

Care and Social Services Inspectorate Wales

Care Standards Act 2000

**Inspection report
Care homes for older people**

Baglan Lodge

84 Old Road
Baglan
Port Talbot
SA12 8LH

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Care and Social Services Inspectorate Wales

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Home:	Baglan Lodge
Contact telephone number:	01639 813135
Registered provider:	Bevan and Clarke LLP
Registered manager:	Nigel Peter Clark
Number of places:	30
Category:	Care Home Nursing and Personal Care for Older Persons
Dates of this inspection episode from:	9 August 2010 to: 13 October 2010
Dates of other relevant contact since last report:	None
Date of previous report publication:	March 2010
Inspected by:	Carol Rice

Introduction

Baglan Lodge is owned by Bevan and Clarke LLP. It is a large extended mansion house situated between Neath and Port Talbot. The company are committed to improving the quality of life for service users and providing a good standard of care and to facilitate this the home has undergone extensive changes which are discussed in the final section of this report.

There are views over Baglan and the surrounding areas and the home is a short walk away from the main bus route.

The facilities at the home are on two floors with a lift and a Stannah lift to the upper floor.

Care is provided at the home for 30 adults 65 years and over requiring either personal care or nursing care. The bedrooms comprise of 28 single and 1 double.

Summary of inspection findings

Please see findings below.

What does the service do well

The home provides a good standard of care in a warm and welcoming environment. There is a good staff team who work well together. The staff team is supported by the manager, matron and the deputy matron and care is monitored on a day to day basis. The views of the service users and their representatives are consulted regularly on the day to day running of the home.

What has improved since the last inspection?

There have been many improvements to the home since the previous inspection. The home has been extended and refurbished to a high standard and all the bedrooms have been upgraded, made larger and are en-suite. Bathing facilities have improved as have the communal areas. There are many other improvements on going and when building works are complete the entire home would have received an upgrade.

Staffing levels have been altered to ensure that the needs of the service users are being met and staff receive formal supervision on a two monthly basis. Training provision has also improved.

What needs to be done to improve the service?

priorities

The registered manager must now complete a Level Four National Vocational Qualification by the required timescale.

The mat on the footplate of the Stannah lift is a hazard and requires replacing.

other areas for improvement

The times relatives would like to be contacted and the wishes in regards to death and dying should be recorded on individual service user's files.

A review of activity provision should be undertaken once building work has completed.

Wheelchairs must always be used with two footrests to avoid injury to service users.

Ensure that all staff files contain proof of identification.

A hot food trolley must be purchased.

Training must be arranged for staff in the Deprivation of Liberty Safeguards.

The dining room was dimly lit therefore further lighting is required in this area.

Inspection methods

Scrutiny of the self assessment documents.

One unannounced and one short announced visit to the home.

Discussion with staff and service users.

Tour of the premises.

Observation of care practices.

Scrutiny of three service user files.

Scrutiny of three staff files.

A thematic inspection on infection control standards was undertaken during this inspection. A separate section for the report on this thematic inspection will be found at the end of the report headed Infection Control.

Choice of home

Inspector`s findings:

The home had an existing service user guide and statement of purpose. Both documents provided information about the services and facilities at Baglan Lodge to assist any prospective service user to make a decision as to whether the home would be a suitable place of residence for them.

Both of the documents are due to be upgraded within the forthcoming months to reflect significant changes at the home which have assisted in improving the quality of life for service users and working conditions for staff. Consideration should be given to having the document available in different formats. Once the documents are complete copies should be provided to the Care and Social Services Inspectorate Wales for scrutiny.

Any service user interested in taking up residence at Baglan Lodge would receive a detailed pre admission assessment to ensure that their needs could be met and that the placement would be suitable. The assessment would be undertaken by the matron or the deputy matron, either in the home of the service user, in hospital or at another home.

If an individual was interested in taking up residence at Baglan Lodge, they and their families would be encouraged to visit the home to look around, meet the staff and other service users. They could stay for lunch and have short stays at the home to sample the services and facilities to assist them in making a decision. Admissions to the home are on a trial basis to ensure that both parties are satisfied with the placement.

The staff at the home were skilled and experienced to deliver care to older adults.

Service users had a contract with the local authority or the local health board and also with the home. Contracts had recently been updated.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Planning for individual needs and preferences

Inspector`s findings:

Service users had an individualised plan of care based on any pre admission assessment and any assessment produced by the local authority or local health board.

Three of the service user`s care files were examined during the visit. The files were well organised and contained a range of risk assessments including, skin integrity, nutrition, moving and handling and behaviour. The risk assessments were reviewed and updated on a monthly basis.

There were detailed care plans in place and evidence that they were reviewed and updated on a monthly basis. The care delivered was then recorded within the care notes. It was evident that personal preferences were recorded on individual files.

At the last inspection it was recommended that the times relatives would like to be contacted and that the wishes in regards to death and dying were recorded on individual files. Some effort had been made to achieve this however further work was required.

One of the files required a photograph and this had already been taken but not printed, therefore this was to be attended to.

New lockable filing cabinets had been provided to ensure secure storage of records in line with the Data Protection Act 1998.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

The times relatives would like to be contacted and the wishes in regards to death and dying should be recorded on individual service user files.

Quality of life

Inspector`s findings:

Staff at the home encouraged and assisted service users where possible to make personal choices in regards to their daily living. Service users were supported to access advocates if they so wished and evidence of this was seen on the files of service users.

There had been many changes to the premises since the previous inspection that have enhanced the lives of the service users and details can be found in the 'Premises' section of this report.

Once renovations and the refurbishment is complete all of the rooms would have been upgraded, increased in size and become en suite, with some rooms having their own shower. Service users spoken with stated that they were very happy with their new rooms because it had given them more space and privacy.

There had been a vast improvement to the communal areas with a large lounge, a smaller lounge and a large dining area. These areas were utilised to provide activities to service users and both lounges had a large widescreen television. On the day of inspection the inspector spoke to the service users in the smaller lounge. A dining table had been provided at their request and they had formed a small social group and were pleasantly chatting prior to lunch. All four of them were very pleased with the improvements that had been made at the home and spoke highly of the efforts that the company were making to improve the premises.

The dining area was vastly improved in size and décor and it was pleasing to see a large number of the service users utilising the dining areas rather than eating lunch in their rooms or from tables in their lounge chairs.

The home had a dedicated activity organiser who delivered activities for two and a half hours, five days per week. She was enthusiastic and tried hard to ensure that individuals were supported to undertake group and individual activities. Activity provision was discussed with the manager and the current activity organiser. It was agreed that once building works at the home were complete consideration will be given to developing the activity programme further and possibly introducing a second activity organiser to provide activities seven days per week.

There was regular external entertainment which the service users seemed to prefer to the internal activities. However with encouragement they do partake in internal activities and the efforts of the service users were displayed on boards around the home for visitors to see.

Some of the service users enjoyed going shopping or for an ice cream and the activity organiser arranged this. There was a large extended patio which would prove useful during warmer weather and could be used for summer fetes and raised flower beds. Some service users and their families were using the patio area during the inspection visit.

The extra communal space provided useful for activity provision. Recent activity provision had included regular outside entertainment, hand massage, armchair exercises, themed events with activities planned for Halloween, arts and crafts, bingo, reminiscence, music evenings and visits to the Princess Theatre in Port Talbot.

There was a regular hairdresser at the home who was present on the day of inspection.

Service users were supported to maintain their religious preferences and local church representatives visit the home on a regular basis.

Baglan Lodge is a very welcoming home and there always appears to be a good atmosphere there. Visitors are welcomed and they have a good rapport with the staff. Relatives were supported to take out service users and several service users go out on a regular basis. Service users can receive their visitors in their rooms or in the communal areas. It was noted that not all rooms had seating for two persons. However the manager assured the inspector that this would be provided immediately on request and that new seating had been ordered to ensure that any requests could be met.

Interactions between staff and service users were witnessed and were positive.

Staff at the home were aware of the importance of confidentiality and they had received training to reinforce this.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

A review of activity provision should be undertaken once building work has completed.

Quality of care and treatment

Inspector`s findings:

The privacy and dignity of the service users was promoted and this was witnessed during the inspection. Service users had access to private telephone facilities and some had their own telephones within their rooms. Service users received their mail unopened and staff assisted them if they so wished. The preferred term of address was used for all service users. Service users were clean and well cared for and dressed in their own clothes.

The health and welfare of service users was promoted and maintained. It was evident that if interaction was required from other health professions this was sought in a timely manner. Several GP surgeries were used and the home had a good rapport with them.

All service users were assessed on admission for the risk of developing pressure areas. This was monitored on a monthly basis. There was a range of equipment at the home that was used for the prevention of pressure areas. As part of the upgrade new profiling beds had been purchased. Divan beds were being replaced where necessary.

The weight and nutritional status of the service users was assessed on admission and monitored on a monthly basis. A new scale had been purchased to ensure that this was done effectively. Changes in weight were acted upon accordingly and advice sought from the GP and dietician if necessary. There were regular dental and optical checks and a private chiropodist visited regularly.

The continence of the service users was monitored by the district nurses and the nursing team. Evidence of continence promotion was seen on individual files and incontinence products were supplied.

The medications were not inspected during this visit, however it was evident that the room temperature of the medication storage room was monitored and maintained at the correct temperature.

A new wet room had been provided as part of the upgrade to make it easier for service users to have a shower. This facility was proving popular with service users and staff.

The new dining area was a pleasant facility and allowed service users to dine in comfort and with adequate room for staff to support them. Staff were seen assisting service users discreetly and at a pace to suit them during the lunchtime. There was a five week rotational menu in place showing evidence of alternatives. Fish and home cooked chips were served during one of the visits which looked and smelled appetising and the service users stated that they were enjoying their lunch. The cook had been at the home for many years and was well versed with the likes and dislikes of the service users. Alternatives were always on offer. The pantry was well stocked with good quality provisions and individual requests were met in regards of food [within reason of course].

New fridges and freezers had been purchased since the previous inspection and new flooring had been laid in the storage area. Within the next few weeks the kitchen is to be upgraded in line with alterations to the home and it will also be made larger. During the visit food was being transported in an open trolley. A hot food trolley must be purchased so that food is kept warm and covered during transportation.

The registered persons returned a signed declaration with the self assessment documents to say that all testing and inspection regimes and test certificates were up to date. These were not scrutinised at the inspection as during other inspections they have all been up to date.

The previous inspection had identified that a new mat was required for the footplate on the Stannah lift and the other mat was torn and was a trip hazard. This had not been attended to and must be attended to immediately. The manager stated that he would make it a priority. Therefore a requirement will be made in respect of this.

During one of the visits it was evident that a wheelchair was being used with only one footrest. This is a health and safety hazard and staff must ensure that they always have two footrests on the wheelchairs.

Staff at Baglan Lodge like to pride themselves on providing a home for their service users until the end of their days. Care and comfort is provided to service users and support to the families at such a difficult time. Staff receive support from the nurses and training to allow them to provide support to service users.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number
The mat on the footplate of the Stannah lift is a hazard and requires replacing.	08/10/10	13 (4) (c)

Good practice recommendations:

Wheelchairs must always be used with two footrests to avoid injury to service users.

A hot food trolley must be purchased.

Staffing

Inspector`s findings:

During previous visits it has been evident that the home had adjusted staffing levels to meet the dependencies of the service users. When the self assessment documents were returned and scrutinised by the inspector it was evident that staffing levels at that time were below what would have been considered minimum levels. However it was pleasing to note that by the time the inspector had visited the management team had already identified this and rectified it by providing extra staff cover.

There was a satisfactory number of staff and a suitable skill mix to meet the needs of the service users. The home had a stable staff team with several staff who had been employed for several years. There have been few leavers within the past year. One member of staff had informed the inspector that she had left the home to work elsewhere but had to return because she missed the service users, team working, the ambience and the support that she received at Baglan Lodge.

Care staff were supported on a day to day basis in the clinical area by the registered nurses. There were several senior carers who were experienced in care delivery and had been employed at the home for several years. They were seen supporting the junior carers during the visit. Staff spoken with indicated that there was a good staff team at the home and that they felt supported by the management.

New staff received an induction period and were mentored by more senior staff until considered proficient.

Agency staff were rarely used at the home and were last used during the Christmas period of last year.

Three staff files were examined and were generally compliant with the exception of two of the files that did not contain proof of identity. Discussion indicated that this was an oversight, however in future instances all the required documentation must be kept on the files.

Staff training had improved since the previous inspection and the majority of staff had received fire training, health and safety, Control of Substances Hazardous to Health (COSHH), moving and handling, protection of vulnerable adults and infection control. Some gaps were evident however training sessions had been arranged during the next few weeks to address this. Efforts were also being made to ensure staff received training in other clinical areas such as, epilepsy, loss and bereavement, visual impairment, dementia and wound care to name but a few. Over 50% of care staff were in possession of or undertaking a National Vocational Qualification in Care at level 2 or above.

Staff received regular informal clinical supervision from the matron and the deputy matron and received formal supervision on a two monthly basis and evidence was seen of this on staff files.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Ensure that all staff files contain proof of identity.

Conduct and management of the home

Inspector`s findings:

The registered manager had been in post for several years. He was undertaking a Level 4 National Vocational Qualification in Care (NVQ) which was due for completion before the end of 2010, however due to the building works and changes in assessor, CSSIW have extended the completion date to March 2011.

The registered manager had many years experience in a management capacity. He was not a registered nurse so was supported by his matron and deputy matron who were registered nurses and who had many years experience in caring for older adults. There was also an on call out of hours duty rota in place. The process of managing and running the home was open and transparent

The management team operated an open door policy and encouraged service users, their relatives and staff to approach them if they have any issues so that they could be resolved immediately. Staff spoken with indicated that they found the management approachable and would have no hesitation in discussing issues with them. Both the matron and the deputy matron kept updated according to the requirements of the Nursing and Midwifery Council (NMC).

One staff member spoken with stated that she had made suggested changes to the matron to allow the key worker system to be more effective. The senior carer was encouraged by the matron to effect the changes which she did and improvements were evident.

The pocket money of three service users was examined and was found to be correct.

Quality monitoring was undertaken at the home daily on an informal basis and more formally via discussion, reviews, questionnaires, regular audits, staff and service user meetings. An annual review report of the quality of care at the home had been produced. Service users were encouraged at the home for their input on the running of the home on a day to day basis and their views and the views of their relatives were sought regularly as they were on the upgrading of the home.

The home had a range of policies and procedures in place which were updated on a regular basis.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number
The registered manager must complete a Level 4 NVQ by the required timescale.	31/03/11	9 (2) (b) [ii]

Good practice recommendations:

Concerns, complaints and protection

Inspector`s findings:

The home had an accessible complaint policy in place. Formal avenues of complaint were rarely used at the home because if there were any issues they would be dealt with as they arose.

There had been no complaints at the home since the previous inspection and no complaints had been received by CSSIW.

The management team were aware of the policies and procedures in regards to adult protection. However there have been no adult protection issues since the previous inspection episode.

Staff received training in the Protection of Vulnerable Adults (PoVA). There had been an increase in the amount of staff who had received PoVA training. Some senior staff had received training at level 3 and further training had been arranged for staff.

Staff had not received training in the Deprivation of Liberty Safeguards, therefore this must be arranged.

There was a whistle blowing policy in place and staff spoken with indicated that they would have no hesitation in using it should the need arise.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Training must be arranged for staff in the Deprivation of Liberty Safeguards.

The physical environment

Inspector`s findings:

Baglan Lodge is a large extended mansion house overlooking Baglan. The home is situated between Neath and Port Talbot and is a short walk from the main bus route making it easily accessible. There were several parking spaces to the front of the home and when building works are completed there will be parking for a further four cars to the side of the building. There was a large patio area which had been extended as part of the renovations. Several of the bedrooms on the ground floor had patio doors so that the service users could gain access straight onto the patio area if they so wished.

There had been a large amount of money invested in the home since the previous inspection and there had been many changes to enhance the services and facilities.

The home had been renovated and extended and some effort had also been made to retain some of the character of the old building. The company must be commended on their efforts and the changes that they had made to Baglan Lodge. Service users and relatives had been consulted on various aspects of the redevelopment. There has been a major upgrade to a high standard and the home is now compliant with the single room standard. Work had been undertaken in stages to ensure the health and safety of the staff and service users.

The entrance to the home had been changed and a more secure door security system installed. The nurses office had been relocated near the entrance so that visitors could access the nurse on duty should they need to. The nurses' office had several windows so that staff and service users could be observed. The office is now a larger more practical facility and has new furniture.

The dining area which was the old lounge at the front of the house had received a makeover, with new dining furniture, flooring and lighting. However on the day of inspection the lighting was a little dim so further lights will be installed.

Off the dining area a large lounge had been constructed. There were four large windows making the area light and airy. All new furniture had been provided and the seating was arranged in groups. There was a large screen television in this area. This was a vast improvement on the previous lounge.

There was a small quiet lounge area on the first floor.

The kitchen as discussed previously is to be upgraded in the forthcoming weeks. Within the next few weeks the home is to be recarpeted throughout. Which will be aesthetically pleasing.

The smaller lounge at the other side of the building was completed and several service users enjoyed relaxing there and had made it their domain. There was a large screen television and both lounges benefitted from digital television. There was an organ in the smaller lounge for entertainment and one of the service users who also had a piano in his room played occasionally. This lounge had a patio door opening onto the patio and three large windows making the room light and airy. New furniture had been provided. The service users resident in the lounge commented on how pleasant the lounge area was and were looking forward to utilising the patio area when the weather allows.

A new toilet has been provided to service the smaller lounge area.

All rooms at the home will have been upgraded, made larger and will have new furniture by the time the works are completed. All bedrooms will also be en-suite and one double room will remain for any service users who wish to share. The rooms visited were much improved and contained the required furniture and fittings and also showed evidence of personalisation. Some of the service users were very keen for the inspector to visit their new rooms.

The bathrooms and toilets had also received an upgrade and a wet room as discussed previously has been provided on the ground floor improving the washing and showering facilities. One of the bathrooms was to yet to receive an upgrade but it is planned that this will be completed within the forthcoming weeks with a new assisted bath.

Many of the windows had been replaced.

Staff spoken with indicated how pleased they were with the changes at the home.

The home was clean and odour free during the visits.

There was a new laundry provision which is discussed in the infection control section of this report.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

The dining room was dimly lit and requires extra lighting.

A note on CSSIW's inspection and report process

This report has been compiled following an inspection of the service undertaken by Care and Social Services Inspectorate for Wales (CSSIW) under the provisions of the Care Standards Act 2000 and associated Regulations.

The primary focus of the report is to comment on the quality of life and quality of care experienced by service users.

The report contains information on how we inspect and what we find. It is divided into distinct parts mirroring the broad areas of the National Minimum Standards.

CSSIW's inspectors are authorised to enter and inspect regulated services at any time. Inspection enables CSSIW to satisfy itself that continued registration is justified. It also ensures compliance with:

Care Standards Act 2000 and associated Regulations whilst taking into account the National Minimum Standards.

The service's own statement of purpose.

At each inspection episode or period there are visit/s to the service during which CSSIW may adopt a range of different methods in its attempt to capture service users' and their relatives'/representatives' experiences. Such methods may for example include self-assessment, discussion groups, and the use of questionnaires. At any other time throughout the year visits may also be made to the service to investigate complaints and to respond to any changes in the service.

Readers must be aware that a CSSIW report is intended to reflect the findings of the inspector at a specific period in time. Readers should not conclude that the circumstances of the service will be the same at all times.

The registered person(s) is responsible for ensuring that the service operates in a way which complies with the regulations. CSSIW will comment in the general text of the inspection report on their compliance. Those Regulations which CSSIW believes to be key in bringing about change in the particular service will be separately and clearly identified in the requirement section.

As well as listing these key requirements from the current inspection, requirements made by CSSIW during the year, since the last inspection, which have been met and those which remain outstanding are included in this report. The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

Where key requirements have been identified, the provider is required under Regulation 25B (Compliance Notification) to advise CSSIW of the completion of any action that they have been required to take in order to remedy a breach of the regulations.

The regulated service is also responsible for having in place a clear, effective and fair complaints procedure which promotes local resolution between the parties in a swift and satisfactory manner, wherever possible. The annual inspection report will include a summary of the numbers of complaints dealt with locally and their outcome.

CSSIW may also be involved in the investigation of a complaint. Where this is the case CSSIW makes publicly available a summary of that complaint. CSSIW will also include within the annual inspection report a summary of any matters it has been involved in together with any action taken by CSSIW.

Should you have concerns about anything arising from the inspector`s findings, you may discuss these with CSSIW or with the registered person.

Care and Social Services Inspectorate Wales is required to make reports on regulated services available to the public. The reports are public documents and will be available on the CSSIW web site: www.cssiw.org.uk

Thematic Inspection: Infection Control

Summary of inspection of infection control findings

Please see below

What does the service do well?

The home provided a satisfactory level of personal protective equipment. Staff had received training in infection control and practices indicated adherence to policies and procedures. The home was generally clean throughout.

What needs to be done to improve the service?

a.) priorities

None

b.) other areas for improvement

None

Inspection methods

Examination of the self assessment document

Tour of the premises

Observation of practice

Discussion with staff

Examination of policies and procedures

Quality of care and treatment

Inspector`s findings:

Personal protective equipment was supplied in the form of gloves and aprons and supplies were plentiful. Staff were seen to be carrying out procedures and providing personal care whilst being mindful of infection control procedures.

Where hand washing facilities were required suitable hand washing equipment was supplied in the form of paper towels, soap dispensers and lined pedal bins. Where they were not in place this was purely an oversight and was attended to immediately.

Consideration should be given as to the placement of yellow bags for contaminated waste to ensure that they are in strategic places.

Requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Staffing

Inspector`s findings:

Staff were clean and well groomed.

The majority of staff had received training in infection control.

Requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Conduct and management of the home

Inspector`s findings:

There were policies and procedures in place in regards to infection control which were based on recent published guidelines.

Policies and procedures were updated regularly.

Requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Concerns, complaints and protection**Inspector`s findings:**

There were no issues in regards to complaints, concerns and protection.

Requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

The physical environment

Inspector`s findings:

The home was clean and free from odour and there was a satisfactory number of cleaners.

Some of the flooring at the home had been replaced with easy clean non slip flooring.

All bathrooms and toilets had been upgraded and the walls had been clad with easy clean surfaces.

The wet room had no hand washing facilities. This was discussed with the manager and it was decided that anti-bacterial gel would be provided and staff would then use the hand washing facilities in the bathroom next door.

The laundry had been relocated and had been designed taking into consideration recent guidelines. The laundry had been separated into clean and dirty areas. There were two access doors to allow for this. The laundry was more spacious than the existing laundry and had been tiled to allow for easy cleaning.

New laundry equipment had been purchased to ensure that the demands of the home are met.

Requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations: