



Making Social Care  
Better for People

Inspecting for better lives

# Key inspection report

## Care homes for adults (18-65 years)

<b>Name:</b>	Kemble House
<b>Address:</b>	272 Colney Hatch Lane Friern Barnet London N11 3DD

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.

<b>Lead inspector:</b>	<b>Date:</b>
Daniel Lim	1 6 1 0 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 Adults (18-65 years) can be found at [www.dh.gov.uk](http://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](http://www.tso.co.uk/bookshop)

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- 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:	Kemble House
Address:	272 Colney Hatch Lane Friern Barnet London N11 3DD
Telephone number:	02082112411
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	Brookdale Healthcare Limited
Type of registration:	care home
Number of places registered:	15

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	15	0
mental disorder, excluding learning disability or dementia	15	0
Additional conditions:		
1. As agreed on the 03/05/2006, one named service user aged 17-18 years old (male) with Learning Disabilities can be accommodated within the home from 18th May 2006 to 18th June 2006		

Date of last inspection								
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### Brief description of the care home

Kemble House is a care home registered to provide personal care for a maximum of 15 younger adults. Adults admitted into the home are those with Autistic Spectrum Disorders and may also have challenging behaviour. Care is provided by care staff who are also supported by a psychiatrist and psychologist employed by the company. The home is a large detached two storey house. It is divided into two units, one upstairs and one downstairs. One unit accommodates seven residents with lower functioning autism and learning disability and the second unit is for eight residents with high functioning autism and learning disability. The aims and objectives of the home are: To support individuals in managing and living with Autistic Spectrum Disorders To acknowledge and respect the individuals and not just see the disability the service user has To encourage the development of social skills and reduce the disabling effects of

## Brief description of the care home

Autistic Spectrum Disorders To provide an individual communication skills programme  
To provide an environment that is safe and predictable To encourage personal growth, whilst maintaining safety through care planning guidelines and risk assessments To provide access to a range of specialist practitioners, including psychology, psychiatry, speech and language therapist and Autistic Spectrum Disorder consultants. To understand that behaviours may be a result of fear, distress, increased anxiety, anger etc, and to manage situations according to individual guidelines of support. The home is situated in Friern Barnet and is about a quarter of a mile from The North Circular Road. It is within walking distance of shops, restaurants and a large supermarket. The provider must make information available about the service, including inspection reports, to service users and other stakeholders.

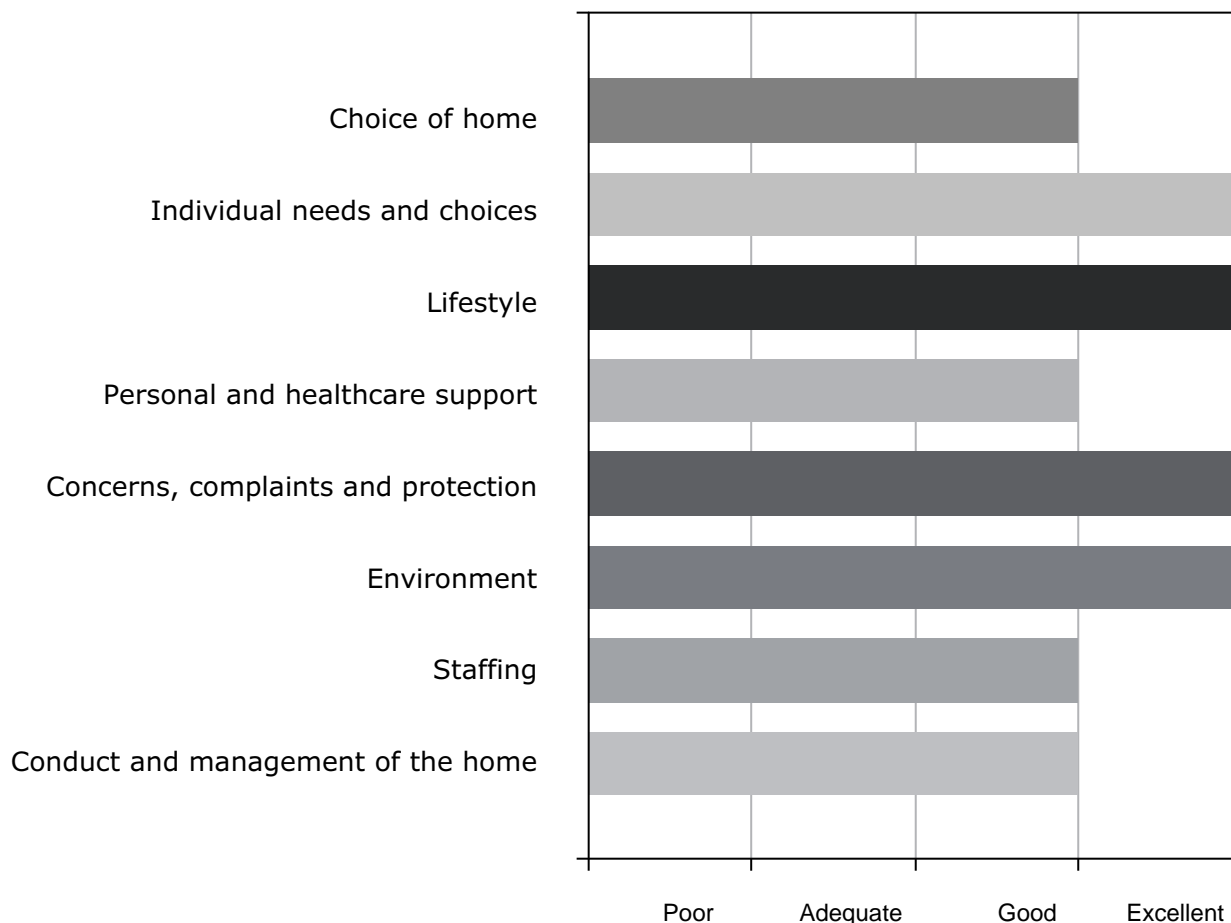
## Summary

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:

The quality rating for this service is 3 star. This means the people who use this service experience EXCELLENT quality outcomes.

This inspection was carried out on 13 October 2008 and took a total of seven and a half hours to complete. A second visit was made on 16th October 2008 to view records and interview staff and a service user not interviewed on the first day. We were assisted by Mr Daniel Bloom, the newly appointed manager.

Four residents were interviewed. The feedback received from them was positive and indicated that they were satisfied with the care provided and the overall management of the home.

Statutory records were examined. These included four residents case records, the maintenance records, accident and incident records, financial records, complaints records and fire records of the home.

The premises including residents bedrooms, toilets, laundry, kitchen, garden and communal areas were inspected.

Five care staff and the company psychologist were interviewed regarding the care of residents and other areas associated with their work. They were noted to be knowledgeable regarding their roles and responsibilities. Staff records, including evidence of CRB disclosures, references, supervision and training records were examined.

The minutes of residents and staff meetings were examined. These indicated that residents and staff had been consulted and informed of changes affecting the running of the home.

The completed Annual Quality Assurance Assessment form (AQAA) was received by CSCI. Information provided in the assessment was used for this inspection.

### **What the care home does well:**

The home has been able to assist residents become more independent. Two examples of this was provided by the home. In addition, we note that some residents appeared able to prepare drinks and some meals independently.

Residents are provided with individualised care which is holistic and comprehensive. Care documentation is comprehensive, up to date and had been regularly reviewed to ensure that they are appropriate. There is documented evidence of one to one support sessions with staff.

Residents have their own bedroom with en-suite facilities. The home is comfortable, well furnished and air-conditioned.

Staff are well trained and knowledgeable regarding their roles and responsibilities.

### **What has improved since the last inspection?**

Contracts for residents are in place. Daily records had been monitored and reviewed regularly.

Records of residents financial information are in place.

Details of the healthcare needs of residents are provided.

There is a complaints book.

All staff have been subject to enhanced Criminal Records Bureau (CRB) checks.

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

The manager must apply for registration with CSCI. This is to ensure that the home is managed by a competent and capable person.

Requirements made to improve fire safety must be attended to. This is to ensure the safety of residents. (Following this inspection, we were informed by the company that this has now been complied with).

The home must have a published report of the consumer survey carried out. This must include an action plan in response to any deficiencies identified.

This is to ensure that any identified deficiencies in the care of residents are responded to.

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](http://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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## 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, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. 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 the person 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.

The home has developed a comprehensive Statement of Purpose and Service User Guide, which is very specific to the service user group. The home understands the importance of providing sufficient information to prospective residents to assist them or their representatives in choosing a suitable care home. Admissions are made to the home following a full needs assessment undertaken by the manager or a sufficiently skilled member of staff. This ensures that the home is able to meet the needs of residents.

Evidence:

The company has a dedicated assessment team to co-ordinate assessments and referrals. The preadmission assessments which were examined were noted to be appropriate and comprehensive. The assessments included details of the personal, mental, cultural and spiritual needs of residents. Risk assessments had also been prepared for residents admitted to the home. The homes completed AQAA stated that there is an identified transition plan for new residents. This includes day visits, overnight stays and visits by key staff to prospective residents preceding admission.

Evidence:

Appropriate contracts had been provided and these were kept in residents files.

Residents in the home were noted to be well cared for and were clean and appropriately dressed. The four residents who were interviewed informed us that their care needs had been attended to.

Comments made by residents included the following:

The staff treat me well

I am satisfied with the care provided

I am happy here

The home has a comprehensive Statement of Purpose and Service Users Guide. The manager stated that both documents are available in any other formats to enable residents to better understand them.

## Individual needs and choices

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 needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

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.

The service recognizes the right of individuals to take control of their lives, and effort had been made to ensure that this happens in practice. Appropriate risks assessments had been carried out. People who use the service are involved in planning their care. There is regular monitoring and reviewing of residents care plans.

Evidence:

The AQAA indicated that aims and goals for residents are depicted pictorially to reinforce objectives for both staff and service users. The essential lifestyle plan is drawn up with the resident concerned. Monthly reviews are carried out. There is an allocated section for each resident on each office wall so that essential documents such as observation charts and timetables can be easily accessed and kept more dynamic by being regularly updated.

We noted that individual care plans had been prepared for residents. The sample of four care plans examined were well prepared and regular care reviews had been

## Evidence:

carried out. The care plans examined were individualised and included the likes and dislikes and preferences of residents such as food and drink preferences, anxiety provoking situations and hobbies and interests. There was evidence that residents had been consulted regarding their care and they had signed their plans. This was also confirmed by residents interviewed. Daily records of progress had been kept.

Residents informed us that they were involved in household chores such as cleaning their bedrooms, shopping, cooking and doing their laundry. Residents meetings had been organised and there was documented evidence that they had been consulted regarding the running of the home. This was also confirmed by residents interviewed.

Appropriate risks assessments had been prepared for residents and staff were aware of the potential risks to residents.

## Lifestyle

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 can take part in activities that are appropriate to their age and culture and 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 and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

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.

Central to the homes aim and objectives is the promotion of the individuals rights to live an ordinary and meaningful life, both in the home and in the community. The daily life, meal arrangements and routines of residents are well organised. The views of residents and their relatives are being sought when planning the homes activities and routine. People using the service are given the opportunity to take part in activities that are imaginative, appropriate and varied. They also have opportunity to maintain important family relationships.

Evidence:

The AQAA indicated that there is a personalised educational and vocational training plan for each residents needs. This includes college enrolment, job centre support, identification of apprenticeship and access course schemes. It further stated that 93% of residents successfully enrolled in new work schemes or educational programmes

## Evidence:

within the last 12 months and there is a high success rate in aforementioned courses.

We note that the home had a varied and comprehensive programme of weekly social and therapeutic activities. The programme was available for inspection and on display in the office. It indicated that there are evening activities such as outings to the pub, cinema nights, swimming, bingo and bowling. Recent activities organised included rock climbing, canoeing, recording studio visits and horse riding session. There are also trips to West End shows, concerts and galleries. Each service user has a planned weekly activity to ensure that they enjoy a full and stimulating lifestyle. The views of residents are being sought and considered when planning the routines of their daily living and arranging activities both in the home and the community. Routines are flexible and residents can make choices in various areas of their lives.

One resident informed us that he attends computer courses. Another resident had his paintings on display along the corridors of the home. We were informed by staff and residents that they had been away on holiday to Spain this year and they had enjoyed their trip. There was evidence that family connection and support is in place and residents confirmed that they have been visited by their family and friends.

The kitchens was inspected and found to be clean. A record of fridge and freezer temperatures had been kept. The menu examined appeared varied and balanced. Residents are encouraged to be involved in the menu planning. Individuals are supported to manage their budget weekly, to help them towards independence. The manager stated that residents have been encouraged to eat healthily. Information and posters of this were on display in the kitchen. The manager stated that the local environmental health officer had inspected the kitchens and awarded them a rating of 4 star. One recommendation made had been responded to.

Service users interviewed indicated that they were satisfied with the choice and quantities of food provided within the home.

## Personal and healthcare support

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 receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people 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.

If people are approaching the end of their life, the care home will respect their choices and help them to 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.

The healthcare needs of residents had been attended to. Personal and healthcare needs including specialist health requirements are recorded in each residents plan and they give a clear view of the healthcare needs of residents. People who use the service are helped to remain as independent as possible. Staff have access to relevant training and remedial services and residents are protected by the satisfactory arrangements for the administration of medication.

Evidence:

All residents have some form of Autistic Spectrum Disorders. Support is provided by a multi-disciplinary team linked to Milton Park Crisis Unit in Bedfordshire. Residents have a named GP and this is recorded in their care records.

Residents interviewed stated that they were well cared for and they had been treated with respect by staff. When interviewed, they indicated that they could see a doctor if they needed to. The manager stated that the company psychiatrist visits and does a medical review every two weeks. Case records which were examined, contained evidence that residents had access to various healthcare professionals such as the

## Evidence:

psychologist, diabetic nurse and GP. Individual care plans had been prepared for residents. A sample of four care plans examined were found to be well prepared. There was documented evidence of regular care reviews. Care plans had been signed by residents or their representatives. Residents interviewed stated that staff talk to them and discuss their care needs. There was documented evidence of one to one support sessions with staff.

Appropriate risks assessments had been prepared for residents. These were generally of a good standard. The care plan of a resident with diabetes did not contain a risk assessment. This is required to ensure that staff are fully aware of the potential risks. The manager agreed that this would be prepared. He further stated that arrangements had been made for staff to be provided with training in the care of residents with diabetes.

The care plans contained evidence that the cultural needs of residents had been met. The manager stated that various cultural and religious holy days were celebrated in the home. This was noted in the activities programmes examined.

Medication policy and procedures were examined. Each floor has a separate medication room, which stores a locked medication cupboard and anything pertaining to medication. All staff are trained in-house to administer medication. A list of all staff trained to administer medication was kept in the medication room. Medication is supplied in blister packs. Medication administration charts (MAR) were examined. These were appropriately completed and no gaps were found on the MAR chart examined. Details of allergies were also noted in the charts examined. The temperature records of the fridge used for storing medication was examined. These were noted to be satisfactory.

## Concerns, 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. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

There are no additional outcomes.

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.

The home promotes an open culture where service users feel safe and are supported to share any concerns in relation to their protection and safety. The arrangements for responding to complaints and for adult protection were satisfactory. The required policies and procedures for safeguarding residents were in place and give clear and specific guidance to staff. The views and experiences of service users are valued.

Evidence:

The four residents who were interviewed indicated that they were well treated. No adult protection issues had been brought to the attention of either CSCI in the last twelve months. The manager explained that none had been made. The home has an adult protection procedure. It included information on examples of abuse and guidance to staff on reporting allegations of abuse to Social Services and The CSCI. The manager and his staff were aware of the homes policy and procedures for the protection of vulnerable adults. There was evidence that they had been provided with the required training. No complaints were recorded in the complaints book. The manager stated that none were received.

The home had a record of compliments received. These indicated that relatives and residents thought highly of staff and were grateful for the care provided by the home. Comments made included the following

Evidence:

I was delighted to get back to Kemble House

Since being in Kemble House she has had enormous change

Many thanks for your care

I dont think I have seen her so cheerful

You have been instrumental in lifting his mood

## 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, comfortable, 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. People have enough privacy when using toilets and bathrooms.

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.

The home is clean, tidy and furnished to a high standard. The provider and manager have ensured that the physical environment of the home provides for the individual requirements of people who live there. The necessary equipment and adaptations for supporting residents are available. Residents are allowed to personalise their bedrooms. Overall, the home provides a pleasant, comfortable and attractive environment to live in.

Evidence:

The home is divided into two separate units. One unit is on the ground floor, while the other is on the first floor. Each of the units have a separate kitchen, office area, laundry room, dining and lounge area. The first floor has an extra lounge area. Air conditioning had been provided throughout the home.

All residents interviewed stated that they were happy with the accommodation provided and their bedrooms had been kept clean. The bedrooms, lounges, and other communal areas were found to be well maintained and cheerfully furnished. Pot plants and pictures were provided to brighten up the home. No offensive odours were detected.

## Evidence:

Bedrooms inspected had been personalised by residents with their own pictures and ornaments. We note that some paintings and pictures of residents were on display along the corridors. There were two displays of photos of a recent holiday to Spain.

The homes AQAA stated that day staff ensure that the house is kept tidy through the day and checks are completed to ensure that all areas are clean. The kitchen equipment, fridges and freezers temperatures are recorded to ensure proper storage of foods. In addition, the home has had an audit of towels and bedding and purchased new towels and bedding for all residents who required it. New cushions had also been purchased for lounge sofas.

Residents are encouraged to bring in their own furnishings and memorabilia and arrange these according to their preferences. In addition, the manager stated that residents could choose the colour scheme for their bedrooms. The bedrooms appeared cosy. All bedrooms have ensuite facilities and were fully furnished.

The laundry was inspected and arrangements for the transporting and laundering of soiled linen were found to be satisfactory. The manager was knowledgeable regarding procedures to be followed for the laundering of soiled linen.

The required safety inspection had been carried out on the gas, electrical installations and portable appliances and documented evidence was kept in the homes maintenance folder. The home has a security system of CCTV confined to the exits and entrances of the home. The manager stated that there are no special equipment of adaptations as there are no residents in the home requiring them.

Building work is underway to build a second home. Therefore, part of the premises have been fenced off to ensure the safety of residents.

## 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, qualified 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. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

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.

The service has a good recruitment procedure that is followed in practice. The service recognizes the importance of training and tries to deliver a programme that meets statutory requirements. Residents are satisfied with the staffing arrangements.

Evidence:

The duty rota was examined. It indicated that in addition to the manager, there was normally at least nine care staff on duty during the day shifts and two staff on waking duty during the night shifts.

Five staff who were on duty were interviewed individually on a range of topics associated with their work. They were noted to be knowledgeable regarding their roles and responsibilities. There was documented evidence in staff records to indicate that staff had been provided with essential training relevant to their area of work.

Three staff records examined indicated that the required recruitment standards and procedures such as obtaining satisfactory CRB disclosures and references had been followed.

There was documented evidence of regular formal staff supervision. This was also

Evidence:

confirmed by staff interviewed. The supervision notes indicated that staff had opportunity to discuss any work related problems, issues related to the care of residents and their training.

The issue of equalities and diversity was discussed with the manager and his staff. Staff demonstrated an understanding of the need to treat all residents sensitively and with respect regardless of disability, gender, race, religion or sexual orientation. They were aware that they must not discriminate against residents and they indicated that this was stressed to them during their induction. The home had an equalities and diversity policy. The four residents who were interviewed indicated that they had been treated with respect and dignity by staff.

## Conduct and management of the 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 have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because 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. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

**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 living in the home can be assured that the home is well run and the manager has skills and ability to deliver a good quality of care. Residents are consulted regarding the care provided and the management of the home.

Evidence:

The manager was found to be knowledgeable regarding his role and responsibilities. He informed us during this inspection that he had just been promoted from his role as acting manager of the home which started earlier on in the year. He stated that he has worked in various homes within the company and was previously a team leader of the home. The issue of registration with CSCI was discussed. A requirement is made for the manager to apply for registration with CSCI.

There was evidence that staff and residents were consulted regarding the management of the home. Regular monthly residents meetings had been held. The minutes of these meetings indicated that residents were satisfied with the running of the service.

## Evidence:

The home has a development plan and a consumer survey had been carried out since the last inspection of the home. However, the report which was published was not specific to the home as it was a general report of performance of homes within the company. To ensure that the findings of the survey are responded to, a report specific to the home is required. This must contain an action plan in response to any deficiencies noted.

Weekly fire alarm checks, fire drills and fire training had been documented. The fire risk assessment had just been updated. Recommendations had been made for improving fire safety. These were discussed with the manager. A requirement was made for them to be complied with. (This has now been complied with and the requirement has now been removed).

Windows inspected had been fitted with window restrictors. These were engaged. The accident and incident records were appropriately filled in. The required safety inspections for the gas installations and portable appliances had been carried out. Window restrictors were in place.

The home has a current certificate of insurance. The financial records of two residents were examined. These were noted to be well maintained. Receipts had been obtained for transactions made on behalf of residents.

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
1	37	9	The registered person must ensure that the new manager submits an application for registration with The CSCI. This is to ensure that the home is managed by a competent and capable person.	30/01/2009
2	39	24	The home must have a published report of the consumer survey carried out. This report must be specific to the home and include an action plan in response to any deficiencies identified. This is to ensure that any identified deficiencies in the care of residents are responded to.	26/02/2009

### 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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**Email:** [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk)

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