



*Making Social Care
Better for People*

inspection report

**CARE HOME MIXED CATEGORY
MAJORITY OLDER PEOPLE**

Cedar Court Care Centre

**Portland Avenue
Seaham
Co Durham
SR7 8BT**

Lead Inspector
Mrs Jean Pegg

Announced Inspection
9th September 2005 10:00

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People and Care Homes for Adults 18 – 65**. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Cedar Court Care Centre
Address	Portland Avenue Seaham Co Durham SR7 8BT
Telephone number	0191 581 8080
Fax number	0191 581 7647
Email address	
Provider Web address	www.cedarcourtcarecentre.co.uk
Name of registered provider(s)/company (if applicable)	Stonelea Developments Ltd
Name of registered manager (if applicable)	Mrs Veronica Turner
Type of registration	Care Home
No. of places registered (if applicable)	49
Category(ies) of registration, with number of places	Dementia (25), Dementia - over 65 years of age (25), Learning disability (12), Old age, not falling within any other category (25), Physical disability (13)

SERVICE INFORMATION

Conditions of registration:

1. Persons in the category of DE must be aged over 55 years.
2. Persons in the category of PD must be aged over 55 years.
3. Named Individual:
The home may accommodate a named individual as set out in a letter to the registered person dated 8 September 2005 which establishes the basis on which the individual's needs will be met by the home. Where necessary the home's Statement of Purpose shall reflect any changes in service provision required for this arrangement. This condition may not apply to anyone else, other than the named individual, who falls outside the registered category.

Date of last inspection First inspection.

Brief Description of the Service:

Cedar Court Care Centre is a purpose built home that opened in April 2005. The home provides forty-nine residential places within four separate living units. The units are called Dalton Place, Byron Lodge, Tempest House and Seaton View. The home is registered to provide accommodation to people in need of personal care across a range of different categories including old age, dementia, physical disabilities and learning disabilities. People who fall into the category of dementia and physical disabilities must be over the age of fifty five years, people who fall into the category of old age must be over sixty five years and people who fall into the category of learning disabilities must be over eighteen years of age. The Care Centre also has a separate day centre. The home is built over two levels and provides single room en-suite accommodation with shared living areas. A large passenger lift is available to provide access to the first floor units. Outside the home has well kept gardens and car parking spaces for visitors and staff. The home is situated in a housing estate in Seaham. Local shops and amenities are close by.

SUMMARY

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

This announced inspection took place over five and a half hours. This was the first inspection of the home since it opened in April. The inspection involved spending time looking at care plans and other documents and records. Visiting the four units and speaking to the people who lived there, their relatives and staff. The manager completed a pre inspection questionnaire and three relatives sent in questionnaires about the home.

These are some of the general comments made by the people who live at Cedar Court Care Centre.

"Nothing is a problem, food is smashing, I'm never hungry"

"It's good, no two ways about it. The food is excellent!"

"Staff are genuinely really nice, I definitely feel safe here."

"The night staff are very good, they always have time to natter to you, some people are still up (when they come on duty) but they don't mind"

"I love it here, I have my CD, DVD player everything!"

What the service does well:

Information about the home is available for people who might want to go and live there. The information will help people decide if the home is right for them. The manager assesses people before they move into the home to make sure that the home is able to meet their needs. The assessments are used to help care staff understand how they can assist people when they come to live at the home. Two relatives said that the home had "met expectations and more, it was excellent."

Each service user has a care plan that tells staff about what needs to be done to meet their assessed needs. The health needs of service users are met by visiting health professionals such as the G.P. District Nurse etc. The home has a fairly safe approach to managing service users' medication. Staff are polite towards service users and service users privacy is respected.

The home tries hard to make sure that service users are given the chance to take part in different activities. One relative said that their relative was "well dressed, well fed and well occupied."

Cedar Court has been well designed to provide a very high standard of accommodation for service users. The home offers a range of different facilities to meet the social and recreation needs of service users for example a fully

equipped snoozelon room (for relaxation) and a day centre. There is also a room for visitors to make drinks in.

Cedar Court is well looked after. The people who live there live in a safe, secure and comfortable home that is decorated and furnished to a very high standard. Cedar Court provides all en-suite rooms with toilet and wash hand basin, and plenty of shared bath and shower rooms. Bathrooms are all fitted with modern hoists for those people that need to be lifted in and out of the bath. The home has lots of specialist equipment like handrails and hoists to meet the needs of those who live there. All bedrooms are big and have private toilets and wash hand basins. They are all decorated and furnished to a very high standard and have some features that exceed the minimum standard set. Rooms have good ventilation, heating and lighting. The home is kept clean and does not have any unpleasant smells. As one service user said "the place is sparkling".

The home have plenty of staff on duty to be able to look the people who live there. Seventy five percent (75%) of care staff have been trained to a nationally recognised level of qualification. This means that staff have been trained to do the job and have been assessed as being able to do the job. The manager makes sure that all the right checks have been carried out on new staff before they are allowed to start working in the home caring for the service users. The manager also provides training for staff so that they have the right skills and knowledge to do their job well.

What has improved since the last inspection?

This is the first inspection of the home since it opened in April 2005.

What they could do better:

Pre admission assessments should show the date that they were carried out.

As far as possible all service users and /or their representatives should sign agreement to their care plans so that everyone is clear about what the needs are and how they are to be met.

If a service user is unable to have a key to their room or they do not want to have a key to their room, then the reason for this should be written in their care plan.

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.

DETAILS OF INSPECTOR FINDINGS

CONTENTS

	Older People (Standards 1-6)	Adults 18 – 65 (Standards 1-5)
Choice of Home		
Health and Personal Care	(Standards 7-11)	(Standards 6, 9, 16 and 18-21)
Daily Life and Social Activities	(Standards 12-15)	(Standards 7, 15 and 17)
Complaints and Protection	(Standards 16-18)	(Standards 22-23)
Environment	(Standards 19-26)	(Standards 24-30)
Staffing	(Standards 27-30)	(Standards 31-35)
Management and Administration	(Standards 31-38)	(Standards 8, 10 and 37-43)
Scoring of Outcomes		
Statutory Requirements Identified During the Inspection		

Choice of Home

The intended outcomes for Standards 1 – 6 (Older People) and Standards 1 – 5 (Adults 18 – 65) are:

1. Prospective service users have the information they need to make an informed choice about where to live. *(YA NMS 1)*
2. Each service user has a written contract/ statement of terms and conditions with the home. *Each Service User has an individual contract or statement of terms and conditions with the home. (YA NMS 5)*
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met. *Prospective Service Users' individual aspirations and needs are assessed. (YA NMS 2)*
4. Service users and their representatives know that the home they enter will meet their needs. *Prospective Service Users know that the home they choose will meet their needs and aspirations. (YA NMS 3)*
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home. *Prospective service users have an opportunity to "test drive" the home. (YA NMS 4)*
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 (Older People) and Standard 2 (Adults 18-65) the key standards to be inspected at least once during a 12 month period.

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

1 & 3.

Information is available for prospective service users and their representatives to help them decide if the home is right for them.

Service users are assessed before moving into the home so that their needs are understood by the home. And the home are able to decide whether or not they are able to meet the service user's needs.

EVIDENCE:

The home has produced a Statement of Purpose and a Service Users Guide which describes the services offered by the home and a range of other information that will be useful to people thinking about moving into the home. Two relatives spoken to said that the home had "met expectations and more, it was excellent"

The files of all service users currently living at the home were checked. The majority of dates on the assessment forms suggest that people had been assessed by the manager before admission but the system for recording the pre admission assessment dates does need to be improved. Different assessments forms are used for the different service user groups. Where appropriate, care manager care plans were kept on the service user's file. The assessments are used to help put together care plans.

Health and Personal Care

The intended outcomes for Standards 7 – 11 (Older People) and Standards 6, 9, 16, 18 –21 (Adults 18-65) are:

- 7.** The service user's health, personal and social care needs are set out in an individual plan of care. *Service Users know their assessed and changing needs and personal goals are reflected in their individual plan. (YA NMS 6) Also Service Users are supported to take risks as part of an independent lifestyle. (YA NMS 9)*
- 8.** Service users' health care needs are fully met. *Service Users physical and emotional health needs are met. (YA NMS 19)*
- 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. *Service Users, retain, administer and control their own medication where appropriate and are protected by the home's policies and procedures for dealing with medicine. (YA NMS 20)*
- 10.** Service users feel they are treated with respect and their right to privacy is upheld. *Service Users rights are respected and responsibilities recognised in their daily lives. (YA NMS 16) Also Service Users receive personal support in the way they prefer and require. (YA NMS 18)*
- 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 ageing, illness and death of a Service User are handled with respect and as the individual would wish. (YA NMS 21)*

The Commission considers standards 7, 8, 9 and 10 (Older People) and Standards 6, 9, 16, 18, 19 and 20 (Adults 18-65) are the key standards to be inspected at least once during a 12 month period

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

7, 8, 9 & 10

Detailed care plans are written for service users based on assessed need, but not all service users or their representatives had seen their care plans or had signed agreement with their content.

Service user health needs are met by visiting health care professionals.

Practices and procedures for managing service user medication are satisfactory.

Service users are treated with respect and their privacy is upheld.

EVIDENCE:

Several care plans were looked at covering a sample of both younger and older people living at the centre. Each care plan shows individual service user needs and the actions needed to meet those needs. There was evidence showing that the care plans are reviewed regularly and audited by the manager as part of the quality assurance process. Not all of the care plans seen had been signed by either the service user or their representative. Service users and relatives spoken to said that they were aware that care plans were in place but that they had not seen them. The manager was asked to address this and make sure that as far as possible, service users should be actively involved in and sign agreement to the content of their care plans. The manager said that all service user photographs had been taken and were being developed ready to go onto service user documents (as required by regulation). The three service users who completed the questionnaires said that they were kept informed of important matters affecting their relatives.

Care plans show that other health care professionals are involved in meeting the care and health needs of service users.

Medication records were checked and no errors were found. Staff trained in the Safe Administration Of Medicines give out medication and a Monitored Dosage System prepared by a pharmacy is used. This reduces the potential of any errors occurring.

All service users have single bedroom accommodation that can be locked for privacy. All three relatives that completed the questionnaires said that they were able to visit their relative in private. Bedrooms have telephone points fitted should service users wish to have private phones connected. The home also has a public phone, which can be taken to service users' bedrooms if privacy is needed. Service users indicated that staff were respectful towards them.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 (Older People) and Standards 7, 11- 15 and 17 (Adults 18-65) 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. *Service Users have opportunities for personal development. (YA NMS 11) Also Service Users are able to take part in age, peer and culturally appropriate activities. (YA NMS 12). Also Service users engage in appropriate leisure activities. (YA NMS 14)*
- 13.** Service users maintain contact with family/ friends/ representatives and the local community as they wish. *Service Users are part of the local community. (YA NMS 13) Also Service Users have appropriate personal, family and sexual relationships. (YA NMS 15)*
- 14.** Service users are helped to exercise choice and control over their lives. *Service Users make decisions about their lives with assistance as needed. (YA NMS 7)*
- 15.** Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them. *Service Users are offered a healthy diet and enjoy their meals and mealtimes. (YA NMS 17)*

The Commission considers standards 12, 13, 14 and 15 (Older People) and Standards 12, 13, 15 and 17 (Adults 18-65) the key standards to be inspected at least once during a 12 month period.

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

12

The home is providing a range of different activities to meet service user leisure and recreational needs.

EVIDENCE:

Dalton Unit has an information file that reviews the outings the younger adults have taken part in. An activities coordinator has recently been appointed to work in the home. The coordinator spoke about his plans for activities within the centre and described some of the activities that had recently taken place. During the visit service users were taking part in organised dancing and asked for the music to be kept on after the dancing had ended. One service user proudly showed the needlepoint work she was completing and spoke about

how the activities coordinator was helping her with a special project. Relatives spoken to had differing views about the activities within the home, one felt that there was "not a lot going on" and one felt that their relative was kept "well occupied".

Complaints and Protection

The intended outcomes for Standards 16 – 18 (Older People) and Standards 22 – 23 (Adults 18-65) are:

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon. *Service Users feel their views are listened to and acted on. (YA NMS 22)*
- 17.** Service users' legal rights are protected. *Service Users are protected from abuse, neglect and self-harm. (YA NMS 23)*
- 18.** Service users are protected from abuse. *Service Users are protected from abuse, neglect and self-harm. (YA NMS 23)*

The Commission considers standards 16 and 18 (Older People) and Standards 22 and 23 (Adults 18-65) the key standards to be inspected at least once during a 12 month period.

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

None

None of these standards were fully assessed.

EVIDENCE:

Two of the three relatives that completed questionnaires said that they were aware of the home's complaints procedure but none of them had made a complaint. The pre inspection questionnaire completed by the manager shows that the home has had three complaints since it opened and that these had been dealt with within the twenty-eight day time period stated in the procedure.

Environment

The intended outcomes for Standards 19 – 26 (Older People) and Standards 24 – 30 (Adults 18-65) are:

19. Service users live in a safe, well-maintained environment. *Service Users live in a homely, comfortable and safe environment. (YA NMS 24)*
20. Service users have access to safe and comfortable indoor and outdoor communal facilities. *Shared spaces complement and supplement service users' individual rooms. (YA NMS 28)*
21. Service users have sufficient and suitable lavatories and washing facilities. *Service Users toilets and bathrooms provide sufficient privacy and meet their individual needs. (YA NMS 27)*
22. Service users have the specialist equipment they require to maximise their independence. *(YA NMS 29)*
23. Service users' own rooms suit their needs. *Service Users' own rooms suit their needs and lifestyles. (YA NMS 25)*
24. Service users live in safe, comfortable bedrooms with their own possessions around them. *Service users' bedrooms promote their independence. (YA NMS 26)*
25. Service users live in safe, comfortable surroundings. *Service Users live in a homely, comfortable and safe environment. (YA NMS 24)*
26. The home is clean, pleasant and hygienic. *The home is clean and hygienic. (YA NMS 30)*

The Commission considers standards 19 and 26 (Older People) and Standards 24 and 30 (Adults 18-65) the key standards to be inspected at least once during a 12 month period.

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

19, 20, 21,22,23,24,25 & 26

Accommodation at Cedar Court is safe and well maintained.

Service users live in a safe, secure and comfortable environment, which is decorated and furnished to a very high standard.

Cedar Court provides all en-suite rooms and sufficient numbers of communal bathing and shower facilities. Bathing facilities are all fitted with modern hoists that provide assistance for those that need it.

Service users have access to specialist equipment needed to meet their needs.

Spacious single room accommodation is provided with en-suite facilities.

Bedrooms are furnished to a very high standard and have some features that exceed the minimum standard set.

Service users accommodate rooms that are well ventilated, and with a good system of heating and lighting.

The home is kept clean and does not have any unpleasant smells.

EVIDENCE:

The home has been designed to exceed national minimum standards and uses the latest technology to provide comfortable living accommodation. The garden areas have been landscaped and one has been designed using good practice principles for the development of a sensory garden. CCTV cameras are in place to monitor entrance areas.

On each unit communal space includes a good-sized living / dining room which is furnished and decorated to a high standard. Each unit also has a separate activities room that is equipped according to service user need and abilities. For example, the younger adults unit has facilities to make snacks and drinks. A very spacious reception / corridor area runs down the centre of each unit which is large enough to provide a third sitting area. There is a separate lounge area for those who want to smoke and this is located off the first floor reception area. In this area there is also a Snoozelon room, which is equipped with all the latest technology to aid relaxation. And a visitors beverage room which is equipped with a range of different hot and cold drinks is also available. Service users can also access the purpose built day centre, which has been used as a cinema during the evening. Externally there are two garden areas, which are landscaped; one is specially designed to stimulate the senses. Lighting, decoration and furnishing is of a very high standard and each unit has a unique style that is appropriate for the people who live there.

All service users have en-suite toilet facilities. Each separate living unit has an assisted bathing facility, which can be removed for those who prefer independent bathing, and a large walk in shower room with shower seat. The home has a separate sluice room.

The home has been designed to meet the needs of those with mobility problems as standard. All doors are wide enough to accommodate wheelchairs and corridors are extremely wide and are fitted with handrails. Assisted bathing facilities are fitted and the home has hoisting equipment that meets the needs of current service users. Call systems are fitted in every room and a separate storage area is available for wheel chairs etc.

Cedar Court provides spacious single room accommodation each with en-suite toilet and wash hand basin.

Service user bedrooms are well furnished with all standard items. And each room has television and telephone sockets and in some rooms Internet connection points. All bedroom doors are fitted with self-closing door guards. All doors are fitted with locks and keys are provided, however risk assessments in care plans do not always show the reason why some service users are not issued with keys.

Rooms are naturally ventilated with windows that confirm to recognised standards. All rooms are centrally heated by under floor / ceiling heating that can be individually controlled in each bedroom. This form of heating reduces the need for radiators, which reduces the risk of accidents leading to burns etc. lighting in bedrooms includes overhead and over bed lights. Pre set valves are fitted onto taps to reduce the risk of scalding.

As one service user said “the place is sparkling”. There were no offensive odours detected and the home deploys the latest technology to help maintain standards of cleanliness. The home has a well-equipped laundry that has been designed to minimise the risk of cross infection occurring. Staff confirmed that they had protective clothing available if needed.

Staffing

The intended outcomes for Standards 27 – 30 (Older People) and Standards 31 – 35 (Adults 18-65) are:

- 27.** Service users needs are met by the numbers and skill mix of staff. *Service users are supported by an effective staff team. (YA NMS 33)*
- 28.** Service users are in safe hands at all times. *Service Users are supported by an effective staff team. (YA NMS 32)*
- 29.** Service users are supported and protected by the home's recruitment policy and practices. *Service Users benefit from clarity of staff roles and responsibilities. (YA NMS 31) Also Service Users are supported and protected by the home's recruitment policy and practices. (YA NMS 34)*
- 30.** Staff are trained and competent to do their jobs. *Service Users individual and joint needs are met by appropriately trained staff. (YA NMS 35)*

The Commission considers standards 27, 28, 29 and 30 (Older People) and Standards 32, 34 and 35 (Adults 18-65) the key standards to be inspected at least once during a 12 month period.

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

27, 28, 29 &30

There are sufficient staff on duty to meet the needs of the current service users.

The home has 75% of care staff trained with a nationally recognised qualification, which means that staff have been trained to do the job and have been assessed as being competent to do the job.

The home follows a well organised recruitment process including the collection of key documents and records required by regulation. This protects service users by reducing the risk of employing anyone that might be unsuitable for working in the care sector.

Staff are trained to meet the needs of service users.

EVIDENCE:

For twenty five service users, the rotas show that there are usually five staff on duty until late afternoon then four staff on duty until night time when there

are at least two sometimes three staff on duty. There is also an activities coordinator who works twenty hours over five days a week, an administrator, domestic and catering staff as well as a full time manager. Two of the three relatives that completed comment cards said that they felt that there was always sufficient staff on duty.

The training chart showed that fifteen of the twenty-one care staff employed at the home are trained to at least National Vocational Qualification (NVQ) level 2. This means that 75% of staff have a nationally recognised qualification in care. The manager confirmed this in the written pre inspection questionnaire she was asked to complete.

The files of all staff employed at the home since it was registered were checked to make sure that all pre employment checks had been carried out. With the exception of photographs that are still to be developed, all documents required by regulation were present in the staff files. The files were well structured and organised and had full records of the employment process.

Records showed that staff generally received their induction and foundation training within the specified time period. The manager keeps records of training provided that includes more specialised training in dementia care and learning disabilities to reflect the differing needs of service users in the home. As stated earlier, the home has a good level of trained staff that have at least NVQ level 2 in Care.

Management and Administration

The intended outcomes for Standards 31 – 38 (Older People) and Standards 8, 10, 23, 37 – 43 (Adults 18-65) 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. *Service users benefit from a well run home. (YA NMS 37)*
- 32.** Service users benefit from the ethos, leadership and management approach of the home. *(YA NMS 38)*
- 33.** The home is run in the best interests of service users. *Service Users are consulted on and participate in, all aspects of life in the home. (YA NMS 8) Also Service Users are confident their views underpin all self-monitoring, review and development by the home. (YA NMS 39)*
- 34.** Service users are safeguarded by the accounting and financial procedures of the home. *Service Users benefit from competent and accountable management of the service. (YA NMS 43)*
- 35.** Service users' financial interests are safeguarded. *Service Users are protected from abuse, neglect and self-harm. (YA NMS 23)*
- 36.** Staff are appropriately supervised. *Service Users benefit from well supported and supervised staff. (YA NMS 36)*
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures. *Service Users know that information about them is handled appropriately, and that their confidences are kept. (YA NMS 10) Also Service Users rights and best interests are safeguarded by the home's policies and procedures. (YA NMS 40) and (YA NMS 41)*
- 38.** The health, safety and welfare of service users and staff are promoted and protected. *The health, safety and welfare of service users and staff are promoted and protected. (YA NMS 42)*

The Commission considers standards 31, 33, 35 and 38 (Older People) and Standards 37, 39 and 42 (Adults 18-65) the key standards to be inspected at least once during a 12 month period.

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

None

None of these standards were assessed.

EVIDENCE:

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	
<i>Standard No</i>	<i>Score</i>
1	3
2	X
3	3
4	X
5	X
6	X

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

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

COMPLAINTS AND PROTECTION	
<i>Standard No</i>	<i>Score</i>
16	X
17	X
18	X

ENVIRONMENT	
<i>Standard No</i>	<i>Score</i>
19	4
20	4
21	4
22	3
23	4
24	4
25	4
26	4

STAFFING	
<i>Standard No</i>	<i>Score</i>
27	4
28	4
29	4
30	3

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

Are there any outstanding requirements from the last inspection?

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

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	3	The manager must make sure that Pre admission assessments include the date that they are carried out.
2	7	The manager must make sure that Care plans are drawn up with the involvement of the service user, recorded in a style accessible to the service user; agreed and signed by the service user whenever capable and /or representative if any.
3	24	The manager must make sure that service users are provided with keys unless their risk assessments suggest otherwise.

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