garden party and DVD. This lack of choice and limited opportunities is not acceptable. It does not promote the maintenance of good mental health. This is an important area of care particularly for those suffering dementia and impacts on people's quality of life. The AQAA also acknowledged the need to improve individual activities for people that like to spend time in their rooms. The orientation board in the dining room on the inspector's arrival had not been updated for two days. It is suggested that management consider staff training in this area and get advice and guidance on a programme of suitable activities. It is a requirement that people have suitable opportunities for a variety of appropriate activities.

People confirmed that they are able to choose how to spend their day and when to get up and go to bed.

People enjoy meals that are varied and home cooked. Breakfast is porridge, cereals and toast. The main meal on the day of the visit was sausage pie, potatoes, swede, green beans and gravy followed by griddlecakes. Alternatives are available. The meal was home cooked and looked appetising. One special diet is catered for. Tea is a light meal or sandwiches. On the day of the visit it was fish and chips followed by yoghurt. Chocolate layer cake was served with a cup of tea during the afternoon. People said the meals are quite nice or excellent or they always or usually liked the meals.

# 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

People who use the service experience **good** quality outcomes in this area. This judgement has been made using available evidence including a visit to this service.

People who use the service feel they are able to express their concerns and these would be addressed. People would be better protected from abuse with further staff training.

## EVIDENCE:

People know who to complain to and feel confident their concerns would be addressed. People confirmed they have no reason to complain and felt staff listened to them. The home has received no complaints in the last twelve months. A complaints procedure is displayed in the front entrance, as are complaints and compliments books. The Commission has received no complaints regarding the home.

People confirmed they feel safe living at the home. The home has policies and procedures in place to safeguard people. The home has obtained a copy of the latest local safeguarding adults protocols. No safeguard alerts have been raised in the last twelve months. Most staff are trained in safeguarding adults but all staff should be trained. In discussion staff confirmed they knew who to report abuse to internally but were not clear of the route externally and this needs to be addressed.

# 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

People who use the service experience **adequate** quality outcomes in this area. This judgement has been made using available evidence including a visit to this service.

People living at the home are benefiting from refurbishment work but there is still work required. People cannot be sure all parts of the home are clean and hygienic.

## **EVIDENCE:**

People benefit from the ongoing refurbishment work. A part tour of the home was undertaken. Since the last inspection refurbishment work has continued to benefit people living in the home. People now have access to a level patio area outside the lounges with seating and tables. The first floor landing has been redecorated and a new carpet laid. Another toilet has been installed upstairs and a further bedroom. Both bathrooms have been refurbished. New window restrictors have been fitted to all first floor windows to aid safety. A safety valve has been fitted to a hot water supply, which previously had a high temperature. Further bedrooms have been redecorated. A new washing

machine has been purchased. The home acknowledges that the kitchen, food store and laundry all require refurbishment mainly to ensure good hygiene and practice and because there is a lack of storage within the home. The home is in the process of obtaining quotes for this work. People confirmed that they are happy with their rooms one said, "it's lovely".

The tour of the home also highlighted some concerns that need to be addressed. These distract from the home presenting as a pleasant environment for people and may impact on their health and safety. These include rusty commodes and a shower chair and peeling paint on bath hoist, a Hoover was stored in the lounge, garden borders are not well maintained, items are stored on the floors of bathrooms and the linen store, peeling paint on a wall, lack of waste bins, a broken towel rail, trailing lead round edge of rooms, cover for pipe work loose with nails protruding and an emergency light flickering. A requirement is made.

People said their rooms are cleaned regularly and the home is always fresh and clean. However not all parts of the home are cleaned to the required standard. Examples include a dirty shower and shower curtain, cobwebs hanging in several rooms, dusty surfaces in bathrooms, a dirty hoist stand and dirty extractor fan. Clinical waste bins were seen to be a bucket with a lid and good practice would be a pedal bin. One bathroom had a lack of liquid soap but the manager addressed this immediately. A requirement is made. The manager advised that there have been problems with domestic staff due to sickness but a new domestic has been recruited and was due to start the next day. Following the last inspection special bags are now used for any soiled laundry.

See comments under management relating to the Fire Safety Officer and the Environmental Health Officer.

## 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

People who use the service experience **adequate** quality outcomes in this area. This judgement has been made using available evidence including a visit to this service.

People receive care from a dedicated staff team who would benefit from further training and the number of staff must be reviewed. Recruitment procedures need improvement to fully protect people.

### EVIDENCE:

The manager advised that two care staff are on duty during each day 8am – 8pm in addition to herself. Usually at night two staff are on waking duty. Currently the home has a night vacancy for three nights and two nights due to sickness. When the home uses agency staff to cover as at present, the home is staffed with one waking night and one sleeping in. The manager advised the second person would normally undertake cleaning duties. Given the shortfalls highlighted during the tour of the home and the current vacancy situation it is suggested this is reviewed. The manager is confident that there are sufficient numbers of staff on duty but feels that an additional member during 5pm-8pm would benefit. During this time care staff also have to cook tea. Staff spoken to feel there are not sufficient staff on duty. The home has not undertaken a risk assessment based on current people needs to ascertain the staffing numbers and it is now required to do so and keep this under regular review. Part of the risk assessment should be to review the long 8am-8pm shifts staff are working with people suffering from dementia. Also whether staff's time is being used effectively to ensure they are free to spend time with people. In

addition to care staff there is a chef and domestic staff. One person also does some gardening at the end of their shift. As previously mentioned sickness has affected domestic hours and the home has now recruited a new member of staff. As part of the risk assessment management also need to look at whether there is sufficient ancillary staff to support the care staff to meet people needs and ensure the smooth running of the home.

People receive care from a qualified team. All care staff are either qualified or undertaking their National Vocational Qualification (NVQ) level 2 or above.

People could be better protected with improved recruitment practices. Three staff files were examined and most but not all evidence documentation had been obtained. One employment reference had been obtained from a colleague and not the previous care establishment, which it must be. The application form must be reviewed to ask for a full employment history as per the regulations. Any gaps in employment records must be checked and a record made. A requirement is made.

Staff have received training but in some subjects not in sufficient numbers. The manager advised staff' undertake an induction but this is poorly evidenced in some cases. One induction was signed off with one signature on the first day of employment. The manager advised the induction programme in place is not to Skills for Care specification. Since the last inspection six staff have undertaken dementia awareness training with a view to cascading this to other staff when completed. It should be considered whether it is good practice for staff that has undertaken one training course in dementia awareness have the skills and expertise to cascade this important training to other staff. The course was distance-learning course. This training does not seem to have had an impact on the home yet in areas such as signage and activities. Some staff has received mandatory training but not all staff in all subjects. Numbers are particularly low in first aid, food hygiene and infection control. Not all staff' have received safeguard adults training and they should. A requirement is made.

## 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

People who use the service experience **adequate** quality outcomes in this area. This judgement has been made using available evidence including a visit to this service.

The management and administration of the home is based on openness and respect. Quality assurance systems could be more robust. People health, safety and welfare could be better protected and promoted.

### EVIDENCE:

People live in a home where the manager is qualified and approachable. The manager has been at the home four years and has undertaken NVQ level 4 in care and also the Registered Manager Award (RMA). She is also a registered nurse. People spoke positively of the manager. One said she is very nice she doesn't see me especially everyday but is there if you want her. Staff comments included "she is efficient", "approachable and friendly", "deals with

problems”, “she is good you can go to her and she is willing to help you”. Staff felt the staff and manager work well as a team.

It is acknowledged that the management has made progress in areas such as care planning and some progress in the environment. However there are still shortfalls in key areas and although management are demonstrating some insight to this a lack of ancillary staff is impacting on other progress. Issues highlighted during the inspection should be picked up as part of quality assurance systems in place to ensure people receive the best quality of care.

People are asked for their views on the home. The home undertakes a survey of people who live in the home if they are able and relatives every three months. The manager advised any comments are acted on. Monthly visits by the organisation as required by legislation so they can form an opinion on the quality of care within the home are undertaken each month. However the content of the reports does not indicate that people living in the home or staff have been asked for their views. The last report also conflicts with information found at this inspection. Examples are peoples finances are not maintained but they are, the gardens are well maintained but this can only be said of the lawn area and the home is internally in good order this is true but only in parts. The reports should give a true reflection of the home with an action plan to address any shortfalls.

The home safeguards people’s finances. The home holds a small amount of savings for some people. Only the manager handles people’s finances. Two were checked and showed balances and records to match. A suggestion to make the records more robust was discussed with the manager.

Staff’ feel well supported but their formal supervision is not within recommended frequencies. Two staff records were examined and this showed staff had only received three sessions within the last twelve months. The National Minimum Standards recommended staff receive supervision at least six times per year.

People’s health and safety could be better promoted and protected. The Environmental Health Officer (EHO) visited in April and made four requirements and four recommendations. One requirement and one recommendation are still outstanding and will not be addressed until the refurbishment of the kitchen. Staff advised that they were unclear what action needed to be taken to meet one requirement. The home is advised to consult the EHO for further advice and guidance to ensure they are complying with legislation. The Fire Safety Officer visited In January 2008 and seven requirements were made. They returned in February when work had been completed on all but one requirement, which remains outstanding. The home has been given twelve months to complete the work. The fire safety logbook was examined and showed that all tests except emergency lighting were up to date. An emergency light was flickering on the first floor landing and the home

must ensure emergency lighting is working safely. Other health and safety checks are in place and undertaken regularly. Mandatory training for staff is in place although as previously mentioned further training is required. Staff have received training in fire safety, moving and handling, first aid appointed person, infection control training and food hygiene. The accident book was examined and show accidents recorded appropriately. The manager undertakes a monthly audit of falls. Legislation requires the home to report significant events that happen within the home. Reporting accidents and incidents under this legislation was discussed with the manager. New guidance is available on the Commissions website to clarify what must be reported.

# 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

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

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

<b>DAILY LIFE AND SOCIAL ACTIVITIES</b>	
<b>Standard No</b>	<b>Score</b>
<b>12</b>	2
<b>13</b>	3
<b>14</b>	3
<b>15</b>	3

<b>COMPLAINTS AND PROTECTION</b>	
<b>Standard No</b>	<b>Score</b>
<b>16</b>	3
<b>17</b>	X
<b>18</b>	2

<b>ENVIRONMENT</b>	
<b>Standard No</b>	<b>Score</b>
<b>19</b>	2
<b>20</b>	X
<b>21</b>	X
<b>22</b>	X
<b>23</b>	X
<b>24</b>	X
<b>25</b>	X
<b>26</b>	2

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

<b>MANAGEMENT AND ADMINISTRATION</b>	
<b>Standard No</b>	<b>Score</b>
<b>31</b>	3
<b>32</b>	X
<b>33</b>	2
<b>34</b>	X
<b>35</b>	3
<b>36</b>	2
<b>37</b>	X
<b>38</b>	2

Are there any outstanding requirements from the last inspection? No

**STATUTORY REQUIREMENTS**

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

No.	Standard	Regulation	Requirement	Timescale for action
1	OP9	13(2)	<p>The registered person must have safe arrangements for safekeeping medicines received into the home</p> <p>In particular</p> <p>Medication received into the home must be logged including amounts</p> <p>The lockable medication trolley must be secured or within a locked room</p>	05/08/08
2	OP12	16(2)(n)	The registered person must provide suitable and sufficient recreational and social activities	29/09/08
3	OP19	23(2)(b)(c) (d)(o)	<p>The registered person shall ensure that internally and externally the home is maintained in good order.</p> <p>In particular the registered person must take action to rectify the premises and garden concerns highlighted during the visit including:</p>	29/09/09

			Rusty commodes and a shower chair and peeling paint on bath hoist, storage of Hoover, unkempt garden borders, items stored on the floor in bathrooms and the linen store, peeling paint on a wall, lack of waste bins, broken towel rail, trailing lead round edge of rooms, cover for pipe work loose with nails protruding and provide a suitable clinical waste bin.	
4	OP26	16(2)(j) 23(2)(d)	The registered person must make suitable arrangements for ensuring satisfactory standards of hygiene and infection control within the home	29/09/08
5	OP27	18(1)(a)	The registered person must ensure there are sufficient staff on duty to meet the needs of people living in the home  A risk assessment must evidence the assessment undertaken to ascertain the numbers of staff including ancillary staff based on peoples assessed needs	29/09/08
6	OP29	19	The registered person must ensure a robust recruitment procedure  In particular a full employment history must be obtained and any gaps shall have a satisfactory written explanation  A reference must be obtained from the most recent employer.	29/09/08
7	OP30 OP38	18	The registered person shall ensure that <b>all</b> staff is suitably trained for the work they are to perform.	29/09/08

			In particular staff receive an induction to Skills for Care specification  Further staff are trained in adult protection, food hygiene and infection control	
8	OP38	23(4)(c)(ii) i)(iv)	The registered person shall make adequate arrangements for the fire evacuation and the maintenance of all fire equipment.  In particular emergency lighting	05/08/08

## RECOMMENDATIONS

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

No.	Refer to Standard	Good Practice Recommendations
1	OP9	Handwritten entries on the MAR should be dated, signed and witnessed. The home should provide a refrigerator for medication which is secure The home should ensure that all medication is stored at the correct temperature
2	OP10	Review practices to ensure peoples dignity and individuality are promoted as far as possible. In particular toiletries and signage

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