



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for adults (18-65 years)

Name:	Cranwell Court
Address:	The Lane Wyboston Beds MK44 3AS

The quality rating for this care home is:

two star good 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:
Andrea James	3 0 0 4 2 0 0 9

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 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

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- 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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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Cranwell Court
Address:	The Lane Wyboston Beds MK44 3AS
Telephone number:	01707332244
Fax number:	01707332255
Email address:	
Provider web address:	

Name of registered provider(s):	Brookdale Healthcare Limited
Type of registration:	care home
Number of places registered:	6

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	6	0
mental disorder, excluding learning disability or dementia	6	0
Additional conditions:		
The maximum number of service users who can be accommodated is 6		
The registered person may provide the following categories of service: Care home only - Code PC to service users of the following gender: Either whose primary needs on admission to the home are within the following categories: Learning Disability - Code LD Mental Disorder, excluding Learning Disability or Dementia - Code MD		
Date of last inspection		

Brief description of the care home
Cranwell court is a care home situated in the village of Wyboston. It is in close proximity to the Brookdale hospital and another of Brookdale care homes. The home offers care to 6 people with varying degrees of Autistic Spectrum Disorder (ASD) and complex needs to include mental health needs. The service aims to encourage people living in the home to develop their independent living skills. The average fee costs for people who use the service is £2900 per week.

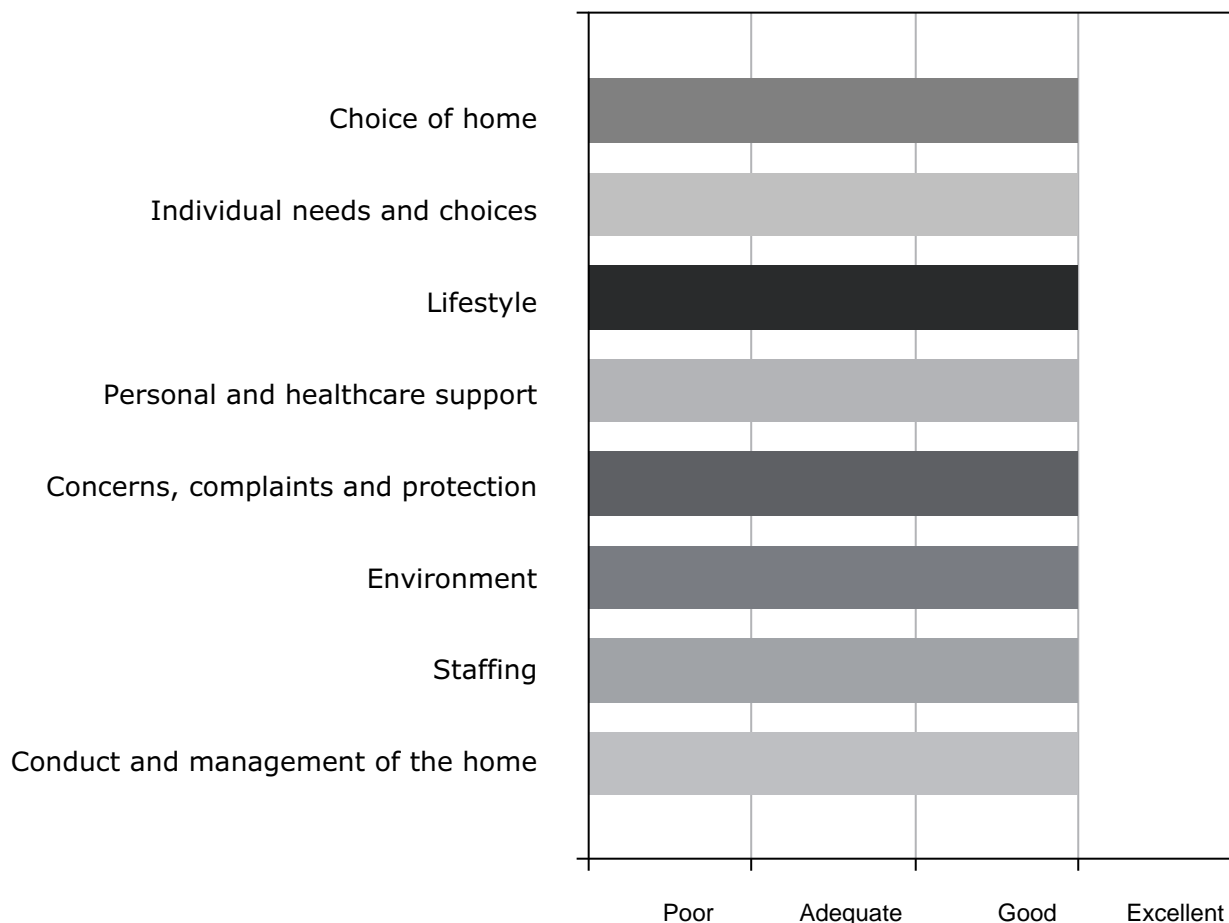
Summary

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

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

This was an unannounced inspection undertaken on the 30th of April 2009. The manager was present for the duration of the site visit which lasted for 5 hours.

It was the second inspection undertaken since the service was registered in 2008. The purpose of the inspection was to undertake a key inspection by looking at all the National Minimum Standards and to follow up on the requirements outstanding from the last inspection.

The inspection followed a case tracking methodology where a sample of people were randomly selected. These peoples files were inspected in detail and they and their key workers were interviewed where possible. The AQAA (Annual Quality Assurance

Assessment) tool was used in collating information for the report. The report also consists of information received from relatives and people who were not case tracked.

Observation of care practices and communication between the people who use the service and the staff team was also inspected.

What the care home does well:

The service creates an environment where people were enabled to develop their full potential and live a fulfilled life. We spoke to relatives who regularly visited the service who commented that the service was, "brilliant". Others such as staff members also complimented the service. One staff member said " this home is fantastic". Another staff member said, " the home is good because people are supported and they have choices". Other words used to describe the service included, "perfect, excellent, safe and understanding". One person who use the service said "I am loving it here at the moment it is a very nice place".

In our inspection process we found that staff members had a good understanding of working with people with Autistic Spectrum Disorder (ASD) and were trained on a constant basis in order to be able to deliver a good standard of care.

The environmental standards were also of a good standard as each person had their own bedrooms and had their own keys to their rooms. The bedrooms were decorated to meet individual tastes and all rooms had flat screen televisions, en-suite facilities and its own lounge.

What has improved since the last inspection?

There were noticeable improvements in the service since the last inspection. People spoken to were able to say how much they had achieved. One person had improved in such a way that employment is being sought while others have had improvements in their mental health. The service had changed their care planning procedure to incorporate a more Person Centered approach to care planning which ensured people were placed at the centre of the process. They told us that their pre -admission assessment and transition process had been reviewed which ensured peoples specific needs, risks etc were fully assessed.

The service was also able to meet 3 of their 4 requirements which was made at the last inspection. In doing so the service were able to demonstrate that all care plans reflected the health care needs of people and these plans were clear and measurable . The service also produced guidelines for the administration of rectal diazepam.

What they could do better:

The service should ensure that all new admissions to the service have assessments in place that staff would know how to meet the needs of people from the onset of their placement.

An effective quality assurance system should be implemented in the home to ensure people's views can be monitored and current procedures in place can reflect this practice.

The service should ensure controlled drug facilities are implemented in the event that this is needed for people who use the service. Health Action plans should also be implemented for people who use the service to ensure their medical needs are identified and met satisfactorily.

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.cqc.org.uk. You can get printed copies from enquiries@cqc.org.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 information available to people ensured that they would be able to make informed choices and their needs would be met.

Evidence:

The people who use the service receive sufficient information in order to make informed choices about using the service. They had satisfactory pre -admission and comprehensive assessments in place for some people but for one who recently moved into the home, the assessment documentation was not available. The manager said it was completed but just not available in the files, as the key worker may have it in their possession.

For the majority of people the assessments were kept on file which showed that people were consulted about the findings of their assessments and the contents accurately reflected their needs.

We were told in the AQAA (Annual Quality Assurance Assessment) that people undergo

Evidence:

a full assessment of their needs prior to admission. They also told us that therapeutic services and the increased involvement of the prospective home manager ensures that any environmental/compatibility issues etc can be identified. This means that if this can be planned appropriately any transition can be jointly prepared and tailored to individual needs.

People were actively encouraged during transition to visit the service, to make their own opinions of the service and to begin to feel more comfortable with the immediate surroundings. During these transitional visits the potential people were supported by the manager, family and friends to view the service in ensuring that they felt comfortable with the accommodation that they would receive.

People also had contractual agreements that stated the cost of their placement and these documents were signed and dated by the appropriate parties.

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

The care planning procedures in place ensured people's individual needs and choices were being met and opportunities were offered to individuals to be able to participate in the day-to-day running of the service.

Evidence:

The individual needs and choices of people were identified and reflected clearly in care plans and review meetings seen on files. The service told us that people were involved with their care planning and reviews. Collaborative risk assessments for identified issues were prepared with the individual person and therapeutic services. People received individual sessions with their key workers on a monthly basis which provided further opportunities for them to express their choices, wishes and aspirations.

They told us that they had completely revised their care planning practices and methods in order to meet people's needs. They had in place procedures where people were encouraged to write their care plans as part of a Person Centered approach.

Evidence:

These documents were inspected on the day of the site visit and they appeared comprehensive and were represented in a symbolic or picture format for easy reading.

The service presented an overarching care plan that detailed the needs assessments, care interventions, reviews, risk assessments and action plans. These documents were also sent to relatives to seek their consultation before being implemented.

The risk assessments for people being case tracked was satisfactorily maintained but again there were no risk assessments completed for one person who had recently moved into the home four weeks prior to this site visit. The format for risk assessing this person had already begun but was not yet completed. The process of risk assessing was undertaken by a private consultant based in the neighboring hospital employed by Brookdale.

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

People were able to participate in activities that helps to promote and maximise their independence, thus ensuring they are able to live a fulfilled lifestyle.

Evidence:

The people who use the service had opportunities for personal development. The service providers told us that their Therapeutic Services group provided one-to-one opportunities for people to address individual's specific needs. This work was undertaken based upon individual's needs, for example people were able to access various seminars to gain an understanding of their diagnosis and how it affects them.

People who use the service were enabled to plan their timetables which was aimed at accommodating individual preferences and choices as well as develop educational and employment opportunities. Most of the activities were specific to individuals but other

Evidence:

activities were group activities which provided and promoted opportunities for peer interaction such as discos, social clubs and karaoke. People were given opportunities to be involved in the local community by visiting local pubs, leisure activities and having the opportunity to visit families and friends. Individual choices and independence was also promoted through the daily routines people had to undertake within the home. The people who use the service were given keys to their rooms and treated with dignity and respect.

Professional advice was sought from nutritionists in order to create well-balanced and nutritious meals for the people who use the service and in addition to this nutritionist provided one-to-one meetings with individuals who chose to and jointly created healthy eating plans. On the day of the site visit people were seen to prepare their own meals with the support of the staff team. People spoken to said they are given opportunities to do well. One person said " the best thing about living here is being able to cook your own meal".

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 health care needs of people were being met, but further development was needed to ensure peoples health care needs would not be compromised.

Evidence:

The Personal and Health care support people received ensured individuals were facilitated in ways that encouraged them to take control. We were told that people were treated with dignity and respect in all aspects of their lives. Key worker meetings were held regularly to ensure people are fulfilled and happy with the opportunities provided for them.

The health-care needs of people were met in various ways to include regular assessments from psychiatrists, psychologists and therapeutic services employed by Brookdale. A General Practitioner was also available to people in meeting their medical needs. Regular health appointments were made and records kept in people's files. The staff worked directly with the therapeutic services group to support people with their individual needs. There was however a need to ensure individuals had Health Action Plans in place. The manager said this was due to be implemented in the near future.

Evidence:

The medication needs of people were regularly reviewed by the Responsible Medical Officer, the Consultant psychiatrists and the local General Practitioners. The medication policies and procedures were reviewed on a regular basis and audited to ensure people were safeguarded. On the day of the site visit the medication Administration procedure and stocks were inspected and found to be satisfactorily maintained.

The home ensured that each Medication Administration Record (MAR) sheet had a picture of the person and at all times two staff checked and signed for medication being administered. Guidelines for administering PRN medication to include anti-psychotic drugs were also recorded and kept on individual people's files. Receipts of medication received in the home were recorded and monthly audits of medication undertaken by the manager. The service had procedures in place for administering controlled drugs but the facilities for storing these in the event that people were placed on controlled medication was not available. Staff spoken to appeared competent in administering medication and said that they were trained before being allowed to administer medication to people.

The issues of age and illness were dealt with in a multi-disciplinary way to ensure that the individual can be supported in all areas of their well-being when such issues arise. This was recorded in people's files.

We were told in the assessment tools that people were assessed as having the appropriate self-management skills in attending to their personal care and hygiene. In most cases people required verbal prompting to attend to their care which is given by the staff team.

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

People who use the service were safeguarded by the policies and procedures in place and their complaints would be dealt with effectively, as a result people were protected.

Evidence:

The people who use the service had satisfactory policies and procedures in place to be able to make a complaint if they were not happy. Two people spoken to said they would know what to do if they felt unhappy about any aspect of their care. A copy of the complaints procedure was made available and displayed in communal areas of the home in language and format suited to meet in people's needs. One complaint was also received and the record of this was kept on file with the complainants response.

We were told that each person had been issued with a copy of the complaints procedure which was explained and augmented when necessary. In addition to this all parents and carers have been issued with a copy which includes timetables for responses. Records of complaints were kept and these were checked on a monthly basis through internal Regulation 26 inspections.

The service had a Safeguarding procedure in place but the policy inspected needed to be reviewed in order to reflect current changes. Staff spoken to confirmed that they received annual training in the Protection of Vulnerable Adults and were aware of the policies and procedures relating to this. Since the last inspection the Commission

Evidence:

received one safeguarding referral which was dealt with satisfactorily and in line with the policies.

People who use the service had individual risk assessments and where necessary managing Challenging Behaviour guidelines were in place. These were implemented to ensure consistency in the management and support of individuals, minimising as much as possible any physical intervention which was used as a last resort to prevent harm to the individual and all the people.

Finances were managed in accordance with the policies and procedures. People were supported in being as independent as possible in accordance with their capacity. Records were maintained and issued on a monthly basis to either the person using the service or their representative. People spoken to were able to confirm that they had opportunities to buy to their own items. Staff were also able to confirm that they would support people in withdrawing money from their bank accounts.

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

The environmental standards ensured people were able to live in a safe, comfortable and clean home.

Evidence:

The environmental standards being maintained within the home was satisfactory in ensuring people were able to live in a safe, comfortable, bright and clean environment. People had their own individual bedrooms which were decorated to a modern taste. We saw evidence of en-suite bathroom facilities and lounging area. All rooms had televisions and some had fridges to keep beverages and individual items of shopping. The furnishings were of such that each room was personalised to show individuality. One person spoken to said he liked his bedroom and was able to show me how the different colour faces on the door would reflect his mood and staff would then know how to speak to him or if they should enter his bedroom or not.

The rest of the house was complimented by having other areas for people to congregate. One room was assigned as an activities room and staff said people enjoyed using the room as it gave itself to a relaxed areas to be in.

The kitchen was big enough to facilitate the needs of all the people who uses the

Evidence:

service. We were told that all the people had individual cupboards and storing facilities and this was respected by both people who use the service and the staff team.

The gardens surrounding the home was well maintained and one person who use the service was given the responsibility to keep the garden to a high standard of maintenance. This person took pride in undertaking this role and said he was paid by the company to do so.

Health and safety was also maintained within the environment and records seen ensured people were being protected. We were told that maintenance issues were reported regularly and urgent issues were addressed immediately to prevent a risk to peoples' health and safety.

The laundry room was the only draw back to the high standard of the home as it was very small and the door could not be closed if some one was using the facilities.

The home was clean and free from offensive odours throughout.

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 people use the service benefits from a competent, experienced and trained staff team that provides a good standard of service delivery.

Evidence:

The staffing levels within the home was satisfactory in meeting the needs of people who use the service. The home employed 14 care staff to include five seniors. We were told that 4 staff worked on each shift and two staff worked during the night. On the day of the site visit we spoke to several members of staff who all appeared confident and capable to meet the needs of people who use the service. One member of staff spoken to said "Everything here is perfect, everyone gets on and the team works well together".

We were told that clear outlines of roles and responsibilities were contained in the job descriptions which were confirmed on inspection of the staff files. New staff were provided with a buddy/mentor and supported closely in developing appropriate and professional relationships with people.

Staff receive Autistic Spectrum Disorder (ASD) specific training as part of their induction to gain an insight into the way that people may be affected by their

Evidence:

diagnosis. The three month probationary period is also set for new staff members along with induction foundation books which were expected to be completed during this period. Following the successful completion of the probationary period staff would then be eligible for enrollment for National Vocational Qualifications and social care level 2/3 as appropriate if they have not already previously achieved this. Staff spoken to were able to confirm that they received regular training and support from the manager and senior members of staff. Support and development was also provided through regular supervision, appraisal and training which was recorded in individual development plans seen on the day of the site visit.

We inspected in detail the recruitment procedure in place for four staff members and they were all found to be satisfactorily maintained. Application forms, interviews, assessments, induction, references, Criminal Record Bureau clearances and other documentation were being held.

Staff spoken to were able to confirm that the manager was very supportive. One member of staff who only started working in the home the week of the inspection said "the people are fantastic". She was also able to confirm that she was currently working through her Brookdale workbook as part of her induction process.

Staff records showed that staff were receiving satisfactory training which was appropriate to meeting the needs of people who use the service. Several staff spoken to were able to confirm that they were placed on training courses which included Medication and awareness, Safeguarding, Health and Safety and Autism. Several people had achieved their NVQ level 2 or above in care.

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.

The people who uses the service benefited from a home that was well run and effectively managed. Some improvement was needed in regards to quality assurance but this did not impact negatively on people who use the service.

Evidence:

The home appeared to run in the best interest of people who use the service. The home manager had the relevant qualifications and experience needed to carry out the roles and responsibilities in the management of the home. The manager provided clear direction and leadership to the staff team through supervisions, appraisals and team meetings.

One relative spoken to said the service is "excellent and the manager is a " star". One staff spoken to said, " the manager is very approachable", another said , " I couldn't wish for anything better". One person who use the service said " I am loving it here", while another said " I feel safe here".

Evidence:

We were told that the Residential Services Manager collates information on performance through regular monthly regulation 26 visits, quarterly audits and Policies and Procedures are reviewed to reflect and incorporate changes in legislation and advice on good practice.

The service did not have a quality assurance policy but they could evidence ways in which people's views were being sought. From observation people appeared vocal and were able to voice their opinions, for example one person was seen browsing the Internet after informing the staff team what he wanted to purchase. We were also told that people held regular residents meetings and one to one sessions with their key workers. Brookdale also sent out questionnaires to parents and these were collated and analysed collectively. The manager said she also sits with people on a regular basis to find out if they had any issues. The quality assurance procedure required in the home was explained to the manager who was sure that she would be able to implement the quality assurance procedure in the near future. This was a requirement made from the last inspection.

The Health and safety procedures for the service was of a satisfactory standard. We saw evidence of fire risk assessments and records of weekly and monthly fire test records. There was also evidence that fire drills were undertaken on a regular basis. We were told that the manager complies with reporting procedures such as Regulation 37, RIDDOR, safeguarding reporting in ensuring a safe working environment can be maintained.

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
1	39	24(1) (a)	The provider must ensure effective quality assurance systems are implemented that seeks the views of people who use the service.	30/08/2008

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	2	14	<p>Arrangements must be made to ensure new admissions to the home have accurate assessments in place that reflects their needs.</p> <p>To ensure people's needs can be identified.</p>	30/06/2009
2	9	13	<p>Arrangements must be made to ensure satisfactory risk assessments are implemented for all people who use the service.</p> <p>To safeguard them from unnecessary dangers.</p>	30/06/2009
3	19	13	<p>Arrangements must be made to ensure a health action plan is in place for people using the service.</p> <p>To promote the health and welfare of people who use the service.</p>	30/06/2009
4	39	24	<p>An Effective quality assurance system must be implemented.</p>	30/06/2009

			To ensure the views of people can be monitored.	
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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
1	20	Arrangement should be made to ensure facilities for the storage of controlled drugs is made available.

Helpline:

Telephone: 03000 616161 or

Textphone: or

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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