



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Chirnside House

**Abbeyfield Close
Scotforth Road
Lancaster
Lancashire
LA1 4NL**

Lead Inspector
Mrs Gwen Miller

Unannounced Inspection
21st May 2007 10:00

The Commission for Social Care Inspection aims to:

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

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

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SERVICE INFORMATION

Name of service	Chirnside House
Address	Abbeyfield Close Scotforth Road Lancaster Lancashire LA1 4NL
Telephone number	01524 541720
Fax number	01524 541726
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Abbeyfield (Lancaster) Society
Name of registered manager (if applicable)	Mrs Susan Gail Graves
Type of registration	Care Home
No. of places registered (if applicable)	30
Category(ies) of registration, with number of places	Old age, not falling within any other category (30)

SERVICE INFORMATION

Conditions of registration:

1. The home is registered to accommodate a maximum of 30 Service users in the category OP (older persons over the age of 65)

Date of last inspection 27th March 2006

Brief Description of the Service:

Chirnside House is a residential home situated on the outskirts of the City of Lancaster and close to local amenities of Scotforth. The home is part of the Abbeyfield Society and can accommodate up to 30 older people of both sexes and offers a homely environment in an informal atmosphere.

The home has a philosophy of care which includes encouragement of independence whilst providing personal care where needed.

All bedrooms in the home are ensuite and of good size with good standard of furnishings. Residents are encouraged to bring their own furniture and personal items.

There are 3 lounge areas plus a designated smoking room. The dining room is spacious and allows all residents to be seated at one time, although meals may be taken in the privacy of one's own room.

Activities are offered within the home and outings are arranged. Information about the home includes an invitation to visit for a meal or for a day or stay on a trial basis.

The home has a very good standard of furnishings and fittings throughout, both the interior and the exterior of the home are very well maintained.

SUMMARY

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

The inspection of this home has been carried out over the period since the previous inspection in March 2006. This is to give an overall picture of Chirnside House using evidence and information gathering, in the form of a pre inspection questionnaire, letters to and from the home during that period and comment cards from residents, relatives and health professionals.

The inspection also included a site visit to the home, which was completed in one day. It was unannounced, which means that the manager, staff and residents did not know it was to take place until the inspector arrived. A further visit was made to the home the following day, to discuss the findings of this inspection with the manager.

On 21st May 2007 (the day of this visit), 22 residents were accommodated at Chirnside House. The inspector spoke with residents and staff members.

13 comment cards were received from residents, 4 from relatives, carers or advocates and 4 from health professionals.

Case tracking (whereby the inspector focuses on a small number of residents and examines their care, from admission to the present time) of three residents, was carried out.

Part of the visit included looking at daily notes and information about the home and residents. Time was spent observing the workings of the home and how staff members supported residents.

The inspection included a tour of the premises.

At the time of the visit, (21st May 2007) the information given to the Commission for Social Care Inspection, showed that the fees for care at the home were from £416 to £431 per week plus £25 per week for respite care. Residents pay extra for their hairdressing and newspapers.

What the service does well:

In line with the home's policies and procedures, Chirnside House tries to make sure that there is equal care given to all residents, considering their individual choices and preferences and giving equal support to all irrespective of their race, gender, disability, sexuality, age, religion or beliefs.

There is equal consideration given to prospective employees so there are male and female staff between the ages of 18 and 65 years working at the home,

training and development programmes are offered to all staff. Staff training is ongoing and designed to keep up with changing needs of both residents and in service provision.

Many of the staff have been employed at the home for a long time, which means they have got to know the residents very well.

Chirnside House uses a 'key worker system', this means that named staff are allocated to individual residents. The key worker has added responsibility to ensure their residents needs are met at all times.

The home ensures that all residents have equal access to different parts of the home via a lift, aids and adaptations are in toilets and bathrooms and throughout the home and in individual rooms wherever residents need them.

Chirnside House provides a friendly, informal atmosphere where dignity is acknowledged and independence is encouraged. Many relatives gave their comments about the home, these included; "the home gives care beyond our expectations", "they excel in the social, emotional plus physical care of the clients", "respects the individual" and "provides an holistic environment".

All comment cards from residents confirmed their satisfaction with the home, those spoken with said they were very happy with their rooms, food, activities and the staff. Comments included;" very satisfied," "cannot speak too highly of the way the cleaning is organised", "its nice to have our own room with mementos of family records", "staff are always cheerful" and "always respond to our bells".

What has improved since the last inspection?

There were no requirements or recommendations from the previous inspection, however the home continues to monitor its practice to ensure the needs of the residents are being met in the best way.

What they could do better:

The home operates at a very high standard, monthly reporting by the Responsible Individual ensures that any areas for improvement are addressed without delay.

None of the residents were dissatisfied with their care.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

CONTENTS

Choice of Home (Standards 1-6)

Health and Personal Care (Standards 7-11)

Daily Life and Social Activities (Standards 12-15)

Complaints and Protection (Standards 16-18)

Environment (Standards 19-26)

Staffing (Standards 27-30)

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.

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

1,2,3,5,&6

Quality in this outcome area is **excellent**

Detailed information is provided by the home, this allows people to make informed choices whether or not the home will meet their needs. Full assessments of needs are carried out for all prospective residents to ensure the home is the right place for them and provide them with the right sort of care.

This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

Chirnside House has produced a great deal of information for prospective residents to read when they are considering entering residential care either on a permanent basis or just for a short stay. All the information is in an easy to read format and explains what is and what is not included in the cost of staying at the home. It also sets out the general way in which the home is run to give

a view of what it would be like to stay there. The information includes an invitation to visit the home for a look around and to meet the staff and other residents living there, comment cards received from residents and their relatives, said they had received this information.

Most residents spoken with on this visit said they had stayed at Chirnside House for a short period to see if they liked the home, before deciding to live there permanently. Some residents had known others who lived at Chirnside House and had been impressed by the staff and the look of the home in general, when they visited their friend or relative.

Comments included "I had heard good reports- word of mouth-from other people", and "I knew Mrs C. who used to live here, she was always happy when I visited".

If a person considers Chirnside House as their choice when selecting a care home, the manager carries out an assessment of their needs to make sure that the home would be able to care for that person. This can be done at the person's home or in hospital and can be completed with the help of their family, carers, social worker, or any other person involved with their needs and lifestyle.

Case tracking showed that all residents had their needs assessed in this way and they had been actively involved in this process. Once established that Chirnside House might be a good choice, the prospective resident uses a short period, which is classed as temporary stay, to further decide whether to become a permanent resident at the home. If the decision is to stay, a contract is made between the home and the individual, this applies to both social services funded people and those who fund themselves. These contracts are held in resident's files and clearly set out the rights of the person, their fees payable whilst living at the home and in the event of admission to hospital.

In conversation, some residents said they chose short stays at Chirnside House to give their families a break from their roles of caring for them, or whilst they went on holiday.

At present Chirnside House does not offer intermediate care, which is the term used when Social Services or Health Departments contract a number of beds on a permanent basis.

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.

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

7,8,9 &10

Quality in this outcome area is **excellent**

Care plans are well detailed which ensures that all carers are aware of the individual's needs. The health needs of residents are well met and people are treated with dignity and respect. The systems for the administration of medication are clear and comprehensive arrangements are in place to ensure resident's medication needs are also met.

This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

On admission, each person has their care plan drawn together to establish what the individual needs to be done for them and in which areas they require help. This is done so that their care is right for them but also to encourage their independence.

Case tracking showed that some residents needed assistance in getting washed and dressed, whilst others needed more help in these tasks. Case tracking also showed that the care needed by the resident was the care given by the carer.

In this home care plans are very detailed and include the likes and dislikes of the individual. Care plans are signed by the resident to show their agreement and reviewed regularly and when needs change, for example if a person suffers a deterioration in their health.

All residents are registered with a local GP and have access to the same medical services as any person living in the community. District nurse and other medical agencies visit the home when needed, case tracking showed that specialist help is sought appropriately. All visits are recorded in resident's files so that care staff are up to date with resident's health needs.

Comments from Health Professionals were positive and included "Well run home for the elderly" and "very caring".

Staff will accompany residents to hospital visits and other appointments, if relatives cannot be available or choose not to. Resident's said there "are always staff around to take you to these places" and "it is nice to have someone with you".

The formal policies and procedure for administering and handling medication are well thought out, staff who administer medicines and tablets are trained to do so and records of medicines and tablets given were up to date with the signature of the staff member. The local pharmacy delivers all medication and takes away tablets and medicines not needed by residents.

Residents can administer their own medication if they choose to, this has to be agreed by their GP. Each bedroom has a lockable facility where medicines etc can be stored safely.

All residents said they were treated with respect by all the staff and manager. When asked "Do you receive the care and support you need?" all residents replied 'always' and added "the care and support have been excellent".

Staff were noted to knock on bedroom doors and seek permission before entering a bedroom. Residents said they are asked how they wish to be addressed, most people choose to be called by their first name, but a more formal address is acknowledged.

The right to privacy is included in the home's information and forms part of staff training. Resident's see their visitors in their rooms if they choose, cleaning of rooms is carried out when visitors have gone or at a time convenient to the resident.

Residents received their mail unopened, their choice of newspaper is delivered to them. Financial records and private papers are held by the bursar of the home, in his locked office.

All bedrooms are en suite to ensure personal privacy. Residents may choose to have their own telephone or may use the telephones in the home in private.

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.

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

12,13,14 & 15

Quality in this outcome area is **excellent**

The meals are good offering both choice and variety, whilst catering for special dietary needs. Links with family and friends are promoted, these support and enrich resident's chosen lifestyles.

This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

The pre inspection questionnaire confirmed that the home continues to offer a range of activities including; Tai Chi, Music therapy, Music exercise, Board games, Bingo, Craft, Library, Video, Indoor gardening and Barton community centre visits.

Most residents said they enjoyed the activities provided, and they enjoyed going out on trips. Comments included "On outings there is always a care person to look after you" and "when I don't take part, its my choice not to" and "there's always a very good programme of events".

The notice boards in the home advertise various appropriate activities that are available along with any forthcoming events. Recent visits were to Skipton for a canal boat trip and Barton Grange garden centre. The home uses a mini bus for outings, the cost is never more than £6 in total. Families, carers and visitors are to be invited to the annual "Champagne and Strawberry Tea" and "Summer B-B-Q". Suggestions for outings and events are discussed in 'Residents Circle' meetings.

Residents can be supported to attend the local churches and clergy from different denominations visit the home.

By talking with residents, it was clear that they are asked to make choices in what to eat, when to rise and retire, how to spend their time, how to furnish their room, who they wish to keep company with and who they nominate to manage their affairs (if they do not want to manage them themselves). They are also asked if they wish to manage their own medication (as mentioned previously) and given a choice of locking their bedroom doors. All residents spoken with said they chose what to do with their time, although they were encouraged to join in activities in a communal setting, their choice to remain in their own rooms or go out into the community, was acknowledged.

Chirnside House continues to provide a very good standard of food with a varied menu for all mealtimes. Samples of menus provided for this inspection showed a good choice of foods, residents spoke well of the choices, quality and quantity. When asked "do you like the meals at the home?" all answered positively. Added comments were "very much so, there is a wide range available and the quality is excellent. Vegetables and fruit are available at every meal."

At lunchtime on this visit, when residents needed assistance from staff, this was provided in a dignified and encouraging manner.

The dining room is set out with matching table linen, crockery and fresh flowers on each table. There is plenty of room for all residents to eat at one sitting and room for their visitors too.

Diabetic and vegetarian diets are catered for providing equality of choice for all residents.

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.

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

16 & 18.

Quality in this outcome area is **excellent**.

The home has a satisfactory complaints system with evidence that residents feel their views are listened to and acted upon. The staff's training in the Protection of Vulnerable Adults protects residents from abuse.

This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

Information is clearly provided for residents in the event of them, or their relatives wanting to make a complaint about the home or its staff.

Comments from residents included: "We have a Resident's Circle Meeting every six weeks where we are free to make any complaints and suggestions in confidence".

There is a robust policy and procedure in place for responding to an allegation or suspicion of abuse, with training provided for staff in the protection of vulnerable adults. The training includes 'how to identify signs and symptoms of abuse' and 'what to do if there is a suspicion / or alleged abuse'.

Since the previous inspection, there have been no complaints received by the Commission for Social Care Inspection.

All comment cards received from residents confirmed they knew who to speak to if they were not happy.

Mrs Graves, carries out quality assurance surveys with the residents and relatives, these always include the level of satisfaction experienced, in all areas of care, including any complaints or areas where practices could be better.

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.

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

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

Quality in this outcome area is **excellent**.

The residents are provided with a clean and comfortable environment, where bedrooms are well personalised. This means that residents will feel at home with their belongings around them.

This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

The home's pre inspection questionnaire evidenced that checks made on all equipment at the home are kept up to date. The manager ensures all equipment and areas inside and outside the home are well maintained. All the radiators throughout the home are fitted with touch cool surfaces to protect residents from the risk of injury. Fail-safe devices are fitted to all hot water outlets used by residents to ensure water is delivered close to 43°C. Regular

checks of water temperatures are made and recorded to maintain safety, a comprehensive record of all work undertaken throughout the home is kept.

Chirnside House has a maintains a very high standard both inside the building and in the garden areas where the lawns are 'manicured' and flower beds are immaculate. Outdoor areas have new garden furniture and pathways leading from the French windows of the lounges, ramps are in place for easy access. The rear garden area is fenced for privacy and gated for security.

Bedrooms are well decorated, have a good standard of furniture and carpets, and good quality curtains and matching bed linens. The high standard of quality furniture, furnishings and fittings is carried on throughout the home. Lounges, as with all other rooms, are of good size, comfortable, light and airy. There are additional toilets and bathrooms throughout the home as well as all bedrooms having en suite facilities.

Case tracking showed that on an individual basis, aids and adaptations are in place to meet residents' needs. A range of other aids and adaptations were seen in communal areas, such as grab rails, raised toilet seats, hoists and specialist baths for assisted bathing. There is a passenger lift, which accommodates a wheelchair, giving those with mobility problems equal access to all parts of the home. Doorways to communal areas and bathrooms are wide enough to enable wheelchairs to pass through and wheelchair storage is available. The corridors are wide and have handrails fitted. All rooms used by residents have emergency call bells.

The premises were found to be very clean and free from offensive odours and visitors commented that the home had a good standard of cleanliness. Residents said "it is spotless".

Both from comment cards received and by speaking to residents, it was clear that all are pleased with their accommodation, especially bedrooms. All bedrooms were well personalised with resident's memorabilia. There is a quality monitoring system for the home, topics include satisfaction of bedrooms.

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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.

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

27,28,29&30

Quality in this outcome area is **excellent**.

There was a satisfactory number of staff on duty at the home so that the needs of the residents living at the home, could be met. The policies and procedures for the recruitment of staff provide safeguards for the protection of residents

This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

Staff rotas were included in the pre inspection information where a consistency of staff members was noted. Many of the staff have been at the home for a long time, there is very little turnover so both staff and residents get to know each other well.

Residents spoke highly of the staff and said there were always plenty of staff around and their call bells were answered promptly both during the day and at nighttime.

Comments included: "They always appear to be around, and if I need them in an emergency, there is a bell which I can push to alert them. They are always checking that everything is all right".

When asked the question "Do staff listen and act on what you say?" the responses were positive and added "They do very well, they do listen, I have found them excellent in all areas".

In keeping with equality and diversity, staff are both younger and older people, from different race and background and of different sexes. Training is offered to all equally as Mrs Graves recognises the importance of training and supervision for all staff from the cleaning staff to the deputy manager. The training schedule is comprehensive and begins with induction when a new employee commences their employment. National Vocational Training (NVQ) is ongoing, at present 91% of the 22 care staff, have achieved level 2 or above, this is above the recommended ratio by the Care Homes Regulations 2000. Information provided by the home showed that staff training during the past 12 months included: Palliative care, Fire training, NVQ levels 4,3, & 2. IT skills as well as training in Dementia issues, First aid, Craft and Counselling.

Staff said they enjoyed their training and found the Dementia training very interesting and this would assist in their care roles where residents suffered early stages of dementia or confusion.

Staff files contain information to ensure that persons employed are fit to work at the home and competent to do their jobs. Prospective staff need two written references including one from their previous employer and complete work histories to ensure they are suitable for applying for a "caring" role with residents. Staff files seen also held details of the persons interview.

Criminal Records Bureau (CRB) clearances are on file for all employees, any new staff will need clearances before starting work at the home.

A good relationship was noted between staff and residents and there was a relaxed atmosphere throughout the home, staff were observed spending time talking with residents.

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.

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

31,33,35 & 38

Quality in this outcome area is **excellent**.

The home reviews aspects of its performance through consultation, which includes seeking the views of residents, thereby ensuring the home is run in their best interests. Good procedures are in place to safeguard the financial interest of residents and the management ensures up to date maintenance in the home, this is to protect the health, safety and welfare of residents

This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

The Home continues to be well managed and run on a daily basis by Mrs Graves who is well qualified and has good experience and knowledge of many

of the problems that older people develop. Residents and staff respect and like her and find her approachable and friendly.

Mrs Graves places great emphasis on ensuring Chirnside House maintains a high standard at all times both in the care of residents, good staff provision and the environment inside and outside of the home.

By talking with residents, it was clear that they regarded Chirnside House as their "home" and not a residential setting.

The Responsible Individual for the home completes monthly reports addressing the well being of the residents and any issues relating to the National Minimum Standards, Care Homes Regulations 2000.

Resident' views are sought through their meetings which are held on a regular basis. The minutes from the last meeting showed a good attendance and included suggestions for future outings. Comments about the staff and general running of the home were very good and residents were in general happy with the way their home is run.

Records showed that an inventory of personal goods and furniture brought into the home, is completed for each resident and that any financial transaction undertaken on their behalf is recorded, although the home does not act as appointee for anyone. Residents are encouraged to handle their own finances or elect family or a solicitor to do this for them. Where needed, small amounts of monies can be handled by a dedicated member of staff, she keeps these available for residents daily use and a record of their expenses is kept for them.

Chirnside House has comprehensive Health & Safety Policies, knowledge of these forms part of staff induction. Staff undertake mandatory training in Moving & Handling, Fire, Control of Hazardous Substances, First Aid, Infection Control and Food Hygiene. Fire drills are carried out, maintenance of equipment is completed and relevant certificates are held.

SCORING OF OUTCOMES

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

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

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

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

CHOICE OF HOME	
Standard No	Score
1	4
2	4
3	4
4	4
5	4
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	4
8	4
9	4
10	4
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	4
13	4
14	4
15	4

COMPLAINTS AND PROTECTION	
Standard No	Score
16	4
17	X
18	4

ENVIRONMENT	
Standard No	Score
19	4
20	4
21	4
22	4
23	4
24	4
25	4
26	4

STAFFING	
Standard No	Score
27	4
28	4
29	4
30	4

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	4
32	X
33	4
34	X
35	4
36	X
37	X
38	4

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

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

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