

# Key inspection report

## CARE HOMES FOR OLDER PEOPLE

### Winton Nursing Home

**Wallop House  
Nether Wallop  
Nr Salisbury  
Hampshire  
SO20 8HE**

*Lead Inspector*  
Kima Sutherland-Dee

*Key Unannounced Inspection*  
19th November 2009      09:00

This report is a review of the quality of outcomes that people experience in this care home. We believe high quality care should:

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care homes for older people 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).

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

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Document Purpose	Inspection Report
Author	Care Quality Commission
Audience	General Public
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# SERVICE INFORMATION

<b>Name of service</b>	Winton Nursing Home
<b>Address</b>	Wallop House Nether Wallop Nr Salisbury Hampshire SO20 8HE
<b>Telephone number</b>	01264 781366
<b>Fax number</b>	01264 781623
<b>Email address</b>	
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Mrs Evelyn Mary Cornelius-Reid
<b>Name of registered manager (if applicable)</b>	Manager post vacant
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	45
<b>Category(ies) of registration, with number of places</b>	Dementia (0), Old age, not falling within any other category (0)

# SERVICE INFORMATION

## Conditions of registration:

1. The registered person may provide the following category/ies of service only:

Care home with nursing - (N) to service users of the following gender:

Either

Whose primary care needs on admission to the home are within the following categories:

Old age, not falling within any other category (OP)

Dementia (DE).

2. The maximum number of service users to be accommodated is 45.

**Date of last inspection**      20th November 2008

## Brief Description of the Service:

Winton Nursing Home is one of three owned by Mrs Cornelius-Reid, two are in Hampshire and the other in Wiltshire. It is set in the village of Nether Wallop, a rural area, within easy reach of local amenities at Stockbridge and Andover.

The home is registered as a care home providing nursing care and may accommodate up to forty-five service users who are older persons, or older persons with dementia. Accommodation is provided in two areas of the home, both on two floors with lift access to the first floor. The main house accommodates those who require assistance with personal and nursing care, whilst the annex accommodates those who have dementia and require assistance with personal and nursing care.

There are thirty-five single and five double bedrooms and all have en-suite facilities. There is extensive communal space with several lounges, a garden room and dining room. There is a large landscaped garden.

# SUMMARY

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

This key inspection included a site visit to this service on the 19th November 2009 when we reviewed a sample of the records and documents, spoke with seven residents, staff and the manager, as well as the registered individuals representative and the training manager.

The provider returned their AQAA and we have included in this report the information about how the service assesses the outcomes for the service users.

The quality rating for this service is 2\* star. This means the people who use this service experience good quality outcomes.

## **What the service does well:**

The staff know the residents well and they care for them with respect and kindness. A visitor said that their relative always looked nice and their hair was always done for them by the staff.

The staff are good at monitoring the health of the residents by regularly observing peoples weights and blood pressure.

Two residents said that they regularly see their G.P and they can always ask the staff to refer them to a doctor.

The care plans give the staff good information about how to care for each resident and what each resident prefers. The care plans had details such as how many pillows people liked and when they liked to get up and go to bed. The daily records showed that the staff were following this guidance.

The food that the residents are offered is of good quality and home cooked. The cook knows what the residents like or dislike and all of them said the food was good. The records showed that the staff have sought the resident's opinions about the food and although new choices have been offered the residents said they wanted the choices they were used to so this is provided.

A visitor said that there family were very pleased with the care and the food was really good.

The maintenance staff have continued to improve the homes environment and deep cleaning and decorating have taken place since the last inspection. The staff are well trained and the training manager offers all staff regular opportunities to take part in courses that increase their skills and knowledge.

The service is good at seeking the opinions of the residents and the results of the most recent quality review are available for the residents to see. The management of the home have made changes following the surveys, including the choice of some foods and the storage of items in the home. The survey showed that 97% of the residents were very happy or very satisfied with the service at the home.

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

The manager has improved the service by making sure that the medication records are always fully completed. The records showed that the staff always complete these after they have administered medication.

The manager has changed the storage of items that were being kept in a bedroom and they have made a facility available for storage of hoists and wheelchairs.

Although this new storage facility is available the staff have not always been using this and the manager recognised that further instruction is needed to stop bedrooms being used to store items.

The manager has changed the system for seeking the views of the residents, and now the staff are using the results of any consultation to improve the home and the services.

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

The commission requires that the manager seeks two references for every person who is employed at the home.

A sample of three staff files showed that one person did not have written references. The new manager had already written to seek these but they were not available at the time of this site visit.

References are an important part of a safe recruitment process and they are required to be available before a member of staff starts to work at the home.

The service must make sure that they protect the residents from scalding by limiting the water temperature coming out of one tap.

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 on page 4.

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk) or by telephoning our order line – 0870 240 7535.

# DETAILS OF INSPECTOR FINDINGS

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Management and Administration (Standards 31-38)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

## Choice of Home

### The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

### The Commission considers Standards 3 and 6 the key standards to be inspected.

This is what people staying in this care home experience:

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

1,2,3,5

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

Prospective residents have accurate and up to date information about the home and they are able to visit so they can make an informed decision. The home always assesses the needs of any prospective service users and they are always asked to sign a contract with the terms and conditions of the service.

### EVIDENCE:

The statement of purpose has been updated since the last inspection. This is available to all prospective and new residents and it gives accurate information about the service and the facilities.

Residents are also given an updated service user guide, this gives further information about the home as well as the terms and conditions.

The contracts are currently being updated and they are with the homes solicitor. All the residents do have a signed copy of the old contracts and the home keeps a copy. One resident said they remembered signing a contract and a family member kept this safe for them.

The AQAA stated that the staff always assess a prospective residents needs to ensure the home can meet those needs. This was confirmed by seeing a sample of two pre admission assessments. The assessments are completed before a resident moves to the home. The assessments were detailed and they included information about the resident's health, their family backgrounds and their likes and dislikes.

Two residents said that they had been to the home to visit and they had been offered a meal before they made a decision to move in. The statement of purpose states that prospective residents and their family can visit the home.

## Health and Personal Care

### The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

### The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

This is what people staying in this care home experience:

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

7,8,9,10

People using the 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 residents benefit from a detailed care planning process that guides the staff to deliver good personal and nursing care. The residents can be assured that the home meets their health care needs. The staff administer medication and maintain accurate records, although the medication had not been stored securely.

### **EVIDENCE:**

The service uses the pre admission assessments to develop a care plan for each resident. Samples of five care plans were seen in both the main house and the wing that accommodates people with dementia.

The care plans were detailed and they had guidance for the staff about the needs of each person. The care plans included details about health care and the preferences of each resident. The staff had a good knowledge about the care plans and they used this to provide individual care.

The staff said that they know the residents well and the records showed that the care plans are being followed in practice.

The care plans are regularly reviewed and changed to meet the resident's needs.

The AQAA states that the home intends to improve the service by completing more person centred care plans in the next twelve months.

These new plans were seen but they have not been completed for most of the residents yet. The new format will allow the staff to record more details about each person and how their needs can be met, although the current care plans are suitable.

The staff are supporting people to maintain their health and there are records to show that people are regularly weighed and have their temperature and blood pressure taken. The staff also keep records of any contact with doctors and any treatments or hospital visits.

The staff said there were enough staff to care for the residents and since the last inspection the staff never leave the residents alone in the lounge in the wing. They said that if some staff are caring for people in their rooms there are always staff available in the lounge. This was confirmed during observation in the wing.

The medication records were seen and these show that staff are correctly completing these.

One medication trolley in the upstairs corridor was locked but it was not secured to the wall. The manager immediately ensured the trolley was secured and they made arrangements to retrain a staff member. They also said that they would ensure that this was checked more frequently.

Staff are offered a regular course in medication and this is included in the induction training when staff start to work at the home.

The care plans showed that a doctor had regularly reviewed medication and made any changes.

The resident's said they liked the staff, although one person said some of the staff were young and inexperienced. The staff training records show that new staff are offered training and this is ongoing. Young new staff work with more experienced staff until they are clear about their roles and responsibilities.

Other residents said the staff were kind and patient. One person said 'The staff are really good, if I use my bell they always come to me'.

A visitor said that 'The staff are good all the family are pleased with the care'.

The staff were observed caring for the residents and they spoke kindly and with a good understanding of the residents and their likes and dislikes. The residents were helped to move around the home and the staff spent time chatting to people and sitting with them.

One member of staff was observed speaking about residents in front of other residents and reading out a personal letter to a resident in front of others. This either demonstrated nervousness about being observed or a lack of understanding about the dignity of the residents. The manager assured us that they would speak to this member of staff and ensure that they understood that they needed to respect the dignity of all the residents at all times.

The care plans included details about the resident's wishes after their death when these had been expressed. Resident's families had been consulted about their wishes and these were also recorded.

The residents had been asked about their religious wishes and the home holds regular services with local clergy visiting the home.

## Daily Life and Social Activities

**The intended outcomes for Standards 12 - 15 are:**

- 12.** Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
- 13.** Service users maintain contact with family/ friends/ representatives and the local community as they wish.
- 14.** Service users are helped to exercise choice and control over their lives.
- 15.** Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

**The Commission considers all of the above key standards to be inspected.**

This is what people staying in this care home experience:

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

12,13,14,15

People using the 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 residents benefit from choosing how they spend their time and having an increased variety of activities to participate in.

The residents are able to have visitors at any time and to maintain contact with family and friends.

The residents are offered a choice of home cooked food that meets their needs.

**EVIDENCE:**

The AQAA states that the residents are encouraged to choose their own daily routines.

The residents said they could choose what to do during the day and there were organised activities available.

The activities diary records an increase and improvement in the availability and variety of activities.

One resident said that they had gone Christmas shopping with staff the day before and they had really enjoyed the opportunity to go out and to choose their presents for their family. They also said that they had enjoyed stopping for a coffee and a tea cake.

Staff were observed taking a resident for a walk in the grounds and the records show this has increased in frequency since the last inspection.

Other activities included crafts, games and music and movies.

The staff in the wing record who takes part and for those unable to, staff spend time with them in their rooms. The records in the main home are not consistently completed to show who has taken part in activities.

A visitor said that 'There are things to keep people busy like drawing or decorating cakes'.

Residents were observed choosing to read newspapers and listening to talking books, others were watching T.V or relaxing in their rooms.

Five residents in the wing were observed playing board games with the staff.

The staff said that they know the residents and what they like to do. They said that a resident likes to tidy up and another likes dusting and they ensure that these people can continue these activities. The residents were observed doing these activities.

The AQAA states that the home does not have set visiting times and family and friends are welcome. One visitor said that they 'visit as often as they can and they are always offered a cup of tea and lovely cakes'.

The residents were positive about the food in the home and they said they could choose from the menu.

The cook said that they had just attended a course on nutrition and menu planning and they had good ideas. They said they consult the residents at least once a month and they give the residents the food they like. When the cook has made new suggestions the residents have preferred to have the food they are used to. People's likes and dislikes are recorded in their care plans.

One person said the portions were big.

The residents eat in three different dining areas and the staff were observed sitting with people assisting them with their meals. The meal time was relaxed and not rushed. The residents were frequently offered drinks during the time they were observed.

# Complaints and Protection

## The intended outcomes for Standards 16 - 18 are:

- 16. Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17. Service users' legal rights are protected.
- 18. Service users are protected from abuse.

## The Commission considers Standards 16 and 18 the key standards to be.

This is what people staying in this care home experience:

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

16,18

People using the 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 residents are confident that they can complain and their complaints will be taken seriously and responded to appropriately.

The residents are protected from harm or abuse through a clear policy and staff training.

### EVIDENCE:

The complaints procedure is available to the residents and their relatives in the statement of purpose and two residents said they knew how to complain if they needed to. The residents said they would be happy to talk to the staff or the manager.

The complaint record has three complaints since the last inspection and they show that the complaints have been investigated and the complainants responded to appropriately.

The staff are trained to recognise and report suspected abuse and fourteen staff have been on a course in the last twelve months. Staff are regularly offered training in safeguarding vulnerable adults and this is also part of their induction training when they start work at the home.

The service have changed the way they record any complaints or safeguarding issues and the policy for staff has been updated. The guidance is clearer and staff said they knew their responsibility to report any concerns.

## Environment

### The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

### The Commission considers Standards 19 and 26 the key standards to be inspected.

This is what people staying in this care home experience:

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

19,22,24,25,26

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

### EVIDENCE:

The registered person has made changes to the home environment since the last inspection, which have benefited the residents. These include redecoration and deep cleaning. The residents said they liked the home and it was kept clean and tidy. One resident said the toilet could be cleaner, but the cleaning rota showed that the staff do frequently clean the toilets.

The service has a range of equipment that is needed to meet the needs of the residents. The residents are assessed regarding their manual handling needs and hoists and other equipment are available. Staff said there is enough equipment.

The residents said they liked their bedrooms and the bedrooms observed were comfortable and well furnished. The manager is in the process of auditing all the furniture to see if any needs replacement.

Since the last inspection the manager made a storage area available for hoists and wheelchairs to prevent inappropriate storage in people's bedrooms. One downstairs bedroom still had a number of items stored there that did not belong to the residents. The manager stated that the staff were not storing items properly and they would be instructed to move items and this would be checked more often.

The manager employs cleaning and maintenance staff and the home was clean and well maintained.

The water temperature in one hot tap downstairs appeared to be excessively hot to the touch. Because of a risk of scalding the water temperatures in three locations were then checked with a temperature probe. Two locations were found to be under the maximum temperature but one was found to be too hot. The operations manager agreed that this tap would have a limiter fitted to regulate the temperature and this would be done within a week of the inspection. There were signs at the taps warning of very hot water and the manager said that the residents are always assisted to use the toilet and washing facilities.

The AQAA states that thirty three staff have attended training in infection control and this was confirmed in the training records. The home also states that they have an infection control plan. The staff were observed wearing gloves and aprons for personal care tasks to prevent infection. The staff said the gloves were suitable and when one box of unsuitable gloves had been partially used they were discarded and not used again.

## Staffing

**The intended outcomes for Standards 27 – 30 are:**

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

**The Commission consider all the above are key standards to be inspected.**

This is what people staying in this care home experience:

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

27,28,29,30

People using the 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 residents benefit from a well trained staff team.  
The failure to seek references for one member of staff has not protected the residents.

**EVIDENCE:**

The AQAA states that the manager is attempting to recruit more staff and to increase the staff that are available at short notice. The manager confirmed that there were advertisements in the local press at the time of this site visit. The staff said there were enough staff to meet the resident's needs and the residents said they were happy with the staff and they did not have to wait when they asked for assistance. The documents showed that the staff are meeting peoples needs and that they have increased the frequency of activities such as taking people out of the home for walks or trips.

A sample of three staff files showed that the manager had sought criminal records bureau checks and POVA first checks before staff started work for the protection of the residents.

Two staff had two written references in their files but the previous manager had failed to seek any references for one member of staff. The new manager had sought these but they were not available at the time of the site visit, therefore a requirement has been made.

The AQAA states that 8 out of 37 staff have achieved a National Vocational Qualification in care to at least level two. This is below the required 50% but since the AQAA was returned in January 2009, the manager confirmed that three more staff have qualified and eight more staff will be starting this course in February 2010.

The training manager has changed the way that the staff are offered training and in the way this is recorded since the last inspection. The records are well organised and staff are offered a rolling programme of training courses throughout the year. These courses include fire safety, manual handling, infection control and food hygiene.

Staff have also completed further training in abuse and safeguarding, health and safety and dementia care.

The last course in dementia care for twenty took place in February 2009 and five staff are currently working through a distance learning course. The staff said they have good opportunities to take part in training. Staff training needs are discussed during the staff supervision sessions with senior staff and at staff meetings.

# Management and Administration

## The intended outcomes for Standards 31 – 38 are:

31. Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
32. Service users benefit from the ethos, leadership and management approach of the home.
33. The home is run in the best interests of service users.
34. Service users are safeguarded by the accounting and financial procedures of the home.
35. Service users' financial interests are safeguarded.
36. Staff are appropriately supervised.
37. Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
38. The health, safety and welfare of service users and staff are promoted and protected.

## The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

This is what people staying in this care home experience:

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

31,32,35,36,38

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

### **EVIDENCE:**

The new manager is in the process of applying to register with the commission and there is a management structure in place that supports them.

The manager said they could always seek advice and that senior staff were available frequently in the home to assist them.

The new manager has the qualifications and experience to manage the home and they have continued to update their skills and recently gained their degree in practice and management.

The staff all said that the morale in the home has increased and they are working well as a team supported by the manager.

The operational manager has updated the statement of purpose to reflect the new management structure and the residents said they knew who was 'in charge'.

The manager has changed the way they seek the resident's views and a survey had been completed in June 2009. The resident's views had been recorded and changes had been made as a result.

The AQAA states that the policy on managing resident's money had been reviewed in March 2009.

The manager confirmed that the home does not look after any resident's money at the present time.

The staff said they are regularly supervised and the records confirmed that this takes place.

There were also records to show that senior staff observe the practice of more junior staff and use this during their supervision meetings.

The staff said they can seek advice from the trained nurses or the manager at any time.

The AQAA states that the home has a health and safety policy and a fire procedure. Staff records showed that staff take part in training courses in these areas.

The home maintains fire records and they carry out regular fire safety checks.

The AQAA also states that the management are conducting regular tests for legionella in the water tanks and a certificate for this was seen from October 2009.

Maintenance and gardening staff had taken part in safety training in November 2009. This demonstrates that the management of the service are aware of health and safety and they continue to maintain the home and train the staff for their own and the resident's safety.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

**4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

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

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

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

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

<b>ENVIRONMENT</b>	
<b>Standard No</b>	<b>Score</b>
<b>19</b>	3
<b>20</b>	X
<b>21</b>	X
<b>22</b>	3
<b>23</b>	X
<b>24</b>	2
<b>25</b>	2
<b>26</b>	3

<b>STAFFING</b>	
<b>Standard No</b>	<b>Score</b>
<b>27</b>	3
<b>28</b>	3
<b>29</b>	1
<b>30</b>	3

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

Are there any outstanding requirements from the last inspection? NO

**STATUTORY REQUIREMENTS**

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

No.	Standard	Regulation	Requirement	Timescale for action
1	OP25	13 (4) (b)	The registered person must ensure that all parts of the home are as far as practicable, free from hazards to the resident's safety.	30/11/09
2	OP29	19 (1) (b)	No person shall work in the home until the registered person has obtained all of the information and documents specified in schedule 2.	30/11/09

**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



## **Care Quality Commission**

South East Region

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Gallowgate

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