



*Making Social Care  
Better for People*

# inspection report

**CARE HOME ADULTS 18-65**

**Stafford Lodge**

**87 Berrow Road  
Burnham-on-Sea  
Somerset  
TA8 2PF**

*Lead Inspector*  
Alison Philpott

*Unannounced Inspection*  
17th February 2009      09:45

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

<b>Reader Information</b>	
Document Purpose	Inspection Report
Author	CSCI
Audience	General Public
Further copies from	0870 240 7535 (telephone order line)
Copyright	This report is copyright Commission for Social Care Inspection (CSCI) and may only be used in its entirety. Extracts may not be used or reproduced without the express permission of CSCI
Internet address	<a href="http://www.csci.org.uk">www.csci.org.uk</a>

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 Adults 18-65*. They can be found at [www.dh.gov.uk](http://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](http://www.tso.co.uk/bookshop)

This report is a public document. Extracts may not be used or reproduced without the prior permission of the Commission for Social Care Inspection.

# SERVICE INFORMATION

<b>Name of service</b>	Stafford Lodge
<b>Address</b>	87 Berrow Road Burnham-on-Sea Somerset TA8 2PF
<b>Telephone number</b>	01934 429448
<b>Fax number</b>	01934 613517
<b>Email address</b>	
<b>Provider Web address</b>	<a href="http://www.homes-caring-for-autism.co.uk">www.homes-caring-for-autism.co.uk</a>
<b>Name of registered provider(s)/company (if applicable)</b>	Homes Caring for Autism Limited
<b>Name of registered manager (if applicable)</b>	Miss Claire Amanda Gigg
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	5
<b>Category(ies) of registration, with number of places</b>	Learning disability (5)

# SERVICE INFORMATION

## Conditions of registration:

1. The registered person may provide the following category of service only:  
  
Care home only - Code PC  
  
to service users of either gender whose primary care needs on admission to the home are within the following category:  
  
Learning disability (Code LD)
2. The maximum number of service users who can be accommodated is 5.

## Date of last inspection

Not applicable – new service

## Brief Description of the Service:

Stafford Lodge is registered with the Commission for Social Care Inspection to provide care for up to 5 people who have a learning disability.

Stafford Lodge is a converted Victorian house. The home has been adapted to provide five single bedrooms with en-suite facilities. Communal areas are on the ground floor and provide good space for residents. These include a kitchen, lounge, dining room and games room.

The home is situated close to public transport links and the town centre of Burnham on Sea.

The home is owned by Somerset Homes Caring for Autism Ltd. The responsible individual is Paul Thomas and the registered manager is Claire Gigg.

Fees at the home are costed with the funding panel on an individual basis according to the level of need. Please contact the home for further information.

# SUMMARY

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

The quality rating for this 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.

Stafford Lodge opened in September 2008. As the home is registered with the Commission as a new service, all of the National Minimum Standards were assessed at this inspection.

This was an unannounced inspection which took place over 7.25 hours on 17<sup>th</sup> February 2009. Throughout the report the term 'we' will be used as it is written on behalf of the Commission.

On the day of inspection, three residents were living in the home. There are two more planned admissions between now and May 2009. The preferred term for people who live at the home is resident. This is used throughout the report.

As part of this inspection we received three completed surveys from residents, six completed surveys from staff, and two completed surveys from health professionals. During the inspection we spoke with residents, management and staff.

Residents comments included "I like living here" and "the staff are nice".

We viewed the accommodation. We looked at two individual care plans, and looked at records relating to medication, finance and health & safety.

The inspectors would like to thank residents, staff and management for their assistance on the day of inspection.

The focus of this inspection visit was to inspect the relevant key standards under the CSCI Inspecting for Better Lives 2 framework. This focuses on outcomes for residents living at the home. The quality of the service is measured under four ratings. These are excellent, good, adequate and poor.

The following is a summary of the inspection findings and should be read in conjunction with the whole of the report.

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

As Stafford Lodge is a new service, it is evident that the staff and management have worked extremely hard to reach the standards they have already achieved. The home is committed to making further improvements.

The home's thorough and detailed assessment and transition plans for potential residents ensures that the home will provide the best placement for each individual.

Care plans are person centred and provide a good level of detail so that staff know how to support residents whilst promoting independence.

There is a wide range of activities within the home and in the local community. Residents are encouraged to pursue their interests and the home plans to develop further opportunities.

Residents are encouraged to make decisions and choices. Residents are encouraged to be independent through managing their own medication, managing their own monies, and being involved in the day to day running of the home. Residents are actively involved in meetings and the home's open approach encourages discussion to raise issues and make improvements.

The home provides a comprehensive staff training and development programme. Staff are well supported in their roles. Staff have a good knowledge of individuals needs and preferences, and are committed to achieving the best outcomes for residents.

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

This is the home's first inspection. Improvements will be looked at on the next inspection.

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

As a result of this inspection, we have made two recommendations.

The contract between the home and the resident should give clear information about what is included in the fees and what will cost extra.

The home should consider including photos and symbols in the minutes of the residents' meeting to make them more accessible.

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](mailto: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 1-5)

Individual Needs and Choices (Standards 6-10)

Lifestyle (Standards 11-17)

Personal and Healthcare Support (Standards 18-21)

Concerns, Complaints and Protection (Standards 22-23)

Environment (Standards 24-30)

Staffing (Standards 31-36)

Conduct and Management of the Home (Standards 37 – 43)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

# Choice of Home

## The intended outcomes for Standards 1 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

## The Commission consider Standard 2 the key standard to be inspected.

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

1, 2, 3, 4, 5.

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

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

The home spends significant time and effort planning admissions so that new residents know that the home will meet their needs and aspirations.

### EVIDENCE:

The Service User Guide contains an agreement between the resident and the home, house rules and the Statement of Purpose. Photos of the home, staff and places to go are also included. Symbols are used throughout to make the documents accessible to residents.

Residents told us that they got enough information about the home before they moved in, so that they could decide that it was the right place for them.

We viewed the assessment the home had carried out for a new resident. The company director met with the resident 14 months before they moved into the home. The director visited the resident a number of times during this period and comprehensive assessments were carried out. Meetings were held with

the resident's school, and other stakeholders to discuss the transition. The resident then had the opportunity to visit Stafford Lodge on several occasions. The home sent two key workers to meet the resident in their current home.

A health professional told us "they managed very well the initial transition from another residential placement. This was done with the use of PowerPoint to inform all care staff of individual needs and lives. The staff team went to great lengths to ensure the transition went as smoothly as possible and that the individual was familiar with care staff before the move".

The agreement between the home and the resident forms the contract. This includes terms and conditions and is available in accessible formats. The contract should give clear information about what is included in the fees and extra charges.

## Individual Needs and Choices

### The intended outcomes for Standards 6 – 10 are:

6. Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
7. Service users make decisions about their lives with assistance as needed.
8. Service users are consulted on, and participate in, all aspects of life in the home.
9. Service users are supported to take risks as part of an independent lifestyle.
10. Service users know that information about them is handled appropriately, and that their confidences are kept.

**The Commission considers Standards 6, 7 and 9 the key standards to be inspected.**

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

6, 7, 8, 9, 10

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

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

Care plans are person centred and include comprehensive risk assessments.

Residents are encouraged to make their own decisions and choices wherever possible.

The home regularly meets with residents to gather information and develop the service.

### **EVIDENCE:**

We viewed two care plans. These contained a good level of detail including what the resident can do independently, any support needs and individual preferences. The home has developed a 'pen picture' which provides a person centred summary about the resident. The care plans contain pictures and

symbols. Residents are involved in their care planning. The manager told us that residents will be encouraged to sign their care plan to take ownership of it. The home told us on their AQAA that they plan to create individual folders for residents to keep in their bedrooms. These will be in suitable formats for each resident.

Staff told us that they are always given up-to-date information about residents' support needs.

On the day of the inspection, residents were observed making choices in how they spent their time.

Any required limitations on residents decisions have been agreed on a multi-agency basis. This was done in the residents best interests and recorded in the care plan.

One of the residents has been supported by the home to manage their own finances. The resident sets a weekly budget for themselves and saves small amounts.

Residents told us that they participate in meetings. The home places an agenda on the noticeboard before the meeting. The agenda includes photos and symbols. This informs residents what will be discussed in the meeting. After the meeting, the home produces minutes of the meeting. The home should consider including photos and symbols in the minutes of the meeting for residents use. The home told us on their AQAA that they are looking at ways to increase participation in meetings for residents who are mainly non-verbal.

We viewed risk assessments relating to using transport, locked areas, accessing the community, using the swimming pool, bathing, food preparation, and personal care. A health professional told us the home "enables residents to achieve a safe lifestyle that is also protected".

The home has a confidentiality policy. Information and records are stored securely.

# Lifestyle

## The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users' rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

**The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.**

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

11, 12, 13, 14, 15, 16, 17.

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

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

The home has a strong commitment to enabling residents to develop skills, identify goals and work towards them.

Residents can access and enjoy opportunities in the local community.

## **EVIDENCE:**

Each resident works with their key worker to plan their week. This is then developed into an individual weekly planner.

One resident is supported to attend a local college three days a week and is studying for a BTEC First Diploma in Information Technology. The home also

arranged for them to assist in company's training department for work experience.

The home has provided trips out to local towns, Bristol airport and towns further away. Activities include going to the cinema, swimming pool, pub, bowling, and hiring DVDs. Residents are currently discussing their holiday plans with their key worker.

As a new service, the home told us on their AQAA that they will continue to look for education and leisure opportunities for each resident.

Residents maintain contact with family by telephone and visits. One resident is supported to go home to see family.

Staff were observed knocking on residents' bedroom doors before entering. One resident has chosen to have a doorbell. All residents have a key to their bedroom. The home encourages residents to carry out household tasks in order to develop independent living skills. This includes shopping, preparing food, cooking, cleaning and doing the laundry. One resident was in the kitchen making themselves a hot drink.

The home's daily menu is placed on the noticeboard. The home has a four week menu. Residents are involved in planning menus in their meetings. The home has developed and introduced a key ring with photos of foods for one resident. This is to enable the resident to make choices when eating out.

## **Personal and Healthcare Support**

### **The intended outcomes for Standards 18 - 21 are:**

- 18.** Service users receive personal support in the way they prefer and require.
- 19.** Service users' physical and emotional health needs are met.
- 20.** Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
- 21.** The ageing, illness and death of a service user are handled with respect and as the individual would wish.

### **The Commission considers Standards 18, 19, and 20 the key standards to be inspected.**

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

18, 19, 20, 21.

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

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

Residents are encouraged to be independent wherever possible.

Residents are supported to access healthcare services.

The home's medication policy and procedures protect residents. Residents are supported to manage their own medication.

### **EVIDENCE:**

Each resident has a designated key worker who supports them. Residents told us that staff treat them well, listen and act on what they say.

We viewed records that confirmed that residents have access to healthcare including GP, dentist, nurse, and chiropodist.

The manager has obtained leaflets which provide information and pictures about the body and sexual health. These have been discussed with residents. A health professional told us the home has "constant contact with other multi disciplines and connected professionals".

The home has a medication policy. The home administers prescribed medication to one resident. We viewed the Medication Administration Record Sheets (MAR). These were fully completed. We checked the medication and the number of tablets was found to be correct. Staff who administer medication have all completed training. Staff receive three shadow sessions with an experienced member of staff when first administering medicines to ensure they are competent. The home also carries out an observation one month later to ensure procedures are being followed. The home also supports residents to take their own medication. Residents have a lockable space in their rooms and the home has carried out risk assessments.

The age range of the current residents is relatively young. The home does have policies relating to ageing, illness and death should they be needed.

## Concerns, Complaints and Protection

**The intended outcomes for Standards 22 – 23 are:**

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

**The Commission considers Standards 22, and 23 the key standards to be inspected.**

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

22, 23

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

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

The home's complaints policy is clear and easy to understand.

The home's policies relating to abuse and whistleblowing protect residents from the risk of harm.

### **EVIDENCE:**

The home has a complaints policy. This is available in an accessible format with symbols. Residents told us that they know what to do if they are not happy. The home has placed a red card with a symbol on the noticeboard. One resident demonstrated how he would take the card off the board and give it to staff if he was not happy. The home has not received any complaints. A suggestion box is provided at the entrance to the home.

The home has policies relating to abuse and whistleblowing. A copy of the local authority adult protection policy is also held at the home. Staff spoken with knew what to do if they suspect or witness abuse. In the near future, a 17 year old resident will be moving into the home. We discussed the need to ensure that child protection policies and staff training are in place.

# Environment

## The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

**The Commission considers Standards 24, and 30 the key standards to be inspected.**

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

24, 25, 26, 27, 28, 29, 30.

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

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

The design and layout of the home enables residents to live in a safe, spacious, well maintained and homely environment which encourages independence.

## **EVIDENCE:**

Stafford Lodge is a converted Victorian house. The home has been adapted to provide five bedrooms with en-suite facilities. The home is spacious, bright well maintained and there is a homely atmosphere.

The kitchen has been refitted to a good standard. During the inspection, residents and staff were observed sitting and chatting at the breakfast bar.

There is a games room with pool table and television. Residents were enjoying a game of pool and watching the news on the television. Residents artwork is displayed on the walls. The home plans to make further improvements to this

room and provide additional equipment when the other planned resident admissions take place. This is so that the home can obtain the views of all the residents and meet interests and preferences.

A new conservatory has been added to the building to provide a dining area. French doors open out onto the patio and garden area. The lounge is spacious and well decorated with comfy chairs, a television and a computer.

Residents gave their permission for us to view their bedrooms. These are finished to a high standard. Residents have personalised their bedrooms with their possessions to suit their individual tastes. The bedrooms do not currently have any lockable storage. The home told us that they plan to offer residents the choice of having lockable storage and the maintenance team will carry out the work.

All bedrooms have en-suite facilities. Four bedrooms have a shower/wet room. There is an additional bathroom so that residents are able to have a bath if they wish to. One bedroom has a bathroom with an over bath shower.

As the home opened in September 2008, the garden has not yet been developed. The home told us as the weather is getting better, they have plans to develop the garden and outside space to provide a pleasant area for residents. This will include a sensory area.

The home has used signage with symbols and photos throughout the environment to meet the needs of residents.

The laundry has washing and drying facilities. Residents are able to do their own washing. Hand washing facilities are provided.

# Staffing

**The intended outcomes for Standards 31 – 36 are:**

- 31.** Service users benefit from clarity of staff roles and responsibilities.
- 32.** Service users are supported by competent and qualified staff.
- 33.** Service users are supported by an effective staff team.
- 34.** Service users are supported and protected by the home's recruitment policy and practices.
- 35.** Service users' individual and joint needs are met by appropriately trained staff.
- 36.** Service users benefit from well supported and supervised staff.

**The Commission considers Standards 32, 34 and 35 the key standards to be inspected.**

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

31, 32, 33, 34, 35, 36.

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

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

Recruitment procedures are robust to ensure that residents benefit from good staff support.

The home provides a comprehensive training and development programme for staff to ensure they are able to meet residents' needs.

Staff are well supported in their roles.

## **EVIDENCE:**

There appeared to be sufficient staff on duty at the time of inspection to meet individuals' needs. Staff told us the home is usually well staffed. The home has recently recruited a dedicated team of night staff. A member of staff is on call twelve hours a day in case of an emergency.

During the inspection, staff were observed interacting well with residents and had a good knowledge of each individual.

We viewed staff recruitment files. These were well organised and contained all of the necessary information and checks. The home has a risk assessment in place for staff who start work on a POVA First check whilst waiting for their Criminal Records Disclosure. The company undertakes Criminal Record checks for all staff every two years.

Staff told us "the induction was really detailed and one of the best inductions, I've had, really enjoyed it". The company's induction training programme is comprehensive and includes positive behaviour management, autism, communication, health & safety, fire, infection control, manual handling, food hygiene, first aid, medication, safeguarding adults, Mental Capacity Act, epilepsy.

Each member of staff has an employee handbook. This includes information on confidentiality; equality & diversity; protection of vulnerable adults; whistleblowing and data protection.

During their induction, staff visit the home to meet residents. They then undertake two weeks of shadowing a more experienced member of staff. Each member of staff has developed their own communication passport. This contains photos and symbols to share with residents so that they know about the staff that support them.

Staff told us that they have lots of training and updates. We viewed training records relating to health & safety and specific training relating to the residents including autism and communication. Staff have been invited to attend an Oral Health workshop which has been arranged through the local Primary Care Trust.

There are good career development opportunities for staff. The company encourages staff to undertake NVQs. Four staff have completed an NVQ. One member of staff is currently undertaking an NVQ. There are plans for new staff to undertake an NVQ once they have completed their induction and probationary period. Staff who have been promoted have attended training in supervision & appraisals, shift lead induction, managing adult abuse and management & leadership.

The manager showed us information folders for staff to access to increase their knowledge. This included the following areas; Autism, Care Standards, Adult Protection, Health & Safety, Epilepsy, signs & symbols, and codes of practice.

Staff told us that they get lots of support and regular supervision. We viewed records of one to one supervisions. These were detailed and signed by the member of staff.

Staff told us that they are able to attend meetings every two weeks and are able to discuss anything. An agenda is available so that staff can put forward anything they want to discuss. Detailed minutes and actions are recorded.

# Conduct and Management of the Home

**The intended outcomes for Standards 37 – 43 are:**

- 37.** Service users benefit from a well run home.
- 38.** Service users benefit from the ethos, leadership and management approach of the home.
- 39.** Service users are confident their views underpin all self-monitoring, review and development by the home.
- 40.** Service users' rights and best interests are safeguarded by the home's policies and procedures.
- 41.** Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- 42.** The health, safety and welfare of service users are promoted and protected.
- 43.** Service users benefit from competent and accountable management of the service.

**The Commission considers Standards 37, 39, and 42 the key standards to be inspected.**

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

37, 38, 39, 40, 41, 42, 43.

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

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

Residents benefit from a well managed service.

The home is committed to providing a quality service and is keen to make improvements.

Health & safety policies and procedures protect residents and staff.

## **EVIDENCE:**

Claire Gigg is the Registered Manager. She has worked for Homes Caring for Autism since February 2008, and has managed Stafford Lodge since it opened

in September 2008. Claire has worked in a number of social care settings prior to this. She is currently working towards the Registered Manager's Award.

Staff told us that they find the manager open and approachable. They feel well supported and appreciate that their ideas for improvement are welcomed.

Senior managers have been visiting the home on a regular basis since it opened to ensure things are running smoothly and to support staff. The manager told us that the company are planning to carry out monthly visits to the home to monitor quality and write a report, in accordance with Regulation 26 of the Care Homes Regulations.

The home has recently sent surveys out to residents, relatives, health professionals and staff to obtain feedback. The surveys are currently being processed at the company's head office. The manager confirmed that she will receive feedback and will follow up any issues raised.

The home completed their AQAA with clear and detailed information. The AQAA shows the home has a good understanding of the service and is able to identify areas they need to develop.

Staff have access to policies and procedures. A number of policies are available in symbol format so that they are more accessible to residents.

Records relating to residents are stored securely in accordance with the Data Protection Act 1998.

We viewed health & safety records. The home records water temperatures daily. The home has a fire risk assessment in place. The fire system and extinguishers were serviced in August 2008.

Electrical installation was completed and checked in August 2008. Portable appliance testing was carried out in December 2008. Gas safety was checked in August 2008.

Accident and incident records are maintained and followed up the manager, as required.

Food in the fridge was covered and dated. The home maintains daily temperature records.

Cleaning products are locked in a cupboard in accordance with COSHH (Control of Substances Hazardous to Health) regulations.

Risk assessments relating to signing in and out of the building, first aid, COSHH, food hygiene, legionella, stairs, showers, and the kitchen are in place. Staff sign to confirm that they have read and understood these.

The employer's liability insurance certificate is on display, dated January 2009.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 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>	4
<b>3</b>	3
<b>4</b>	3
<b>5</b>	2

<b>INDIVIDUAL NEEDS AND CHOICES</b>	
<b>Standard No</b>	<b>Score</b>
<b>6</b>	3
<b>7</b>	4
<b>8</b>	3
<b>9</b>	3
<b>10</b>	3

<b>LIFESTYLES</b>	
<b>Standard No</b>	<b>Score</b>
<b>11</b>	3
<b>12</b>	3
<b>13</b>	3
<b>14</b>	4
<b>15</b>	3
<b>16</b>	3
<b>17</b>	3

<b>PERSONAL AND HEALTHCARE SUPPORT</b>	
<b>Standard No</b>	<b>Score</b>
<b>18</b>	3
<b>19</b>	3
<b>20</b>	3
<b>21</b>	3

<b>CONCERNS AND COMPLAINTS</b>	
<b>Standard No</b>	<b>Score</b>
<b>22</b>	3
<b>23</b>	3

<b>ENVIRONMENT</b>	
<b>Standard No</b>	<b>Score</b>
<b>24</b>	3
<b>25</b>	3
<b>26</b>	3
<b>27</b>	3
<b>28</b>	3
<b>29</b>	3
<b>30</b>	3

<b>STAFFING</b>	
<b>Standard No</b>	<b>Score</b>
<b>31</b>	3
<b>32</b>	3
<b>33</b>	3
<b>34</b>	3
<b>35</b>	4
<b>36</b>	3

<b>CONDUCT AND MANAGEMENT OF THE HOME</b>	
<b>Standard No</b>	<b>Score</b>
<b>37</b>	3
<b>38</b>	3
<b>39</b>	3
<b>40</b>	3
<b>41</b>	3
<b>42</b>	3
<b>43</b>	3

N/A

Are there any outstanding requirements from the last inspection?

### **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
1.	YA5	The contract should give clear information about what is included in the fees and extra charges.
2.	YA8	The home should consider including photos and symbols in the minutes of the residents' meeting to make them more accessible.

## **Commission for Social Care Inspection**

South West

Colston 33

33 Colston Avenue

Bristol

BS1 4UA

National Enquiry Line:

Telephone: 0845 015 0120 or 0191 233 3323

Textphone: 0845 015 2255 or 0191 233 3588

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

Web: [www.csci.org.uk](http://www.csci.org.uk)

© This report is copyright Commission for Social Care Inspection (CSCI) and may only be used in its entirety. Extracts may not be used or reproduced without the express permission of CSCI