



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Tamarix Lodge
Address:	142 Queen Street Withernsea East Yorkshire HU19 2JT

The quality rating for this care home is:

three star excellent service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	Date:
Janet Lamb	2 4 1 1 2 0 0 8

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

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

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

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Information about the care home

Name of care home:	Tamarix Lodge
Address:	142 Queen Street Withernsea East Yorkshire HU19 2JT
Telephone number:	01964615707
Fax number:	01964612092
Email address:	manager.tamarixlodge@hica-uk.com
Provider web address:	

Name of registered provider(s):	Humberside Independent Care Association Limited
Name of registered manager (if applicable)	
Mrs Lynn Allwood	
Type of registration:	care home
Number of places registered:	37

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	0	37
old age, not falling within any other category	0	37

Additional conditions:

Date of last inspection

Brief description of the care home

Tamarix Lodge provides residential care and accommodation to older people some of whom may have a dementia type illness.

The home is owned and operated by Humberside Independent Care Association (HICA), a not for profit organisation, and is located on the main street of Withernsea, East Yorkshire.

People have easy access to the seafront, local shops, pubs, services and public transport.

Tamarix Lodge is a purpose built property with accommodation on two floors. There is a passenger lift. Most rooms have en-suite facilities. All are designed for single

Brief description of the care home

occupancy.

There is a car parking facility in the grounds to the front of the property and a rear garden fully equipped with garden furniture, waterfall feature and night lights.

The standard fees charged by the home at the time of the site visit range from £370 to £460 per week with additional charges made for hairdressing, chiropody, toiletries etc.

Tamarix Lodge provides information about the home to people in its Statement of Purpose and Service User Guide, both of which are available on request from the home.

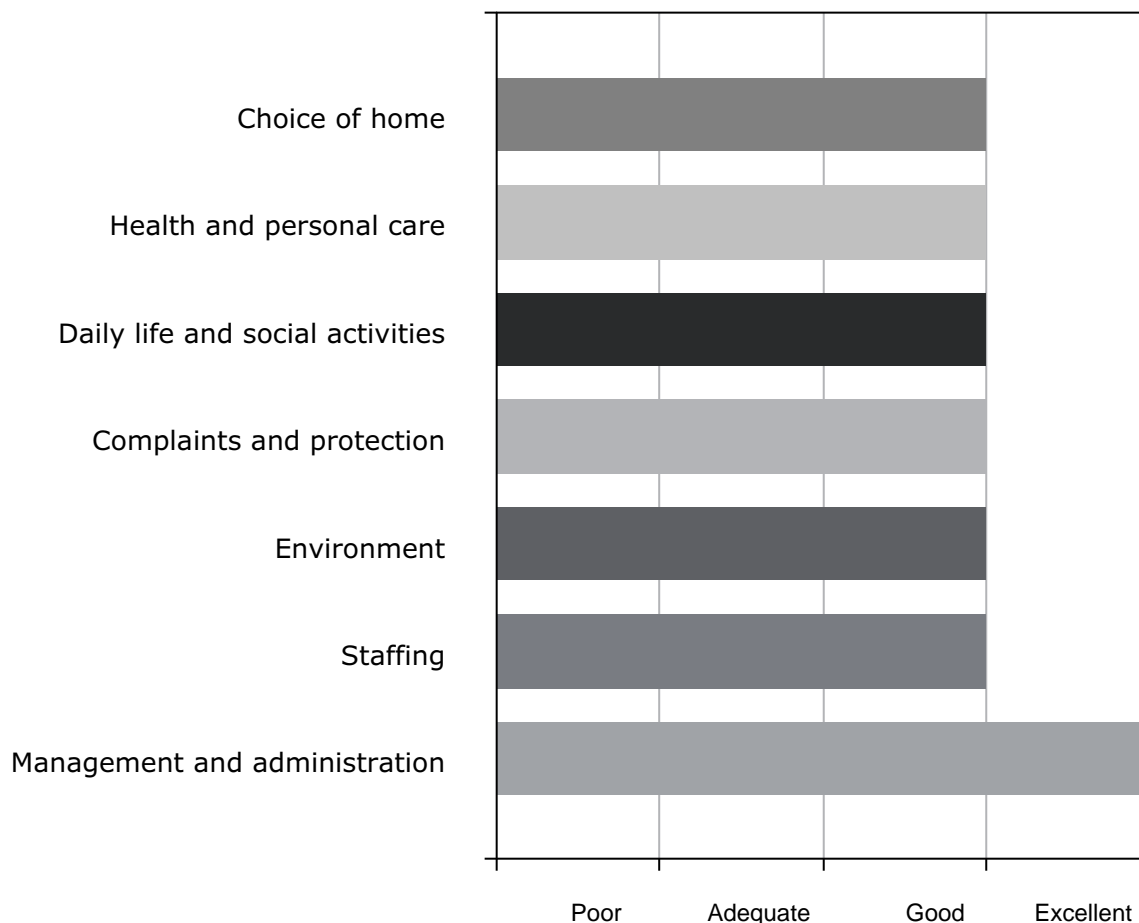
Summary

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

The quality rating for this care home is:

three star excellent service

Our judgement for each outcome:



How we did our inspection:

An annual quality assurance assessment (AQAA) document was sent to the home in September 2008 and was returned to us on 10th October 2008. It contained the information we requested about people living in the home, policies and procedures and care practices, as well as numerical data. We then sent out surveys to people living in the home and to staff, and we used information on the AQAA, and in returned surveys, along with information sent to us in notifications, or gained from other stakeholders over the last twelve months, to determine what it must be like living in the home.

Then on the 24th November 2008 Janet Lamb carried out a site visit to interview people in the home, the manager and staff and to come to a conclusion about the quality of the service being provided and whether or not people like living in the home

and are cared for in a way that meets their needs. The manager and four people were interviewed and several other people and staff were spoken to less formally.

An assessment of the overall quality of the service was made. Systems used in the home were checked by looking at records, documents and files held. The condition of the environment was checked by viewing the communal areas and some private areas with permission, and recording and maintaining of safe practices were checked by looking at safety certificates and maintenance records.

What the care home does well:

People are well assessed on entry to the home, having been given good information on what the place is like and what they can expect. They are very well supported with care and health care that meets their needs and their expectations.

People are protected from possible harm due to taking the wrong medication because they have their medication handled by staff in the home or they are well supported and monitored in taking it themselves. There are also robust policies, procedures and practices for staff to follow with regard to care, health care and administering of medication. Staff with responsibility to give out medicines are appropriately trained to do so.

People experience good levels of privacy, have their dignity maintained and their right to make decisions is respected. People are encouraged and assisted to maintain contact with family and friends, and to exercise choice and control over their lives.

People enjoy good, nutritious food of their choice, which matches their expectations, preferences and needs. People are confident their complaints are listened to and acted upon and people benefit from a good level of protection by robust recruitment and selection procedures and practices, as well as by the services policies, procedures and practices under the safeguarding adults systems.

People enjoy a safe, clean and comfortable environment.

A sufficient number of care staff work in the home on each shift to meet the needs of people. Staff are satisfactorily inducted, trained and qualified to do their jobs. The manager runs the home in the best interests of the people living there, safeguards their financial interests and promotes and protects their health, safety and welfare.

What has improved since the last inspection?

The service has reviewed its complaint policy and procedure since the last inspection, has improved the environmental standards within and outside the home, and has implemented a system of introducing prospective carers to the people living there to determine their views of candidates, at the interview stage.

What they could do better:

There are no new recommendations to make for the service to improve upon, but there is still a need to ensure 50% of care staff achieve the NVQ level 2 in Care.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website www.csci.org.uk. You can get printed copies from enquiries@csci.gsi.gov.uk or by telephoning our order line –0870 240 7535.

Details of our findings

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Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are very well assessed for the service of care they receive, have contracts in place and have their needs extremely well met.

Evidence:

Discussion with the manager and people in the home reveals everyone has a contract in place between the home and their placing local authority for them to receive care and accommodation. This is HICA policy. None were viewed.

Also everyone is assessed for needing care by their authority, and then the manager carries out a detailed assessment of need in order to determine whether or not the home can meet those needs. The assessment covers all areas listed in standard 3.2 and has accompanying risk assessment documents for the areas that require them. There are especially risk assessments in place for self-medicating, for mobilising and for being supervised due to disorientation. One person says, 'I was included in my

Evidence:

assessment of needs and agreed with its findings. I signed all documents relating to my care.'

Once needs are assessed people are given written confirmation those needs can or cannot be met and where a person intends to stay in the home a care plan is devised. Staff then meet needs very well through adherence to the care plan. People say they are very well cared for and receive the care how they want it, in private etc. Staff are well inducted, trained, skilled and experienced to provide a good service of care and support to people with conditions of old age.

Standard 6 is not applicable as no intermediate care is provided.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People have their needs very well met through the careful following of good care plans and health care plans. People are very well protected by the home's policies and practice on handling medication and on self-medicating. There is very good adherence to sound policies and practice on maintaining people's privacy and dignity.

Evidence:

Discussion with the manager and people in the home reveals there are care plans in place for everyone, which cover all of the areas listed in standard 3.2. They are kept in people's rooms in a wall mounted rack and are easily accessible to the person they refer to, the staff and any health care professional or visiting relative. Care plans contain information on a person's development and their wishes, and have a profile of their life and previous likes etc. plus a medical history. There are elements within the care plan that deal with specific issues and these elements are called care programmes, which cover each area of identified need and shows action staff take to meet needs. Care plans also show records of actual support, care given, activities undertaken, visitors seen etc.

Evidence:

Care plans also include health issues and needs. People say, 'I try to be independent so I do my own personal care. Staff always check on me though, especially in the night, though I don't always hear them.' Also, 'I only have to ask and I get it done. The staff are excellent people. I don't demand anything from staff but they meet my needs. I was included in producing my care plan and so agree to everything about it. The managers do exceptionally well here. Though it's only a care home I can administer my own medical treatment with assistance from my visitor. It has all been arranged for me by my specialist.' Main health care details from health professional visits are held in the medical room for GPs and District Nurses to have easy access.

People also have nutritional risk assessments completed, and information on what they would like should they require terminal care or on their death is also extracted sensitively, though this is often obtained from families, as appropriate.

Care plans are reviewed monthly on paper by the staff and six monthly in the form of a meeting to which an officer of the placing local authority attends every other one. One person's original care plan was compiled 13/03/01 and evidence shows recent reviews were done 28/02/08 and 13/11/08. One care plan shows the person was assisted with arranging an eye appointment and treatment. One person says, 'You only have to ask to see the doctor and an appointment is made, we're never refused.' Appointments were evidenced in the manager's diary for individuals to see an optician, a chiropodist, a GP, a District Nurse, etc. Diary notes for individuals show what has taken place.

There is a HICA policy in place for medication administration for staff to follow and a self-medication policy for when people express the wish to control their own medicines. The home currently uses a Nomad monitored dosage system. The staff authorised to administer medicines are the manager, deputy, one personal care manager, one senior carer and one casual senior carer. All five have done the NVQ level 2 in Medication Administration at Hull College. Staff also have training available to them at HICA head office. Medication storage systems are good, items are well labelled and there is a cool store as well for any drug requiring low temperature storage. There is a new controlled drug cabinet available, and four people are taking controlled drugs at moment. There is an existing controlled drug record in use. Any returns are placed in Tabags, are labelled and signed for by the person collecting them for the pharmacist.

One person is currently on insulin, which is self-medicated, but the district nurse oversees the setting up of pen measured doses. Medication administration record sheets are well maintained. All medication handling systems are very well managed,

Evidence:

and used. People say, 'I self-medicate my pain control, though staff keep it under lock and bring it to me when I need it. My doctor has agreed in writing I can decide how much of a particular medication I need to take. It all works very well.' Also, 'The girls look after my medicines, I wouldn't remember when to take them.' Systems show good monitoring, ordering and handling of medicines takes place.

Good privacy is upheld in providing care, and encouraging independence. Any medical assistance or treatments are provided in a person's room or in the medical room.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People enjoy a satisfying lifestyle, as they have good opportunities to be self-determining, to engage in pastimes, receive visitors when they wish, and make their own decisions where possible. People enjoy good food provision, having variety, choice and flexibility.

Evidence:

Discussion with the manager and people in the home reveals daily lives and social activities are generally very good and well spent. Routines are flexible and meet individual needs where possible. People were observed making choices about where they sit, when they use their room, what they do to pass the time of day. Some are less able due to poor mobility to carry out the actions they decide upon, and therefore rely on staff to assist them. Otherwise they don't achieve their choices. The home offers a variety of things to do to pass the time of day and these are listed on a monthly calendar, for which December's was seen. It includes as expected many Christmas activities, which seem to meet the needs of the people in the home. There was a recommendation at the last inspection to consider employing an activities coordinator and although this has not been taken up yet, staff do engage in the planned activities as facilitators.

Evidence:

Several visitors to the home were seen and one was spoken to. People confirm that they can make trips out to the local shops and surrounding countryside, if they are able, otherwise family assist them. People also confirm they can attend church or visit the local pubs and cafes if they wish. People also say they are informed regularly of the forthcoming activities and choose to attend them or not, there is no expectation. Some spoken to prefer to keep their own company in their rooms and this is also acceptable. They watch television, listen to their radio or music or they do crosswords and word puzzles. One or two people have bird feeders attached to their windows or have bird tables on the patio area outside their rooms and bird watching is very popular.

Everyone is encouraged to make their own decisions and to do their own thing, so that there is a distinct difference in how rooms are decorated, what furniture people have and the routines they follow. People choose to deal with their finances if able and those unable have family that do so. Some have small amounts of money held in the home and there are systems in place to manage these. HICA has a company policy and procedure for dealing with finances and all records held are audited internally and externally. No checks were made on finance management. People spoken to say they are satisfied with the arrangements made for their finances to be handled.

There is one dining room in the home and so two sittings may be catered for, but at the moment there is only one sitting each meal time to enable everyone to enjoy their food. The cook compiles menus after listening to people's choices and requests for changes in the monthly meeting. One person says, ' More fish was requested and now we get it.' Meals are relaxed and unhurried. The routine observed through the day reveals some people that need assistance with mobility are always the last to be assisted from the dining room, two not until a quarter to eleven in the morning. So a discussion with the manager highlighted the need to change the routine on occasion so that people needing assistance to move are not always the ones left waiting the longest.

Special health or medical diets are catered for, though there are no diets for religious reasons. The food provided on the day of the site visit was choice of braising steak or lasagne and salad, and rice pudding or fresh fruit salad for lunch, and carrot soup, sandwiches or bubble and squeak, and cakes or jelly and fruit and cream, or yoghurts for tea. Generally people are satisfied with food provision and choices. People say, 'The food is much better than another home I stayed in.' Also, 'The food is very good, the house is very clean. There is nothing bad here.' And, 'We have an excellent cook.'

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are very well protected by the home's policies and procedures and by good staff practice on handling complaints and dealing with safeguarding issues.

Evidence:

Discussion with the manager, some staff and with people in the home reveals there is a general HICA complaint procedure and policy in place, which were reviewed and updated in September 2008. People say they are aware of their rights and of how to complain, but they do not have cause to, as the service is very good and staff are very helpful. Records show there have been two complaints in the last twelve months about the positioning of a lounge chair and about some leg dressings and towels being left in someone's room, which were both quickly resolved.

The manager has a good open door policy and people are regularly asked in monthly meetings and in their personal reviews if there are any issues of concern or worry. People also have daily opportunities to make views known to staff or visitors. Usually people speak up when a problem arises and it is resolved quickly.

There is also general HICA policy, procedure and guidance on safeguarding adults in place. All staff complete safeguarding adults' training with HICA trainers at the head office, cover abuse awareness when doing NVQ qualifications, and have the opportunity to refresh safeguarding training at the Shores Centre in Withernsea,

Evidence:

delivered by the Hull & East Riding Safeguarding Adults Board.

There is a whistle blowing policy in place, which staff understand and have used in the past. People and staff discuss issues to resolve them before they become serious and staff know their responsibility for passing on information of a safeguarding nature. Staff are vigilant and observant of any changes in people's behaviour or demeanour. There has been no safeguarding referral to the local authority in the last twelve months.

The HICA safeguarding adults' policy and procedure is clear and detailed and the training offered is thorough. People say they are very well cared for and treated respectfully. One says she is observant of some of the care other people less able receive through overhearing their conversations with staff, and she is confident they too are treated very well.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People enjoy a safe, clean and comfortable environment that is well maintained according to the planned programme of maintenance.

Evidence:

Discussion with the manager and people in the home and observation of the communal areas and some bedrooms reveals the home is purpose built on ground floor level except for a few bedrooms on the upper floor. There are internal ramps and handrails available in places where they are needed. A professional assessment of the environment has been undertaken in the past to determine suitability of aids and adaptations. There is a passenger lift to the upper floor. A full refurbishment programme has recently been completed, but plans are still underway to relocate the servery in the dining room to give staff improved observation of people using the dining room.

A programme of routine maintenance is in place and bedrooms are redecorated on a rolling programme or at a change of occupant. The handyman keeps full records of the maintenance required and also records when it is completed, along with accompanying certificates.

There is a rear garden for people to use in the warmer months, which has been

Evidence:

landscaped and equipped with new outdoor furniture in the last year and now provides not only daytime pleasure, but also a very pleasant night time scene with lighting and waterfall features. The garden is visible from the house in colder months.

The last Humberside Fire and Rescue Service visit was in April 2004 and the home was compliant with fire safety regulations at the time. Advice was also supplied about the operation of the smoke lounge and an alternative place to use.

The home is well maintained and kept clean and tidy. The laundry facility is appropriately located away from catering areas and meets the requirements of the Water Supply (Water Fittings) Regulations 1999. There is a policy and procedure in place for infection control and staff undertake infection control and continence care training. Good hand washing facilities are available throughout the home.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are confident that well recruited, trained and skilled staff in sufficient numbers are caring for them and meeting their needs.

Evidence:

Discussion with the manager and staff reveals there are clear general HICA policies and procedures in place covering staff complement, training and qualification and recruitment.

Evidence on staff rosters and through discussion and observation shows there are sufficient staff employed, using a sliding scale. When the home is fully occupied with 37 people there are four carers throughout the day and three at night, but if numbers drop to 34 then there are four carers in the morning, three in the afternoon and two at night. Generally people say their needs are being well met at the moment and so staffing levels are satisfactory. One person thought there had been a fair amount of staffing changes over the last year, but also expressed that staff are very helpful, caring and approachable. People say, 'I am treated very well and so are others. I hear others being cared for and no staff ever gets cross, not even the younger ones.'

The information received from the home states there are now 42% of care staff with NVQ level 2 and four more staff are completing it. The manager has completed NVQ

Evidence:

level 3 in Palliative Care since the last key inspection. Efforts are to continue to achieve over half of the care staff with NVQ's in Care.

Recruitment and selection procedures remain the same and follow HICA general policies and procedures and practice. Since the last key inspection, as the recommendation made, the manager has been introducing new staff candidates to people living in the home to allow them a chance to determine whether or not the candidate would be suitable from their point of view. Discussion reveals new staff are only recruited once their full security check has been received. Also that files contain photo of the staff, their identification evidence, two references, an initial security check, and a medical declaration. There are also some foreign nationals employed in the home and they have been properly checked for work permits, visas and inoculations etc.

Staff training opportunities are good and staff confirm they complete mandatory courses in medication administration, fire safety, infection control, moving and handling, first aid, etc. Certificates of completion are available in staff training files.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People benefit very much from a home that is run in their best interests, from having qualified and experienced management, and from good systems in place to assure the quality of the service provided. People's finances are well protected and the health, safety and welfare of people and staff is very well promoted and protected.

Evidence:

Discussion with the manager and information seen on systems within the home and to maintain the safety and welfare of people reveal the home is well run and in the best interests of the people living there.

The manager is very well qualified and experienced and continues to update her knowledge and skills. She has completed the NVQ level 3 in Palliative Care since the last key inspection, is awaiting her certificate, and is providing an excellent palliative care liaison service to people in the home in conjunction with the local GP surgeries that have connection with the home.

Evidence:

The quality assurance system remains the same as the last key inspection and follows the HICA policy, procedure and requirements for assessing the service of care provided. No checks were made at this inspection site visit, but it is understood survey questionnaires are given out periodically, there is an annual review and plan of the systems, Investors In People was awarded in 2004 and was further endorsed in 2007, and the East Riding of Yorkshire Council quality development scheme parts 1 and 2 have been achieved. The home manager knows how the service is performing and what is needed to make improvements.

There are systems in place, general HICA ones, for the safe handling of people's finances, if necessary, but usually people have family members that control their finances. Those people spoken to say, 'My son looks after my interests and gives me money when I need it. I am satisfied with the arrangements.' Also, 'My niece is my appointee and I get money when I need it.' Also, 'My daughter in law deals with my finances, so I never have to worry about anything.'

Where money is held in safe keeping for people full records and accounting systems are in place. These were not evidenced on this inspection.

There is a policy file in place, which contains all necessary policies for staff to follow. They include stress management, health and safety, major incident plan, illness reporting for staff, accident reporting, fire, first aid, assisting people to move, infection control, risk assessments and computer use, etc.

There is a maintenance certificate book in place containing all current certificates of maintenance and all details of last checks on such as fire safety, boiler use, water safety, hoist, passenger lift and equipment use, electrical safety, cleaning substance use and accident recording and reporting, etc.

The employed handyman does his own checks on water temperatures, meter readings for electrics and water, door closers, catering equipment, window restrictors, slings and hoists, lifting sheets and belts, passenger lift, bed rails, nurse call system, vehicle use (mini bus), and also in-house fire training. The health, safety and welfare of people and staff is very well promoted and protected.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
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Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action
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Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
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Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No.	Refer to Standard	Good Practice Recommendations
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Helpline:

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