

Key inspection report

Care homes for older people

Name:	Thornton Hall & Lodge
Address:	Tanhouse Road Liverpool Merseyside L23 1UB

The quality rating for this care home is:

two star good service

A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead Inspector:	Date:
Debbie Corcoran	1 8 0 5 2 0 0 9

This is a review of 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.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

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.

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 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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- 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.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Thornton Hall & Lodge
Address:	Tanhouse Road Liverpool Merseyside L23 1UB
Telephone number:	08456044972
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	Thornton Hall & Lodge
Name of registered manager (if applicable)	
Mr Paul Ashmore	
Type of registration:	care home
Number of places registered:	96

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	48	48
old age, not falling within any other category	0	48

Additional conditions:

The registered person may provide the following category of service only: Care home only- Code PC. To service users of the following gender: Either whose primary care needs on admission to the care home are within the following categories: Old age not falling within any other category - Code OP (maximum number of places: 96) Dementia - Code DE (maximum number of places:96). The maximum number of service users who can be accommodated a the care home is 96.

Date of last inspection

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Brief description of the care home

Thornton Hall and Lodge is registered to provide care for up to 96 older people. The home can provide care to older people who have dementia as part of their registration. The home is owned and managed by Orchard Care.

The home is new and was purpose built. As such the home environment meets
Care Homes for Older People

Brief description of the care home

requirements in relation to size, facilities and aids and adaptations. The home and grounds are fully accessible to people who are physically disabled or who use a wheelchair. The home is a two storey building and access to the first floor can be gained via stairs or a passenger lift. The rear garden is large and is landscaped for ease of use by the people living at the home.

The home is currently divided into four separate areas each accommodating twenty four people. Each area offers three lounges, a large dining room and satellite kitchen area. There is also a communal hairdressing salon.

The fees for residing at the home range from £389 to £585 per week.

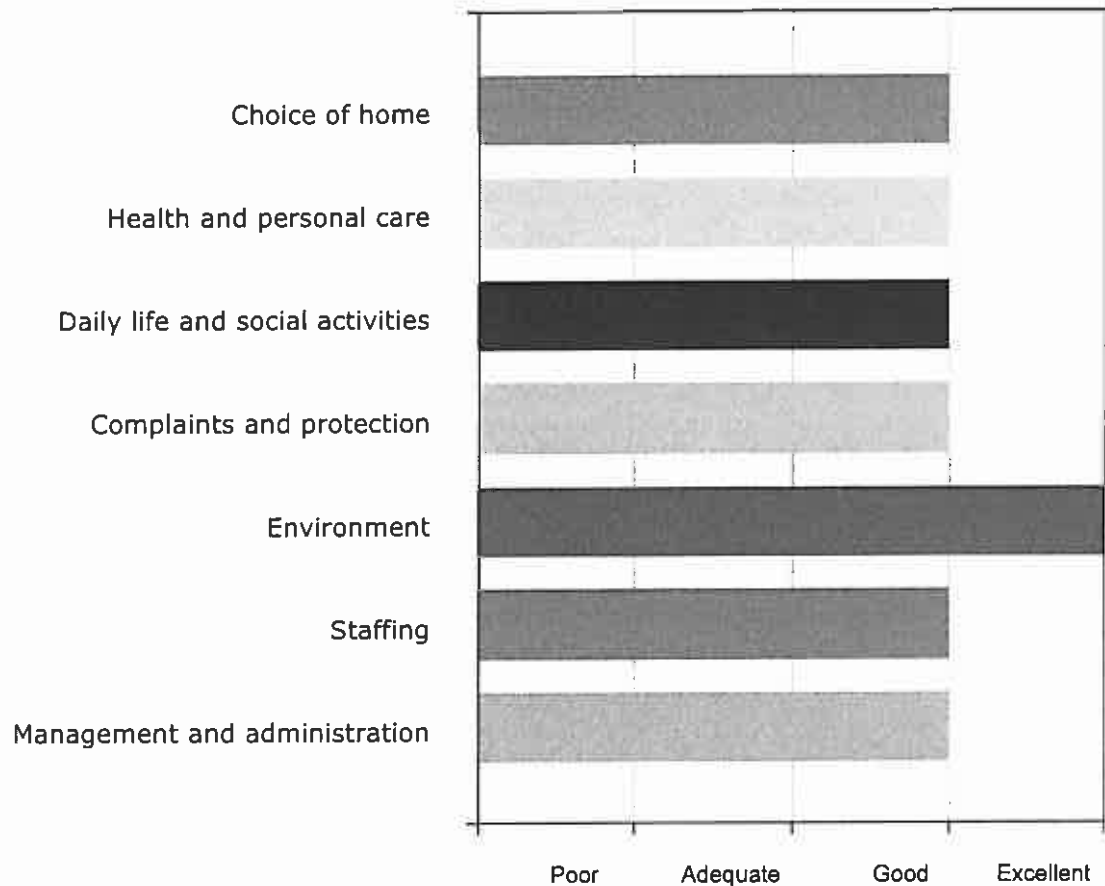
Summary

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:

The visit to the home was not announced beforehand.

During the visit the majority of the people living at the home were met and a number were spoken with either on a one to one basis or a small group basis.

A sample of resident's records were looked at. We also looked at other records including medication administration records, staff files, staff training records and health and safety records. These help to show us how peoples' health and wellbeing are being promoted and whether staff have the skills and training needed to support people appropriately.

A tour of the home was carried out which included all areas.

Discussions took place with the manager, a member of care staff and a member of the

domestic staff.

The manager returned a self assessment of the service prior to this visit. The self assessment enables the service provider to inform us of what they do well, where they have improved and where they can improve in the future. It also includes information on how they promote equality and diversity, how they seek the views of residents and includes data on staffing and health and safety. The self assessment is referred to as an Annual Quality Assurance Assessment (AQAA). Some of the information in this has been used to inform the findings of the inspection.

What the care home does well:

The findings of this inspection were positive. The home is providing good quality care and support to people.

New residents are only admitted to the home following an assessment of their needs. This is to ensure the home has sufficient information so as to determine if the person's needs can be met appropriately.

People who live at the home were positive about all aspects of the service. Their comments included 'staff are very good I can't fault them' and 'They will do anything for you here, they really are fantastic'. People told us that they felt respected by staff and that their privacy was upheld when they were being supported with their personal care.

Activities are well organised and people are included in a good level and range of activities within the home.

People are well supported with their health care needs and are supported to see a GP, nurse or other relevant health professional when appropriate. Senior staff are trained in administering medication and medication is well managed.

The catering arrangements are well organised and people gave good feedback about the quality and choice of food and meals. People have the choice of a cooked breakfast everyday and a choice of four meals from the menu each day. Meals are all prepared from fresh ingredients.

The home is very well presented, comfortable and spacious. Aids and adaptations are in place to promote people's independence and to ensure staff carry out safe practices when assisting people with moving and transferring.

People who live at the home are provided with their own bedroom and these are fitted with quality furnishings. People are encouraged to bring some of their own belongings into the home so as to personalise their own rooms.

People living at the home made positive comments about the staff. One example of this was 'they're very good, nothing is too much'. Staff were seen to interact with the people living at the home with warmth and courtesy.

A high percentage of staff have attained a relevant qualification for example a National Vocational Qualification (N.V.Q) in Health and Social Care. Staff are also trained in topics such as supporting people who have dementia care needs, safeguarding adults, fire safety, first aid, food hygiene, administering medication, infection control and moving and transferring people safely. This level of training shows us that staff should be able to safeguard the health and wellbeing of residents appropriately.

The home is well managed and is run in the best interests of the residents. Health and safety practices and checks are carried out regularly so as to safeguard residents, staff and visitors.

What has Improved since the last inspection?

This was the first inspection since the home was registered with us in December 2008.

In the provider's self assessment (AQAA) the manager has reported some improvements to the service since it became registered. These include 'The home has structured the care planning process so that each resident has the same senior carers who are involved in writing and maintaining care plans. To improve quality and increase communication. Senior staff members have now been trained in more person centered care planning techniques using new and improved care plans'.

What they could do better:

The service is meeting all of the national minimum standards which were assessed on this occasion.

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. 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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Outstanding statutory requirements

Requirements and recommendations from this inspection

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 and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. 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 them 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.

Residents are provided with the information they need to make an informed choice about moving to the home. Residents are only admitted following an assessment of their needs and when it has been established that their needs can be met at the home.

Evidence:

There was an information pack available in each of the resident's rooms and this included a service user guide which describes the services offered at the home. The manager stated that these are provided to all residents and would be provided to prospective residents prior to moving in.

We looked at how the needs of the residents are being assessed. We found that assessments are being carried out on a regular basis and these were found to be thorough, informative and up to date. A number of resident's records were looked at and these showed that an initial assessment of needs is carried out with the resident

Evidence:

and their representatives before they move to the home. The assessments cover issues such as the person's strengths and needs with personal care, physical well being, diet, weight, eyesight, hearing ability, communication styles, oral health, foot care, mobility, history of falls, medication, mental health, social interests, personal safety and risk assessment. The manager reported that the assessment process is thorough and may involve numerous visits to the person concerned and includes the views of members of their family and relevant professional. Following the initial assessment there is then a monthly assessment of the person's needs and this then links closely with the person's care plan. For example an assessment on a person's dietary needs would be followed directly by a care plan for their dietary needs.

The outcome of an assessment will determine whether or not a person will be admitted to the home and this is based on the home's capacity to meet the assessed needs of the person.

The manager reported that the referring agency, for example Social Services, are asked for assessment information when a new person is referred to the home. This was confirmed in resident's records where a copy of the person's community care assessment was maintained.

Prospective residents and their relatives or representatives are invited to visit the home and spend time there before deciding whether or not to move in. This was confirmed during discussions with residents.

Health and personal care

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 health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they 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. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

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

Residents are well supported with their health, medication and personal care needs and feel that their privacy and dignity is protected.

Evidence:

Each of the people living at the home has a care plan. We looked at the care plans for four people in some detail. The level of information in care plans was very good. Care plans included information on how to meet the needs of the person in areas such as their personal care, dietary needs and weight, eyesight, hearing ability, communication needs, oral health, mobility and dexterity, medication needs, mental state, social interests, personal safety and risks and carer and family involvement. Care plans were found to have been reviewed and updated on a monthly basis. Care staff are informed when a person's care plan has been reviewed and they are prompted to familiarise themselves with the new care plan. Discussions with staff indicated that this does happen in practice.

The manager has informed us in the provider's self assessment (AQAA) that the home encourages residents and their representatives, if consent is given, to be involved in

Evidence:

care planning so that they are aware of what the plan of care is and how it will be delivered. Residents and relatives are also encouraged to read and discuss the care plans on a regular basis and to sign the care profile.

Feedback from people living at the home about how they are supported with their personal care was very good. One person said 'staff are very good I can't fault them' and another said 'They will do anything for you here, they really are fantastic'. Residents said that they felt respected by staff and that their privacy was upheld when they were being supported with personal care. During interviews with staff they were able to give examples of how they maintain resident's privacy and dignity when supporting them.

There were many visitors to the home during the day and a small number were asked to comment on the home. Their comments included 'Its brilliant they have done wonders with my relative', 'We can come here anytime', 'The staff are great they see to every little thing' and 'We are highly delighted'.

Risk assessments are carried out where a person living at the home is thought to be at risk of harm. These include risks such as falling or not eating a nutritional diet. Where a risk had been identified then there was information in the person's care plan as to how to manage or reduce the risk. For example, one person had been assessed as being at risk of developing a pressure area. The person's care plan then explained in a good amount of detail what steps staff were taking to prevent a pressure area.

Records showed that people are well supported with their health care needs. Resident's records showed that they are regularly supported to see their GP, nurse, optician etc and the level of detail in the records demonstrated clearly what the health concern had been and what course of action had been followed. During discussions with people living at the home they reported feeling well supported with their health. one person stated 'They call for the doctor straight away if you're not well and there's always somebody coming in like the chiropodist'.

A sample of medication administration records and medication in stock was checked. This showed that medication is recorded and administered appropriately. Medication is administered by senior members of staff who have been provided with training in administering medication. The manager reported that he carries out an audit on medication on a weekly basis and documents this as part of the quality assurance of the home. The manager reported in the provider's self assessment (AQAA) that 'The home currently supports and assists residents to self medicate, this includes ordering and checking medication has been appropriately used'.

Evidence:

Daily life and social activities

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 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. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

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.

Residents have good opportunities to get involved in activities and to remain independent and exercise choice. Residents are provided with a choice of good quality food and catering arrangements are well organised.

Evidence:

People gave good feedback on their opportunities to get involved in activities. This feedback, along with observations indicated that people are supported to be involved in regular activities such as board games, darts, sing along, manicures, cards, karaoke, art and crafts, reminiscence, watching films, listening to music and an entertainer visits weekly. At the time of the visit there were a variety of activities going on including an entertainer providing a sing along. People appeared to really enjoy this and took to dancing at some points. Activities are still being developed, tea dances have been arranged for the near future and a knitting club is being introduced. A number of people will choose not to be included in group activities and their choice to do this is respected. The home has a number of quiet lounges where people can go and spend time on their own or with a small group or with their visitors.

The provider's self assessment (AQAA) details 'When completing the care profile for a resident we discuss all areas of daily activity. We would ask the resident about their

Evidence:

life history and include any family or representative to help complete this. The care profile contains a section dedicated to this area and when completed shows a full picture of the preferences of an individual. The home has a well planned activities programme which all residents and representatives are encouraged to take part. Religious beliefs are identified in the care profile. Residents are actively encouraged to participate in their religious belief and appropriate resources are sourced to deliver this. The home has invited ministers from different denominations to attend the home to deliver services to residents'.

People are encouraged to make choices at the home. Many people are well able to express their needs and preferences and to contribute to changes at the home. People are given their post directly and are supported to manage their own medication when they wish to and are able to. During discussions with people living at the home they stated that they are free to make their own choices about things such as where to spend the day and their own routine. Resident's meetings have recently been introduced. If well implemented these meetings should empower residents to have a greater say about the running of the home and to contribute to the development of the service.

People living at the home gave good feedback on the quality and quantity of meals and food provided. Comments included 'the food is lovely, very appetising' and 'it's like being at a hotel'. People have a choice of a cooked breakfast everyday and a choice from four meals on the menu. Staff ask people each day what they want from the choice of menu for the following day. A sample of food was tasted and this was found to be appetising. The kitchen was found to be clean, well organised and well stocked. Meals are cooked from fresh ingredients which are delivered to the home throughout the week. In the provider's self assessment (AQAA) the manager has reported 'The menus have been devised by a nutritionalist and are supported by detailed recipe books for kitchen staff to follow. The fresh provisions ordered are delivered three times a week to ensure maximum freshness of vegetables and meat' and 'A section in the care profile is dedicated to nutrition which clearly identifies food and drink preferences/likes and dislikes'.

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. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

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.

Residents are safeguarded through appropriate policies, procedures and practices being in place for dealing with complaints and for protecting residents from abuse or neglect.

Evidence:

The home has a complaints policy and procedure which is time scaled appropriately and includes contact details for the Commission. People living at the home who were asked about complaints said that they would let staff know if they were not happy about something and that staff would then address their concerns. Information on how to make a complaint is provided to people in the 'service user guide' or information pack. A log of complaints is maintained. This showed that there have been no complaints made directly to the home since the last inspection visit. However, there have been two complaints made directly to us concerning the home. These were looked at discussed with the manager at the time of the visit. There were no issues from these substantiated at this time.

An adult protection policy and procedure is in place. This outlines responsibilities for responding to an allegation of abuse and any subsequent investigations. Staff recruitment procedures include a check against the Protection of Vulnerable Adults register and attaining a criminal records bureau check for new members of staff. It was reported that all staff have been provided with adult protection training. During discussions with staff they were able to explain what course of action they would take

Evidence:

in the event of an allegation of abuse being made.

Accidents and incidents are appropriately recorded and audited.

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, 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.

This is what people staying in this care home experience:

Judgement:

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

Residents value the standard of their accommodation. They are provided with a clean, safe, well-maintained and comfortable home environment which is presented to a high standard.

Evidence:

The home was recently purpose built and it therefore meets required standards in relation to its size, facilities, and accessibility. It is a two-storey building situated in well-maintained accessible grounds. The home is furnished and presented to a high standard.

The home is divided into two separate areas. These are referred to as 'The Hall' and 'The Lodge'. The Lodge accommodates people who have dementia care needs. The Hall and the Lodge can each accommodate up to forty-eight residents. Both the Hall and the Lodge are divided into two floors with up to twenty-four residents on each floor and each of these has separate lounge and dining room facilities.

There are a total of twelve lounges, three on each of the four designated areas. Each area also has a dining room and satellite kitchen facilities where residents, staff and visitors can make a drink and snack.

All bedrooms were seen to be furnished and presented to a high standard. Every

Evidence:

bedroom has en suite facilities and a flat screen tv is provided in each room.

The home has been decorated using 'calming decor' and lighting is provided with the needs of people who have dementia care needs in mind. There are pictures of past events, of local interest, on display around the home. There is a fully equipped hairdressing salon for resident's use.

We asked people living at the home to comment on the their surroundings and the following comments were made 'It's beautiful, I'm very happy here' and 'It's immaculate and comfortable'.

The home is spacious, clean, well maintained and well presented. There were numerous domestic staff on duty at the time of the visit ensuring that the home was clean. Staff are trained in infection control and this should reduce the risk of cross infection.

The home is fitted with aids and adaptations such as hoists, handrails and bathchairs so as to assist people to move and transfer safely. Records showed that these are regularly serviced.

The safety and maintenance of the home is checked on a regular basis as part of the quality assurance process.

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 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 to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

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 live at the home are supported by staff who are appropriately recruited, well trained and well supported.

Evidence:

The manager stated that staffing levels are calculated using the 'Residential Forum' guidance. This is a tool which enables providers to calculate the staffing requirements of a service based on the number of residents, the level of needs of the residents and the lay out of the environment. This provides a guide only and providers need to be flexible to adjust these levels depending on the changing needs of the residents.

There is a manager or deputy and senior staff on duty at all times. Staff roles and lines of accountability are clear. This means that staff know their responsibilities and know when to refer to a senior person for advice or support.

Staff were observed to interact with residents with warmth and familiarity. People living at the home gave good feedback on the staff team. One person commented 'they're very good nothing is too much' and another person said 'the staff are lovely they would do anything for you'.

We looked at a sample of staff files to assess recruitment and selection practices and ensure these were in line with protecting people. This showed that all relevant pre

Evidence:

employment checks, for example, attaining references and carrying out a criminal records check, had been made prior to starting new members of staff. These practices aim to safeguard people living at the home.

We looked at a sample of training records. These showed us that care staff have been provided with training in topics such as fire safety, moving and handling, infection control, first aid, health and safety, food hygiene, adult protection, dementia care awareness and adult protection . This level of training tells us that the staff team should be able to promote and safeguard the wellbeing of people living at the home.

The manager reported that twenty six out of the thirty six care staff have attained a relevant National Vocational Qualification (N.V.Q) in Health and Social Care. The minimum ratio of 50 % trained staff has therefore been achieved and exceeded. Domestic staff are also provided with a good level of training as appropriate to their role.

Management and administration

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 led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate 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. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

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 live in a home which is well managed and run in their best interests. People's health and welfare is safeguarded by appropriate procedures and practices.

Evidence:

The home is well managed and staff roles and lines of accountability are clear. The manager has attained relevant qualifications and presents as committed to providing a good quality service.

A system for checking on the quality of the service is in place. The home is visited by a representative of the organisation on monthly basis and a report of the findings of these visits is made. Further checks and audits are in place to ensure that the service is meeting the required standards. People living at the home are regularly surveyed on the quality of the service and their feedback is used to contribute to the development of the service. A different topic is chosen each month to survey residents on.

Staff meet twice per day to handover information. The manager uses a process which

Evidence:

staff describe as 'pass the baton' as a means to communicate information and tasks between staff. This appears to be an effective communication tool.

Health and safety policies, procedures and practice are in place to safeguard the well being of residents, staff and visitors. A safe working practice risk assessment has been carried out. This identifies potential areas of risk and includes information on how these are being managed.

The manager has informed us in the provider's self assessment (AQAA) that all health and safety checks are carried out on a regular basis and are up to date.

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

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

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

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

Helpline:**Telephone:** 03000 616161**Email:** enquiries@cqc.org.uk**Web:** www.cqc.org.uk

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