



*Making Social Care  
Better for People*

# inspection report

**CARE HOME ADULTS 18-65**

**Harwich House**

**8 Granville Road  
Littlehampton  
West Sussex  
BN17 5JU**

*Lead Inspector*  
Ms B Tye

*Unannounced Inspection*  
24th April 2006      09:00

The Commission for Social Care Inspection aims to:

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

<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>	Harwich House
<b>Address</b>	8 Granville Road Littlehampton West Sussex BN17 5JU
<b>Telephone number</b>	0208 220 5656
<b>Fax number</b>	
<b>Email address</b>	
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Aitch Care Homes (London) Limited
<b>Name of registered manager (if applicable)</b>	Miss Helen Maria Askew
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	9
<b>Category(ies) of registration, with number of places</b>	Learning disability (9)

# **SERVICE INFORMATION**

## **Conditions of registration:**

## **Date of last inspection**

## **Brief Description of the Service:**

Harwich House is a care home registered for up to nine service users in the category LD (Learning Disabilities 18-65 years). The establishment is a spacious converted premises situated close to Littlehampton town centre. Public transport services are easily accessible. Accommodation is provided over two floors and all rooms are single occupancy with en-suite facilities. The service is owned by AHC Homes. Mr Peter Flood is the Responsible Individual on behalf of the organisation. Ms Helen Askew is the Registered Manager in charge of the day-to-day running of the home.

# SUMMARY

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

The unannounced inspection took place on the 24<sup>th</sup> April 2006. Prior to the inspection, all information held on file was examined including any official documentation relating to the home.

On the day of the inspection, the inspector found one resident at home, he was dressed and socialising with staff in the dining room area. The other resident was in hospital following a seizure whilst on a weekend home visit. The Inspector noted a relaxed atmosphere at the home. Staff were happy to engage with the inspection process.

The Manager Ms Helen Askew and her Deputy Ms Jo Avery assisted the Inspector throughout and were able to provide information and relevant files as requested.

The Inspector examined residents files, policies and procedures, risk assessments, training files, medication records and all health and safety checks. In addition she toured the premises, interviewed two staff, and viewed residents bedrooms.

Overall the outcome for the residents, in respect of the assessed standards was excellent.

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

Harwich House offers a comprehensive, holistic approach in relation to meeting individual needs. Detailed pre-assessments inform the basis of on going care plans which incorporate a holistic approach to needs and goals of the individual. The inspector concluded from her findings that this resulted overall, in high quality care being provided at the home. Care records and administration systems were comprehensive, well ordered and up to date and the environment was of a particularly high standard. These findings were evidenced by observation, examination of care records and administrative systems, interviews with the manager and two staff members and feedback collated by involved parties.

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

This is the first inspection undertaken at Harwich House since it opened in October 2005.

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

No requirements or recommendations were made to the home.

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 1-5)

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 at least once during a 12 month period.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**  
1 - 5

Prospective residents are provided with all the information needed to make an informed decision, prior to admission of the home. Detailed pre- admission assessments enable the service to make informed decisions about whether the home is able to meet the prospective residents needs appropriately. The outcome for these assessed standards was excellent.

### **EVIDENCE:**

Prospective residents and their carers are provided with all relevant information to make an informed decision about the home. Residents have the opportunity to discuss their expectations and these are recorded as part of the assessment process.

The inspector viewed an up to date Service Users Guide and Statement of Purpose. This is available in symbol and picture format to assist residents in understanding what the home has to offer.

Each resident is given the opportunity to visit the home prior to admission, as many times as they feel necessary. This gives them the opportunity to meet other residents and staff, therefore contributing to a smooth transition process.

A contract of Terms and Conditions are provided to each resident on admission. A key worker assists individuals to understand its content prior to signing. A copy of each contract is kept on residents care files.

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

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

6, 7 & 9

Individuals, their families or representatives are involved in producing detailed care plans. These reflect their changing needs and personal goals. Detailed risk assessments have been completed for each individual in respect of their needs and agreed limitations. The outcome for residents in respect of these assessed standards was very good.

### **EVIDENCE:**

The inspector examined the residents care plans. Each plan is generated from pre-admission assessments and information from involved professionals. Plans seen covered all aspects of the individuals health, personal and social needs. All plans are agreed by the residents and/or their families to reflect their involvement in the care planning process.

Changes to care plans occur as needs of the resident change or following a monthly review. This demonstrates the care provided at the home is in line with the residents changing needs.

The staff have devised a variety of systems to communicate effectively with residents, these include symbols, photographs and makaton.

The manager stated the staff team is committed to providing a holistic approach to individuals and resources provided are always in line with specific and often specialist needs of the resident. Observations and care files examined by the inspector supported this. The individualised approach within the home promotes residents choice and provides an opportunity for decision-making.

In addition to this, the home has management plans in place to specifically address each residents care needs. These act as a guide for staff in respect of behaviour, routines, medication, health needs, activities and personal care.

The management team has devised detailed risk assessments for each resident in relation to their needs, behaviours and agreed limitations. This gives staff detailed information about how to deal with behaviours correctly and allows informed choices to be made in supporting individuals to achieve independent living.

The inspector found these were very detailed and in good order.

The inspector examined diary and daily recording sheets for each resident. These detailed any significant event, which needed to be handed over to other staff at shift change. One member of staff confirmed the information exchange was very good and she was always made aware of relevant issues at handover, prior to her shift starting. This ensures consistency for residents in relation to their care needs.

Resident's personal information is held on files in a locked staff office, ensuring confidentiality of personal information, within the home.

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

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

12, 13, 15, 16 & 17

The outcome for the residents in terms of personal development and activities provided was very good. Relationships outside the home are encouraged and supported by staff. The menu at Harwich House offers a range of healthy balanced meals.

## **EVIDENCE:**

An activities programme for residents is devised on an individual basis dependant on need. Where communication is an issue, photographs are used as a prompt to gain information from residents about specific interests. Residents go on outings together and daily as individuals. Activities include in house crafts, visits to the library, local shops, walks to the beach, bowling, swimming and community events.

There are two residents currently living at the home. All prospective residents will have the opportunity to attend day centres, college and organised social activities. The manager stated there is no overall 'package of care' at the home. Each activities plan is specific and flexible according to the needs and wishes of the individual. Examination of recording sheets, daily diary sheets

and care records supported this information. The inspector noted that each activity is risk assessed in detail and residents abilities and limitations are considered.

The inspector noted there was a good balance achieved between supporting residents to participate in activities and encouraging independence where possible. Activities attended by the residents are recorded as part of the care planning process.

The staff team have actively promoted community links with local resources and neighbours. The home recently held an open day for local residents to enhance relationships between the home and the wider community. The inspector noted the residents are encouraged to seek support from the local advocacy service, which now has established links with the home.

The inspector observed a relaxed and friendly rapport between staff and the resident during the inspection. They demonstrate an awareness of how to communicate effectively, according to his needs and behaviours.

Information seen on care plans and feedback from families confirmed family contact and relationships outside the home is promoted. Some residents have home visits on a regular basis. Visitors are welcome to the home and a policy is in place to support this.

The home buys produce from local farm shops and where possible the food is organic. Care plans reflected detailed information relating to dietary requirements and records showed residents are involved in choosing their menus on a weekly basis.

Food is stored appropriately at the home and it was noted there was fresh fruit and vegetables available. The staff team are growing herbs in the garden and there is a plan to introduce a vegetable garden in the coming year.

The inspector examined menus for the home. A staff member stated if residents changed their minds on the day an alternative could be offered. Lunches are prepared for residents who attend outings and day centres. Those who remain at the home are offered a choice for lunch on the day. Hot and cold drinks facilities are available for residents on request.

The kitchen area was very clean and tidy. There are adaptations in place to ensure residents can participate in preparation and cooking of food safely. Residents have the opportunity to assist staff in cooking regularly in the home and will shop and prepare the ingredients to promote independent living skills.

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

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

**18, 19 & 20**

Residents receive personal care and support in the way they prefer, all aspects of this is detailed in their care plans. Medication is stored and labelled correctly. The inspector found that MAR sheets are accurate and signed; there were no recent gaps in recording. All staff are trained by the organisation in this area to ensure good practice.

Overall the outcome for the residents in relation to these standards was very good.

**EVIDENCE:**

Care files by the inspector held information relating to all aspects of healthcare and medication for individuals. The records were detailed and up to date, which ensures good staff practice is upheld.

Personal care and support is provided in line with care planning and residents preferences are identified to ensure appropriate action by staff. Some staff tasks are gender specific according to the needs and wishes of the residents.

Residents are registered with the local GP and have access to all NHS entitlements. Records of all dental and GP appointments are held on file. Individual files show residents have access to community health specialists, to ensure all aspects of their health needs are met both by the home and wider community. The holistic ethos of the home promotes use of alternative practitioners as well as health professionals to meet residents health needs. These include aromatherapy, reflexology and massage.

Good communication between staff and residents is essential to ensure individuals are listened to in respect of their care needs. To promote good practice in this area the home has established links with a local speech therapist who provides one to one sessions and also acts as a consultant for the staff as required.

A key worker system is in place to enable residents to work through day-to-day issues and any aspect of their care on a weekly basis. Photographs and items are used as prompts to promote good communication and understanding with residents.

Staff support individuals to access community agencies when needed and will accompany residents to appointments as required. The home has a seven-seater vehicle and there are plans to purchase another car, which will provide more opportunity for residents to go out separately, once the home is fully occupied.

Policies and procedures relating to all aspects of healthcare and medication administration are in place and up to date.

Medication is suitably stored in locked cabinets in the staff office. On examination of medication charts, the inspector found records completed correctly and there were no recent gaps where staff signed for medication. Medication training is undertaken by staff to ensure they work consistently to the homes policies and procedures.

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

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

### **22 & 23**

The home has a complaints log in place which is supported by an up to date complaints policy and procedure. Residents have the opportunity to communicate their views about the home through meetings, one to one sessions and links with an external advocacy agency.

The outcome for the residents for the assessed standards was very good.

### **EVIDENCE:**

The home has a detailed procedure for complaints, which is included in the Service Users Guide and Statement of Purpose, providing residents with clear information about how to complain. All complaints information is printed in a format suitable for residents to ensure they are clear about their rights within the home.

The complaints log was seen and there have been no official complaints at the home since it opened.

All incidents at the home and kept on file, where appropriate the manager will forward these to the Commission.

Residents have the opportunity to express their views through monthly meetings, which provide them with a forum to communicate issues of concern. In addition to this, the key worker system gives residents with the opportunity to talk on a one to one basis. Staff confirmed the advocacy service and positive links with external resources enable residents to give feedback about any issues arising in the home.

Adult Protection policies and procedures are detailed and up to date. Staff will use these alongside County Procedures and guidelines, which are available in the staff office. All staff receive POVA training in respect of working with vulnerable adults.

Detailed risk assessments are in place for individuals and the environment to ensure risk to residents and staff is reduced or eliminated where possible.

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

### **JUDGEMENT – we looked at outcomes for the following standard(s): 24 - 30**

The homes environment is of a very high standard, offering safe and clean living space for residents.

The outcome for residents in respect of the assessed standards is excellent.

### **EVIDENCE:**

All rooms in the house are decorated and furnished to an extremely high standard. Residents have the opportunity to choose their rooms prior to their admission and re-decorate to their own preference.

There is a large modern communal lounge with TV, DVD and Hi-Fi, which has patio doors leading to the garden. The dining room is adjacent to a light, modern kitchen, which is adapted to enable residents to have access to for cooking and drink making facilities (with staff assistance).

There is a meeting room on the second floor used for supervision or quiet space as preferred.

Residents rooms are set out over two floors. All are a good size, stylishly decorated and furnished in individual styles with space for personal

possessions and pictures. All bedrooms are en-suite with baths or walk in showers. Each room has a lockable space for private storage.

Residents are responsible for cleaning their own rooms where appropriate with assistance from staff. Some residents will participate in cleaning the communal parts of the home under staff supervision to promote daily living skills and provide a sense of ownership.

The home has a large, mature garden with a lawn and seated patio area, for residents to make use of in the warmer weather. There are plans in place to landscape one area of the garden and develop a vegetable patch for the residents.

A wooden 'sensory' cabin is situated in the garden. This is a large space with a porch area which contains lights, optic lamps, a sensory wall, mobiles, beanbags, a music system and massage mat. Residents are encouraged to use this space for relaxation and alternative treatments.

A laundry room provides a large washing machine with sluice facilities and tumble dryer this is kept locked for reasons of safety. There is sufficient storage space throughout the home.

Staff training files contained Food and Hygiene and Health and Safety certificates. The TOPPS induction also includes infection control and COSHH training for all staff. This training promotes good practice in respect of hygiene and reduces the risk of infection spreading throughout the home.

A fire alarm and emergency lighting system is in place. Records showed these are checked and serviced on a regular basis to ensure the safety of staff and residents.

There are sufficient toilets throughout the building. All radiators are covered and there is an on-call system in each room.

There are detailed environmental risk assessments in place for the premises. The registered manager has identified all areas within the home, which pose a risk to the occupants and identified ways for these to be eliminated or reduced.

A maintenance man is employed by the home to undertake all repairs. A log is kept to record all action required and completed in the home.

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

**JUDGEMENT – we looked at outcomes for the following standard(s):  
34, 35 & 36**

Harwich House has an efficient recruitment procedure in place. The staff employed to work at Harwich House receive on going training to meet the assessed needs of the residents. The inspector concluded the residents benefit from a well supported and effective staff team.

The outcome for residents in respect of these assessed standards is very good.

### **EVIDENCE:**

The inspector accessed staff personnel files for four staff members; all records held appropriate POVA/CRB checks and additional information seen demonstrated the homes recruitment procedures had been adhered to.

The home provides an induction and on going training programme for staff members, including specialist training relevant to individuals assessed needs. Training records for staff indicated all staff to date have attended relevant training and records were efficient and up to date. Interviews with staff supported these findings.

Evidence of meeting minutes and feedback from staff confirmed they attend staff meetings, which enable them to participate in decision-making processes at the home.

All staff spoken to praised the managers for their supportive and inclusive approach.

The inspector concluded, following observation and discussion with the staff on duty that they were clear about their roles and responsibilities within the home.

The home currently does not have a full staff compliment, as they are not yet running at full occupancy. The management are in the process of recruiting staff members in preparation for planned admissions over the coming months. Full occupancy is anticipated by July 2006.

Feedback, recording, staff interviews and observations led the inspector to conclude that the staff currently in post functioned effectively as a team and were supported by the management in doing so.

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

**JUDGEMENT – we looked at outcomes for the following standard(s):  
37, 39 & 42**

Good practice in the home was evident. This is supported by efficient administrative systems, which promote the health; safety and welfare of the residents in respect of their assessed care needs.

### **EVIDENCE:**

The inspector examined all safety records at the home including, fire records, training, food logs, maintenance records, individual and environmental risk assessments, accident book and incident sheets. They were all up to date and in good order promoting the welfare and safety of the residents.

The inspector concluded the office systems at Harwich House were very well organised. All information was detailed and consistent. Sensitive information was stored appropriately to maintain confidentiality.

The company insurance is up to date and the registration certificate is displayed appropriately. Fire notices have been posted throughout the building to raise awareness in the event of fire.

To date the Commission has received detailed monthly Regulation 26 reports from the Registered Provider, in addition to any relevant Regulation 37 reports.

The home has detailed up to date policies and procedures in line with current legislation to safe guard the rights and interests of the staff and residents.

Discussions and observations confirmed staff are given clear direction in their roles and good working practices are promoted through staff support and on going training. One staff member stated she felt the management were 'very supportive'.

A Quality Assurance report has yet to be undertaken, as the home has not been open for a year.

Through observation the inspector concluded good practice in the home was evident. This was supported by efficient administrative and recording systems. The inspector concluded that the overall care provision at the home is of a very high standard and the conduct and management serves the best interests of the residents.

# 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>	
<i>Standard No</i>	<i>Score</i>
<b>1</b>	3
<b>2</b>	3
<b>3</b>	3
<b>4</b>	3
<b>5</b>	3

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

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

<b>PERSONAL AND HEALTHCARE SUPPORT</b>	
<i>Standard No</i>	<i>Score</i>
<b>18</b>	4
<b>19</b>	4
<b>20</b>	3
<b>21</b>	X

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

<b>ENVIRONMENT</b>	
<i>Standard No</i>	<i>Score</i>
<b>24</b>	4
<b>25</b>	X
<b>26</b>	X
<b>27</b>	X
<b>28</b>	X
<b>29</b>	X
<b>30</b>	4

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

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

Are there any outstanding requirements from the last inspection? No

**STATUTORY REQUIREMENTS**

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

No.	Standard	Regulation	Requirement	Timescale for action

**RECOMMENDATIONS**

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations

## **Commission for Social Care Inspection**

Worthing LO

2nd Floor, Ridgeworth House

Liverpool Gardens

Worthing

West Sussex

BN11 1RY

National Enquiry Line: 0845 015 0120

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