



*Making Social Care  
Better for People*

# inspection report

## CARE HOMES FOR OLDER PEOPLE

### **Forest Place Nursing Home**

**Roebuck Lane  
Buckhurst Hill  
Essex  
IG9 5QL**

*Lead Inspector*  
Lysette Butler

*Unannounced Inspection*  
25th September 2006      08:45

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

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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>	Forest Place Nursing Home
<b>Address</b>	Roebuck Lane Buckhurst Hill Essex IG9 5QL
<b>Telephone number</b>	0208 5052063
<b>Fax number</b>	0208 559 0193
<b>Email address</b>	
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Martlane Limited
<b>Name of registered manager (if applicable)</b>	Mrs Kanagathevi Obeyesekere
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	90
<b>Category(ies) of registration, with number of places</b>	Dementia (5), Dementia - over 65 years of age (60), Learning disability (1), Physical disability (5), Physical disability over 65 years of age (90), Terminally ill (5)

# SERVICE INFORMATION

## Conditions of registration:

1. One named person, under the age of 65 years, who requires care by reason of a learning disability
2. Persons of either sex, aged 65 years and over, who require nursing care by reason of a physical disability (not to exceed 90 persons)
3. Persons of either sex, aged 65 years and over, who require nursing care by reason of dementia (not to exceed 60 persons)
4. Persons of either sex, aged 50 years and over, who require nursing care by reason of a physical disability (not to exceed 5 persons)
5. Persons of either sex, aged 50 years and over, who require nursing care by reason of dementia (not to exceed 5 persons)
6. Persons of either sex, aged 50 years and over, who require nursing care by reason of a terminal illness (not to exceed 5 persons)
7. The total number of service users accommodated in the home must not exceed 90 persons

**Date of last inspection**      10th March 2006

## Brief Description of the Service:

Forest place is registered to provide nursing care for 90 older people who need nursing care due to physical illness or dementia.

This home is a three-storey building with a large extension at the rear of the property.

All rooms are single some with en-suite facilities.

The home has its own gardens to the side and rear and car parking for visitors.

The local shops are a mile away as is the railway station and London transport underground services.

Current Fee scale: £550 to £680.

# SUMMARY

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

This was a key inspection started on 1<sup>st</sup> April 2006. The inspection process included: a site visit on 25<sup>th</sup> September 2006, which lasted nine hours; review of evidence supplied by the proprietor, residents, visitors to the service or the staff; resident, visitor, healthcare professionals and staff surveys; discussions with the registered manager, senior carers, care staff, ancillary staff, residents and relatives.

During the site visit the premises were inspected, including inspection of the grounds. Samples of records and residents care plans were also reviewed. The home was clean and well maintained.

The overall care and well being of the residents was the focus of the inspection. Staff and residents were welcoming and happy to speak to the inspector at the site visit.

This inspection covered all twenty-two key standards and eight of the remaining standards.

The manager and her staff approached the inspection in a positive and cooperative manner that was focused on achieving best practice to meet the needs of the residents.

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

The number and diversity of the residents in this home present the manager and staff with a number of challenges. However the staff numbers and skill mix ensure that resident's personal care needs are met.

The staff and the manager demonstrated good communication skills with all residents during the site visit. Resident and relative surveys received by the commission also comment about the good communication in the home.

There are very few complaints about the home as residents and relatives feel that they can approach the manager and her staff whenever they need to, to sort out any problems as they arise.

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

The employment and further training of the activities staff in the home has ensured regular appropriate activities are delivered in the home to all residents. The activities programme is now designed so that all residents are included in activities that they enjoy.

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

The staff of this home do not always complete all documentation available to them to assess and record the needs of the individual residents.

Care plans must be regularly reviewed and updated to ensure the care offered to individual residents is the most up to date and appropriate for their needs.

Documentation showed that the temperatures in the medication room on Maple unit are often above the level that is recommended for the safe storage of medicines. A cooling unit is recommended to ensure a constant temperature is maintained.

Not all staff fully follow the policies & procedures supplied by the proprietor regarding the documentation of residents monies held within the home, although all monies are correct. There is not always a clear audit trail to follow.

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.

# **DETAILS OF INSPECTOR FINDINGS**

## **CONTENTS**

Choice of Home (Standards 1-6)

Health and Personal Care (Standards 7-11)

Daily Life and Social Activities (Standards 12-15)

Complaints and Protection (Standards 16-18)

Environment (Standards 19-26)

Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

## Choice of Home

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

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

**The Commission considers Standards 3 and 6 the key standards to be inspected at least once during a 12 month period.**

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

1, 2, 3 & 6 - Quality in this outcome area is good; this judgement has been made from evidence gathered both during and before the visit to this service.

Admission assessment is based on resident need and the welfare of the current residents, ensuring that all residents receive care appropriate to their needs.

### **EVIDENCE:**

The statement of purpose and service users guide were reviewed and updated earlier this year to include the increase in bed numbers when the new rooms were built. They both contain all information needed for residents, or relatives, to make an appropriate choice of home.

There have been no changes to the assessment procedures undertaken in this home. The manager or her deputy review's all prospective new residents at their own home, or in hospital if that is where they are being cared for. The completed assessment forms are kept at the back of the personal files of the residents if they are consequently admitted to the home. The home also has

four GP respite beds, which the GP, or district nurses, can refer into, however the manager still assesses each of these clients.

Intermediate care is not offered at this home.

## Health and Personal Care

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

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

**The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected at least once during a 12 month period.**

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

7, 8, 9, 10 & 11 - Quality in this outcome area is good; this judgement has been made from evidence gathered both during and before the visit to this service.

Care plans were generally good, but consistency in the quality of the information provided is different on each of the four units. Medication administration procedures were safe and appropriate for the level of care the residents were receiving.

### **EVIDENCE:**

During the site visit of this home twelve resident care plans were reviewed, three from each of the four units within the home. The overall quality of the care plans and their content was good. The system used contains a wide range of charts, risk assessments and recording sheets. The level of commitment to using all the available forms varies from unit to unit. The care plans reviewed on Maple had all been completed and there was a significant amount of detail on all plans. However not all forms were completed on Kingfisher 2 unit or on Maple loft unit, meaning that there was no proof that some areas of care had been completed in line with the care plans. On Maple loft unit care plans were regularly reviewed however changes of care

were noted in the review section and there was no change to the appropriate care plan in line with the information supplied. Communication sheets were now used and filed in the care plans for all residents.

There is very good provision to prevent pressure sores occurring at this home. At the time of the site visit there were only two residents with pressure sores, both of which had been acquired before being admitted to the home. The home employ's a tissue viability nurse two days a week, to review all wound and pressure sore care, she also helps care staff to write appropriate care plans for the individual residents. Each unit completes a pressure sore prevention return on a weekly basis, which she reviews when next on duty; this includes all residents who are on pressure relieving mattresses. All pressure mattresses and pressure-relieving equipment used is owned by the home and if extra is needed when a new resident is admitted it is bought by the home. The majority of the residents in the frail elderly unit are on pressure relieving mattresses as they are at high risk of developing pressure sores. The current tissue viability nurse is training a second registered nurse in the home to ensure that there is continuity of care at all times. There is also an acceptance by the manager that the number of residents being admitted with wounds and pressure sores has increased therefore increasing the workload significantly. All regular health prevention tests are carried out within the home, including visits from opticians, dentists and chiropodists on a regular basis. However if residents need to attend a hospital appointment a care assistant is allocated to go with them. On the day of the site visit one relative was arranging with the care staff that they would meet their relative at the hospital the following day rather than come to the home first and the registered nurse in charge of the unit explained to the inspector that this situation often occurs and they ensure that there is an extra care assistant on to take the resident to the hospital appointment. All residents are registered with a GP of their choice. District nurses do not attend residents at this home.

Medication administration records were checked throughout the home; all were complete and well maintained. However that there was some inconsistency in the way in which the staff documented the reasons medications were not given to residents, this was a particular problem on the Kingfisher Two unit. A monitored dose system of medication administration is operated throughout the home. The individual resident dividers in the medication administration record files contained pictures of the resident, appropriate medical information, including a list of the medications the resident was on, the reason they were taken and any side effects. However on Maple loft unit some forms were not fully completed and some were without resident pictures. There was no

overstocking on any floor. Each unit has its own medical room and medications trolley. Fridge and room temperatures were taken and documented regularly on all four units. The documented medication room temperatures on Maple unit demonstrated consistently high room temperatures particularly during July and August of this year. Although a number of high temperatures were recorded outside of these two months and this may be compromising the quality of the medications kept on this unit. The situation was discussed with the manager at the time of the site visit and she started to sort it out whilst the visit was ongoing.

The privacy and dignity all of the residents was observed at all times and the residents spoken to state that staff were very kind and helpful. The residents all looked clean, healthy and well cared for.

The documentation of the residents' wishes concerning deterioration in their health, or their death whilst in the home, was not consistent on all units. The detail included on care plans in Maple and Kingfisher Two units was very good; there was little documentation of these details on the Kingfisher One and Maple Loft units.

## **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 at least once during a 12 month period.**

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

12, 13, 14 & 15 - Quality in this outcome area is good; this judgement has been made from evidence gathered both during and before the visit to this service.

Residents were enabled to make choices in their day-to-day lives so that they can control aspects of their lives that are important to them.

### **EVIDENCE:**

This home employs three activities coordinators who work a combined total of 92 hours each week. All three coordinators have undertaken courses in activities suitable for residents with a dementia and two have previously worked in dementia units. A current activities list was supplied to the commission and this list was on show throughout the home at the time of the site visit. The list details all activities and those residents who should be enabled to join in the activities if they so wish; this is to ensure all residents are offered activities on a regular and rotating basis. Each individual resident has their own activities file where the coordinator's document activities offered, those that are taken up, and an evaluation of their appropriateness for that resident.

A local church regularly holds an Anglican service in the home and all other religions are welcomed when requested by residents. One of the local schools sometimes come to sing to the residents and events at the home are advertised in the locality so that the local community can attend if they wish. There is no restriction on visiting and at the time of the site visit no residents were requesting any individual restrictions. Visitors are welcome to bring their pets into the home although there are no resident pets currently at the home.

All residents are on the electoral register and are able to attend a polling station or use postal votes as necessary. No residents were looking after their own financial affairs at the time of the site visit.

The regular chef was not on duty on the day of the site visit, but the four-week rotating menu had already been supplied to the commission. The menus were changed six monthly or earlier if there had been a number of requests to change them. The relief chef on duty at the time of the site visit was welcoming and happy to talk to the inspector. There had been an environmental health officer visit the week previous to this site visit, which had not raised any issues. Both the chef and the relief chef cooked separate meals as requested if individual residents wanted something different. One resident said that they particularly liked to eat curries and the relief chef would often make them one, which they really enjoyed. All cakes were cooked fresh on the premises and they made individual birthday cakes for residents. The chef's also catered for special events such as birthdays and anniversaries as long as the families give reasonable notice preparation of the food. During lunchtime the nursing and care staff were observed working together to ensure that all residents are helped with eating if they needed it.

# 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 inspected at least once during a 12 month period.**

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

16 & 18 - Quality in this outcome area is good; this judgement has been made from evidence gathered both during and before the visit to this service.

The residents in this home are protected by the policies & procedures the service operates, being followed at all times by the staff.

## **EVIDENCE:**

There had been no new complaints to either the home, or the commission, since the last inspection, however there are still two ongoing complaints that are being dealt with by social services and the proprietors of the home, in line with the homes complaints procedures. There have been no minor complaints and the complaint log was checked during this inspection.

There had been no protection of vulnerable adults issues since the last inspection. All staff have had Protection of Vulnerable Adults training and there were ongoing update sessions on a regular basis, the next one being during the same week as the site visit specifically for new staff.

## 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 at least once during a 12 month period.**

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

19 & 26 - Quality in this outcome area is good; this judgement has been made from evidence gathered both during and before the visit to this service.

This home is well sited and the grounds are well kept; infection control procedures protect the residents throughout the home.

### **EVIDENCE:**

The additional beds registered before the last inspection were now fully in use and on the day of the site visit there were 90 residents. The whole home was toured at the beginning of the site visit and even though it was during the early, busy part of the day it is quiet and calm throughout. There were no unpleasant odours throughout the home. There were eight housekeeping and four laundry staff on duty during the site visit and the home was clean and tidy throughout. The grounds were neat and tidy there were ramps in an out of all areas, although there are some very steep areas of the grounds as the home is built on a hill. These areas have restricted access because of the steepness, but residents are able to access them with the help of staff. All hoists had

been serviced in either March 2006 or August 2006 and were available throughout the home. There was evidence of ongoing decoration in the home and rooms were generally redecorated when they were vacated. Infection control measures were good throughout the home.

During the site visit the fire alarms were activated and all doors closed immediately as part of the fire precautions in the home. This turned out not to be a drill but all staff reacted very well going to the areas they were assigned.

## 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 at least once during a 12 month period.**

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

27, 28, 29 & 30 - Quality in this outcome area is good; this judgement has been made from evidence gathered both during and before the visit to this service.

Staffing numbers were improved in line with the increase in bed usage and training is comprehensive to ensure appropriate care is offered for the individual needs of the residents.

### **EVIDENCE:**

Staffing numbers and skill mix throughout the home has been increased to account for the extra resident numbers. All beds had been a filled the week previous to the site visit and staffing numbers had been raised to the fully agreed compliment. There is a registered nurse on each of the four units 24 hours a day, supported by care assistants and senior care assistants. It was noted that all staff have signed a working hours directive, however very few work over 48 hours a week. The use of agency staff has not been used for some time, as the permanent staff cover vacant shifts. Forest Place undertakes training of nurses from other countries on adaptation courses, they are paid as care assistants and attend college on a weekly basis. When their training finishes they normally move to another home in the group and Forest Place fill vacant registered nurse posts with adaptation nurses from the other homes in the group. At the time of the site visit there were a total of nine adaptation nurses training at Forest Place. When the current group finish

there will be a new group of five nurses, as the staff feel that this is a more manageable number.

80% of the care staff currently hold National Vocational Qualifications at level 2 or above. Nine staff were in possession of a current first aid certificate. All care staff and ancillary staff are offered National Vocational Qualification training when they commence at the home.

Four personnel files were reviewed during the site visit, all files were tidy, easy to follow and contained all elements required to ensure safe recruitment. All staff have had Criminal Records Bureau checks. There was also evidence that the home had obtained copies of insurances and Criminal Records Bureau declarations for professionals to attend the home, including the hairdresser and the chiropodist. Personnel files are kept in the manager's office in a locked cabinet and the office is locked when there is no one in the office.

There was an ongoing training matrix available for all staff; statutory training was up to date on the four personnel files reviewed. There had been a wide range of training offered in the previous 12 months to this inspection and was also planned for the future months. The manager ensures that all staff attend appropriate training.

## **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 at least once during a 12 month period.**

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

31, 32, 35, 37 & 38 - Quality in this outcome area is good; this judgement has been made from evidence gathered both during and before the visit to this service.

Management and administration procedures in the home protect the health and welfare of the residents.

### **EVIDENCE:**

There has been no change to the management structure of this home since the last inspection.

The ethos and morale was good throughout the home; staff spoken to said that they liked working at the home and there was a very low turnover of staff when looking at personnel files, or staff of rosters. Residents spoken to said staff were caring and helpful.

All residents' allowances are kept in the safe, which can only be accessed, by the administration staff and the manager of the home. There is good documentation and a clear audit trail of individual accounts, although of the six accounts checked during the site visit, two demonstrated a lapse in the following of the homes' procedures. This was pointed out to the administrator at the time of the visit. However the money was correct in all six cases.

All policies and procedures for this home were reviewed centrally in August 2006, changes were made as necessary and the commission was supplied with a list all of those policies and procedures that had been altered. The manager was asked to forward a copy of the complaints procedure to the commission when appropriate changes had been completed, regarding the role of the Commission for Social Care Inspection in complaints handling. Documentation about individual residents and staff within the home was stored in line with Data Protection Act guidance.

Maintenance records were detailed and up-to-date for all areas of the home. All certificates and servicing contracts seen at the site visit were up-to-date and appropriate for the equipment used within the home. There was documentary evidence that the fire alarms, emergency lighting and the nurse call system had been serviced the weekend before the site visit, however the certificate had not yet been received. All insurances were valid at the time of the site visit.

# SCORING OF OUTCOMES

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

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

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

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

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

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

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

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

<b>ENVIRONMENT</b>	
<b>Standard No</b>	<b>Score</b>
<b>19</b>	3
<b>20</b>	X
<b>21</b>	X
<b>22</b>	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>	3
<b>29</b>	3
<b>30</b>	3

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

Are there any outstanding requirements from the last inspection? YES

**STATUTORY REQUIREMENTS**

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

No.	Standard	Regulation	Requirement	Timescale for action
1	OP7 OP9 OP35	12(1), 13(2), 14(2), 16(2I)	The registered manager must ensure that all staff fully follow the homes policies & procedures. (Especially those concerning resident needs assessments; medication documentation; and resident monies.)	30/11/06
2	OP7	14(2) 15(2b-d)	The registered manager must ensure all care plan's are regularly reviewed and changed as appropriate.	31/12/06
3	OP9	13(2)	The registered manager must ensure that all medication is stored in line with the manufactures guidelines. (With special reference to the medication room temperature on Maple unit.)	30/11/06
4	OP33	24(1a-b)	The registered manager must ensure that an annual development plan is produced that is based on the feedback from the quality assurance questionnaires. (Timescale of 31/05/06 not met, however this standard was not reviewed during this inspection process.)	30/11/06

## 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	OP7 OP9	The registered manager should ensure that documentation is completed fully for all residents.
2	OP31	The registered manager should consider appointing a deputy manager/team leader for each of the four units in the home, now that there has been an increase in bed numbers.

## **Commission for Social Care Inspection**

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