



*Making Social Care  
Better for People*

# inspection report

## CARE HOMES FOR OLDER PEOPLE

### **Stanfield Nursing Home**

**Upper Wick Lane  
Rushwick  
Worcestershire  
WR2 5SU**

*Lead Inspector*  
**Chris Potter**

*Unannounced Inspection*  
**28th March 2008      11:15**

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>	
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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](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)

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# SERVICE INFORMATION

<b>Name of service</b>	Stanfield Nursing Home
<b>Address</b>	Upper Wick Lane Rushwick Worcestershire WR2 5SU
<b>Telephone number</b>	01905 420 459
<b>Fax number</b>	01905 420 035
<b>Email address</b>	
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Stanfield Nursing Home Limited
<b>Name of registered manager (if applicable)</b>	Mrs Patricia Morris
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	24
<b>Category(ies) of registration, with number of places</b>	Dementia (24), Learning disability (24), Old age, not falling within any other category (24), Physical disability (24)

# SERVICE INFORMATION

## Conditions of registration:

1. The registered person may provide personal care (with nursing) and accommodation for service users of both sexes whose primary care needs on admission to the home are within the following categories: Old age not falling within any other category (OP 24), dementia (DE 24) physical disability (PD 24) and learning disability (LD 24).
2. The maximum number of service users to be accommodated is 24

**Date of last inspection** NA

## Brief Description of the Service:

Stanfield nursing home is a late Victorian manor house that is located on the outskirts of Worcester. The home has been tastefully extended, and the original home is going to be upgraded and refurbished. When the registration is completed with the CSCI the home will be able to accommodate 34 older residents requiring twenty-four hour nursing care. The home's gardens are being designed for residents in wheelchairs to access.

Information regarding the home can be obtained from the Statement of Purpose and the Service Users' Guide, which are available in the reception area of the home, and includes a copy of their most recent Inspection report.

The home is a limited company, and Mr White is the Responsible Individual. He is at the home on a daily basis assisting with the management and organisation of the home. The Registered Manager is Mrs Morris who is a first level registered nurse and has been manager of the home for 18 years.

The fees for Stanfield nursing home range between £500.00 and £1200.00. These were correct at the time of the inspection. For more up-to-date information please contact the home direct. Any additional charges are laid out in the home's terms and conditions.

# SUMMARY

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

**The quality rating for this service is 3 stars. This means the people who use this service experience excellent quality outcomes.**

The focus of inspections undertaken by the CSCI is upon outcomes for people and their views of the service provided. This process considers the care home's capacity to meet regulatory requirements, minimum standards of practice and focuses on aspects of service provision that need further development.

This was the home's key unannounced inspection – this is where we look at a wide range of areas. The inspection was carried out over one day on the 28<sup>th</sup> of March 2008. The Responsible Individual and registered manager were present throughout the inspection. To help us plan for the inspection we looked at pre – inspection information requested earlier in the year, this included the Annual Quality Assurance Assessment (AQAA). A range of evidence was used to make judgements about this service. This includes: information from the provider, staff records kept in the home, medication records, discussion with people who use the service, discussions with the staff team, discussion with the manager, tour of the premises, an examination of the home's quality assurance process, and observation of care experienced by people using the service.

Feedback received from relatives was complimentary about the home and the care provision. Comments included: *"The care here cannot be faulted". "My (relative) is well cared for in every way", (the) "food is very good", "the staff are really helpful", "Staff are always kind, cheerful and helpful in every way", "Nothing is too much trouble for the residents or visitors" and (there's) "always much laughter in the home."*

We would like to thank staff and residents for their co-operation and hospitality.

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

Stanfield have a committed staff team, and a supportive responsible individual who responds positively to any requests or suggestions for improving the standards at the home. This is exemplified in one comment card received by the CSCI, which read, *"Mr White's unobtrusive daily awareness of the condition of residents and their families is most welcome."*

Given the home is going through a major building extension and internal upgrade, this has been achieved with little disruption for the residents. There is a pleasant, relaxed atmosphere in the home.

All staff were observed interacting well with the residents, relatives and other staff members during the inspection. There was clear evidence of staff demonstrating and implementing and upholding key values of respect, privacy and dignity during their interaction with residents. Visitors are pleasantly welcomed to the home at any time by staff and management.

Included in the upgrade for the home are plans to develop the gardens for residents to use (providing interaction and sensory stimulation), and which can also accommodate wheelchair users (giving due diligence and consideration to issues such as the Disability Discrimination Act and disabled access).

The residents' bedrooms are personalised to reflect the tastes, choices, preferences and individuality of each resident, and this assists with the homely atmosphere generated.

Given the building work in progress, all areas of the home were observed to be clean and tidy, with no odours evident.

The home takes all of the necessary action to ensure residents are well cared for, have their health care needs met and are provided with the support they require to maximize their independence, choice and well being.

Residents are actively encouraged and supported to maintain family contact, friendships and relationships.

Residents are treated with dignity and respect and have their right to privacy upheld. This was clearly demonstrated by staff during the course of the inspection, and confirmed by relatives in comment cards returned.

Comments from residents and relatives were most complimentary about the choice and quality of food provided. The kitchen had been given a "four star" rating from the local council's Environmental Health Department, and had been advised that they would achieve the highest rating (five stars) when the upgrade work is completed.

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

The home has invested a significant amount of money to improve the home's environment. To do this, it was registered as a "limited company". This has not changed the management and organisation of the home, neither has it affected the day-to-day routine for the residents or their families.

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

No requirements were given as a result of this inspection.

The home provided information in their AQAA that they intend to further improve and upgrade the original part of the home on a phased program.

The AQAA also recorded that they are going to further develop their activities for the residents as the resident numbers increase.

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**

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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):**

**Standards 1,2,3 standard 6 is not applicable for this service, as they do not provide intermediate care.**

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

Prospective residents and their representatives have the information needed to assist them with their choice of home.

Prior to admission a health and physical needs assessment is completed, to ensure they can safely meet the person's needs. A contract is provided which tells them about the service they will receive, and the homes terms and conditions.

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

## **EVIDENCE:**

On enquiring to the home for a suitable placement, the home would supply a brochure containing brief details and verbal information. The home then invites the representative to visit the home, and discuss in more detail about the

homes services and finances. A copy of the Service User's Guide would then be provided to further assist with making a choice. If the representative requests a place, the manager and responsible individual then goes out to complete an assessment of the person. This is to ensure that they could meet their health and physical needs safely. Admissions to the home only take place if the service is confident that staff have the skills, ability and qualifications to meet the assessed needs of the prospective resident.

Three residents care records were reviewed and showed that the resident had been assessed prior to their admission into the home.

The assessment takes into account the individual needs, concerns and anxieties of the prospective resident and their families about moving into a home. If possible the potential resident would be invited to spend time in the home to give them a better insight in to the home and the service provision.

Residents and relatives spoken to say they received a range of information about the services provided and were fully informed.

On admission to the home, they provide a contract detailing their terms and conditions, and the home retain a signed copy with their records for reference.

## **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):**

#### **Standards 7,8,9 and 10**

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

The health and personal care that people receive is based on their individual needs. Residents can be assured that their health and personal care needs can be met, and their medication well managed.

The home has an efficient medication policy supported by procedures and practise.

All staff ensures the dignity of the residents and respects their need for privacy and each individual requirement.

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

### **EVIDENCE:**

Three resident's care files were reviewed at the time of the inspection. The care plan had been developed from the assessment completed prior to the resident's admission to the home. Care plans contained sufficient information

to assist the nurses and carers to meet the resident's health, physical and social care needs.

Where possible the records made reference to the residents and their families input into the care records. A system to review the care provision with the resident and their families was in place.

All staff demonstrated a good knowledge and understanding about the residents, and were observed interacting well with them during the inspection. A warm pleasant atmosphere was obvious and staff were happy. This was also reported from the residents and relatives; comments included "*staff have always been kind, cheerful and helpful in every way*" "*there is always much laughter in the home*" "*the care can not be faulted*" "*staff always respond promptly to any requests*"

Risk assessments had been completed for any potential problem, which could be a problem for individuals. The risk assessments showed evidence of frequent review and update.

The home respects the resident's wishes about their end of life care. The home have regular input from a palliative care adviser to ensure that they give the residents the best possible care. A relative wrote to the CSCI to commend the home for the care and attention that the staff had provided for his wife and himself when she was dying. It was a very moving letter and he was grateful for the care and support.

The home provides a wide range of pressure relieving equipment and aids to assist staff when moving residents. When we visited residents' bedrooms, appropriate equipment was available and had been documented in each resident's care plan.

The AQAA received form the home is realistic and states that they hope to improve by ensuring that reviews are done more frequently.

The home continues to work towards accreditation for the gold standards framework. They have introduced more clinical updates for the nurses including abuse, peg feeds, pressure area care, diabetics, law and ethics.

Residents have access to health care services that meet their assessed needs within the home this includes General Practitioners, specialist nurses, chiropodist, optician and Dentist.

The home has a medication policy which is accessible to staff, medication records are up to date for each resident and medicines received, administered and disposed of are recorded. Since the last inspection the home has changed their pharmacy supplier and stated that this has improved the service for them.

Residents and relatives spoken with during the inspection stated they were happy with the way that staff deliver their care and respect their dignity. Observations throughout the inspection supported that all staff are respectful and polite towards the residents.

The resident's wishes are respected for male or female carers to deliver their personal care.

A system is in place to audit the care plans and receive regular feedback from the residents and relatives about the quality of care provided.

The manager also audits any accident in the home, a copy of the completed accident form is then filed in the residents care records.

## **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):**

**Standards 12,13,14 and 15**

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

A range of activities are available in the home these are individually tailored to meet the varying needs of the residents.

Residents are offered a varied choice of food, this is acceptable for the residents, and specialist diets are catered for.

People living in the home are able to maintain open contact with family and friends.

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

### **EVIDENCE:**

The home has open visiting arrangements and relatives were present during the inspection times both in the lounges and the resident's bedrooms.

The food in the home is of good quality, well presented and meets the dietary needs of the residents. The residents are consulted about their likes and dislikes and the cook tries to meet the preferences and suggested dishes when

preparing the menu. The cook is able to cater for all special diet requirements. Residents are able to choose to eat in their own room if they wish. Regular drinks and snacks are available throughout the day and night. The cook maintains appropriate food records, and has a cleaning schedule in place. Residents and staff stated that the meals were very good.

Information supplied by the home on the Annual Quality Assurance Assessment (AQAA) document showed that none of the residents were from minority ethnic communities, social or cultural groups with any specific needs or preferences.

One activity organiser is employed at the moment given the current building work the home is only caring for 17 residents. The home intends to employ a second person when the numbers of residents increase. The activities are carried out over the seven days. Staff respect the wishes of the residents about their interests, and lifestyle. Residents and relatives confirmed that the activities and stimulation were about right. The home displays a list in the entrance of the planned activities for the week. In addition a newsletter is produced and copies sent to relatives to advise them of any changes, planned entertainment and staff news. The AQAA returned from the home advises that this is an area where they plan to improve over the next 12 months.

There was a pleasant atmosphere in the home and staff were observed interacting well with the residents. Entertainment was provided in the afternoon and the residents appeared to be enjoying the event.

# 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):**

**Standards 16 and 18**

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

The home has a clear policy on how to deal with complaints and the residents and staff are aware of this.

Staff receive training to assist them in recognising potential abuse. Policies and procedures are in place to further safeguard the residents.

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

## **EVIDENCE:**

The home receives few complaints and none have been made over the last three years to the home or the Commission. A copy of the homes complaints procedure is displayed in the home, and a copy is provided in the Service User's Guide, which is available in the resident's bedrooms. The policies within the home acknowledge the rights of residents in every respect, and residents are assisted to access medical, legal, advocacy and civic services depending on their individual needs and wishes.

Relatives and residents praised both the manager and the responsible individual for their commitment to the home comments included "*Always have the time to listen*" "*Staff respond promptly to any requests.*"

Both the manager and responsible individual work over the seven days and also cover nights so they can ensure that they fully know and understand their residents.

All staff receive training to assist them in recognising potential abuse. The induction training also covers the basics about abuse. Staff spoken with were confident that they would have no hesitation in reporting any concerns to ensure that residents were safe.

## **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):**

#### **Standards 19 and 26**

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

The physical design and layout of the home enables residents to live in a safe, well-maintained and comfortable environment.

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

#### **EVIDENCE:**

Since the last inspection the home has invested and commenced an extension and upgrade to the existing home. The extension was almost completed and has been built in keeping the original home's appearance. The new accommodation is of a high standard and provides an environment that will be appropriate to the specific needs of the residents. This extension provides accommodation for 22 residents in single bedrooms.

The home has a range of toilet and bathing facilities, the home has researched information on baths and have opted for a specialised model which they feel will suit the residents needs better. As well as the baths and showers the new bedrooms are fitted with en- suite toilet and shower. Hoists, and any other equipment that is required to assist in the care of the residents is also provided in adequate numbers.

Communal areas are provided with 3 lounges and a multi function room. The home provides accommodation for residents in both single and shared bedrooms. Bedrooms have been personalised by the resident to reflect their individual personality, and residents are encouraged to take small items of furniture, pictures and ornaments. Residents stated that they were happy with their bedrooms and found them very comfortable. Some residents confirmed that they preferred to stay in their bedrooms in preference to using the communal areas of the home.

The upgrade for the original part of the home is to be phased in so to cause minimal disruption for the residents.

Plans to develop an enclosed garden area for the residents to use are in the process of being designed. They will be accessible for residents in wheelchairs.

A new nurse call system has been fitted throughout and staff carry pagers to respond to the activated call.

Information supplied on the AQAA showed the timescales for the upgrade of the home.

All areas of the home were observed to be clean and tidy, this is commended given the amount of building work in process.

## 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 and 30.**

**Quality in this outcome area is good**

There are sufficient staff on duty at all times to ensure that the needs of the residents are met.

The home follows a rigorous recruitment procedure to further safeguard the residents.

The home prioritises on staff training to ensure that the staff have the skills and competencies to meet the resident's health and personal care needs.

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

### **EVIDENCE:**

Due to the building work the home is presently only able to accommodate up to 20 residents. The duty rota was seen which showed that the staffing levels were sufficient for the number of residents. A registered nurse is rostered for the 24-hour period with four carers during the day and two carers for the night shift.

Staff spoken to confirmed that they felt that the staffing levels were right for the number and dependency of the residents. Residents spoken with confirmed that they did not have to wait long for any requests for assistance. In addition

to the nurses and carers the home provides domestic, catering and laundry staff. A maintenance operative is to be appointed when the building work is completed. The home do not use any agency staff, they chose to cover any shortfalls with their own staff.

Comments received from the residents and relatives included: *"staff respond promptly"* *"Nothing is too much trouble for the staff for the residents or visitors"* *"the staff are always kind, cheerful and helpful in every way"*

The home has a good training program in place, new staff are provided with an induction programme when they commence. Induction is the same for whatever experience or qualifications the applicant has. Mandatory training courses are updated annually, and a matrix is maintained to identify when training is due for renewal. Staff confirmed that the home is committed to training and that they felt they were appropriately qualified to meet the needs of the residents.

The home has met the standard of having more than 50% of their staff with an NVQ Level 2 qualification in health care or equivalent.

Three staff files were reviewed at the time of the inspection. The files showed that the home had followed a rigorous recruitment process. Appropriate safety checks had been completed prior to the staff member commencing. This further assists in safeguarding the residents.

The home has no prejudices for equality and diversity, they value the person for what they are not what they say. The home employs a diverse staff group and respects the resident's choice for male or female staff.

## **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):**

**Standards 31, 33, 35, 36 and 38**

**Quality in this outcome area is excellent**

The management and administration of the home is based on openness and respect, and effective quality assurance systems have been developed by them so that the residents can have a voice in the home.

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

### **EVIDENCE:**

There is a good management structure in place at the home; this is evidenced at their response to responding to the CSCI's requirements. They are committed in providing a quality service for the residents and their families. Comments received from relatives about the manager and responsible individual included: "*Special mention to the manager who makes the working*

*of the home, and always listens”, “The unobtrusive daily awareness of the condition of residents and their families is most welcome” and “ He has a home to be proud of”*

The manager and responsible individual have worked together for many years and have a wealth of knowledge and understanding. Both are clearly committed on providing a quality service for their residents and their families. The registered manager has been in post for 18 years and is a first level registered nurse. She has also completed the Registered Managers qualification and other relevant qualifications. Staff, residents and relatives confirmed that the manager is both supportive and helpful. The manager demonstrated a good understanding of the residents and their health needs.

The responsible individual assists and ensures that all the health and safety aspects of the home are covered. All records and registers requested were available and up to date. Staff are given training in health and safety and infection control. All fire records were checked and up to date at the time of the inspection.

An effective quality audit is in place and the home welcomes comments and suggestions on how the home could be further improved. All the comments from the audit (particularly those received from GPs and community staff) were either good or excellent.

All staff have an appraisal every 3 months including the care staff, the records for the staff supervision were available and reflected the homes process.

Resident’s finances are usually managed by them or representative the home does not manage any resident’s finances. The home will invoice for hairdressing and other services which the resident may use.

The home’s philosophy in relation to equality and diversity, they treat all people the same and respect their wishes and preferences.

The AQAA was well completed and provided an accurate reflection of the home, and how they were going to further develop the home in the next 12 months.

# SCORING OF OUTCOMES

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

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

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

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

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

<b>HEALTH AND PERSONAL CARE</b>	
<b>Standard No</b>	<b>Score</b>
<b>7</b>	4
<b>8</b>	4
<b>9</b>	3
<b>10</b>	4
<b>11</b>	X

<b>DAILY LIFE AND SOCIAL ACTIVITIES</b>	
<b>Standard No</b>	<b>Score</b>
<b>12</b>	3
<b>13</b>	4
<b>14</b>	3
<b>15</b>	3

<b>COMPLAINTS AND PROTECTION</b>	
<b>Standard No</b>	<b>Score</b>
<b>16</b>	4
<b>17</b>	X
<b>18</b>	3

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

<b>STAFFING</b>	
<b>Standard No</b>	<b>Score</b>
<b>27</b>	3
<b>28</b>	4
<b>29</b>	4
<b>30</b>	3

<b>MANAGEMENT AND ADMINISTRATION</b>	
<b>Standard No</b>	<b>Score</b>
<b>31</b>	4
<b>32</b>	X
<b>33</b>	4
<b>34</b>	X
<b>35</b>	X
<b>36</b>	3
<b>37</b>	X
<b>38</b>	4

Are there any outstanding requirements from the last inspection? N/A

**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

## **Commission for Social Care Inspection**

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