

# Key inspection report

## Care homes for older people

<b>Name:</b>	Priscilla Wakefield House
<b>Address:</b>	Priscilla Wakefield House Rangemoor Road Tottenham London N15 4PL

<b>The quality rating for this care home is:</b>	zero star poor service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

<b>Lead inspector:</b>	<b>Date:</b>							
Margaret Flaws	2	3	0	4	2	0	1	0

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

**Outcome area (for example Choice of home)**

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

**This is what people staying in this care home experience:**

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

## Reader Information

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## Information about the care home

Name of care home:	Priscilla Wakefield House
Address:	Priscilla Wakefield House Rangemoor Road Tottenham London N15 4PL
Telephone number:	02088087196
Fax number:	02088852481
Email address:	reception@precious-homes.com
Provider web address:	

Name of registered provider(s):	Magicare Limited
Name of registered manager (if applicable)	
Type of registration:	care home
Number of places registered:	112

Conditions of registration:								
Category(ies) :	Number of places (if applicable):							
	Under 65	Over 65						
dementia	112	112						
old age, not falling within any other category	0	112						
physical disability	112	112						
Additional conditions:								
The maximum number of service users who can be accommodated is :112								
The registered person may provide the following category of service only: Care home with nursing - Code N to service users of the following gender: Either whose primary care needs on admission to the home are within the following categories: Physical disability - Code PD(E) (maximum number of places: 112) Dementia - Code DE (maximum number of places: 112) Dementia , over 65 years of age - Code DE(E) (maximum number of places: 112) Old Age, not falling within any other category - Code OP (maximum number of places: 112)								
Date of last inspection	0	5	1	0	2	0	0	9

## Brief description of the care home

Priscilla Wakefield House is a large, newly built Nursing Home with 112 places for people with dementia (including early onset dementia) and physical disabilities. The majority of places are for Older People but younger people are also accommodated. There are four floors, which contain different specialist units. The building and environment have been built to an excellent standard and all bedrooms have en-suite facilities. There are a number of lounges and dining areas in each unit as well as outside terraces and gardens. The home has been very well designed. Priscilla Wakefield House has the equipment and facilities required to meet the needs of the people using the service. The stated aims of the home are, 'To help service users remain in control of their lives as far as possible and thus, to maintain their personhood through Person Centred Care'. The home is situated in Tottenham, North London and although there is limited parking the home is near to local bus services and the Victoria Line Underground station. The range of fees are between five hundred and one thousand and five hundred pounds per week.

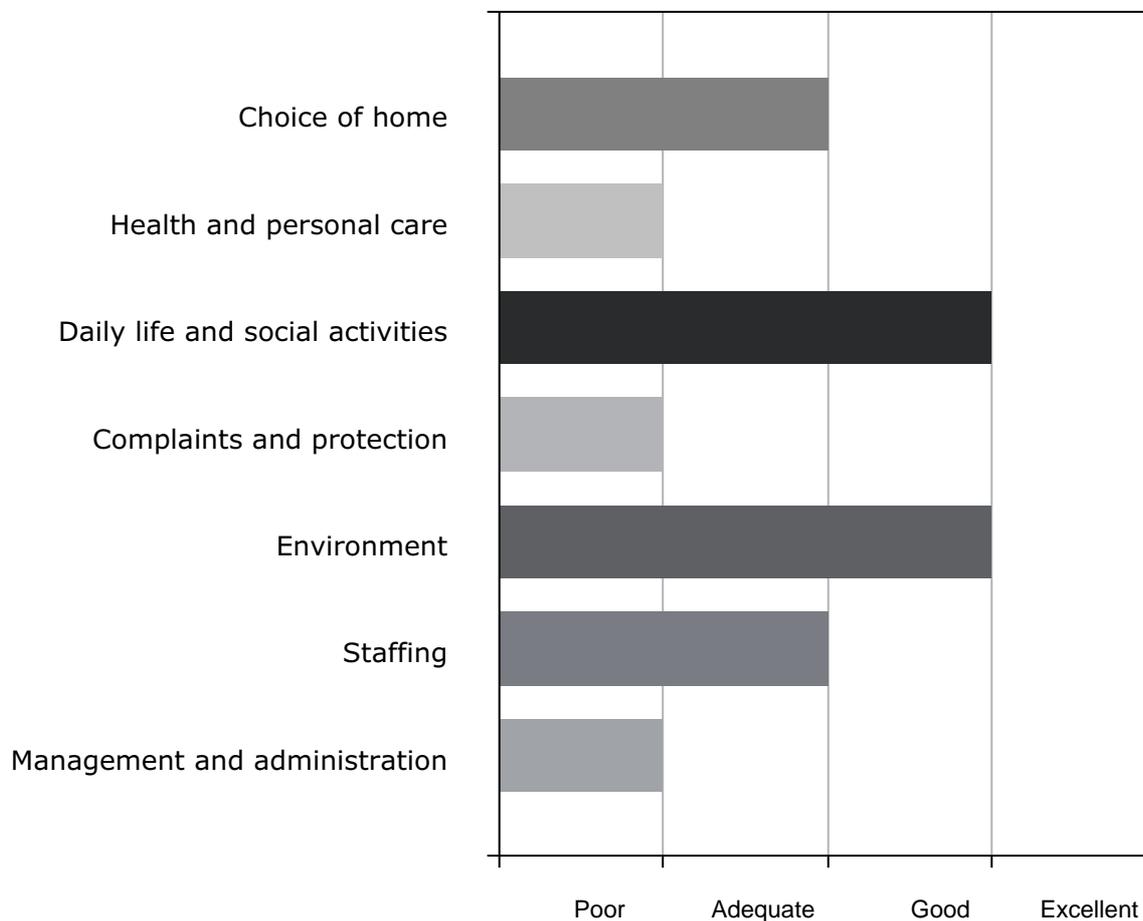
## Summary

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

The quality rating for this care home is:

zero star poor service

### Our judgement for each outcome:



### How we did our inspection:

We carried out this key inspection over two days and evenings, 22 and 23 April. Inspectors Margaret Flaws and Fay Bennett, and Pharmacist Inspector Jane Shaw undertook the inspection. We were assisted by the Registered Manager, former Responsible Individual, the Clinical Development Nurse and administration staff. We spoke to ten residents and fifteen staff members during the inspection. We observed interactions between staff and residents and toured the home. We looked at the care and general home records and staff files.

Please note that the information front section of this draft report (categories of registration, numbers, information on the Registered Provider) is out of date and will be updated before the report is finalised. The Category LD has been removed and the number of places for all categories is 112. The company name is now Magicare Ltd and the Responsible Individual is Simon Oliver. The Registered Manager's post is now vacant.



### **What the care home does well:**

Priscilla Wakefield House had been designed and built to a high standard. The physical environment is comfortable and clean, and contains the aids and equipment people needed to support the people who live there.

Residents gave us positive feedback about the home. They told us they were supported and treated with respect by the staff.

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

The following requirement from the last inspection have been met.

A formal quality assurance system to gather residents' and relatives' views has been put in place.

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

Enforcement action has been taken as a result of this inspection. Three Statutory Enforcement Notices were served on the home, covering medication.

Medication requirements are to ensure that medication is administered as prescribed, to ensure that records for the handling and management of medicines are properly maintained and securely held. MAR must record the start date of a medicine, the allergy status of the service user, the actual dose of a medication administered when a variable dose is prescribed, and the correct endorsement when a medication is not administered with an explanation of its omission.

To ensure that accurate records of controlled drugs are maintained. Balances must correlate with records of administration. There must be no defacing or overwriting on the register and any errors must be properly accounted for.

To ensure the provision of lancets for professional use when taking blood samples to test blood glucose.

To ensure that the dates of opening are written on food items like calogen. The minimum and maximum temperature of the medicines fridge in the residential unit must be recorded in addition to the actual temperature.

To ensure that the service provided evidence of the proper and safe disposal of medicines.

To ensure systems of robust auditing of medication are consistently and regularly undertaken.

To ensure there is an efficient ordering and receipt of medication system in place so as to ensure service users prescribed treatments are consistently available to them.

To ensure the home's medicines policy adequately details procedures to provide staff

with sufficient guidance on all aspects related to the handling and management of service user's medication; such as ordering medications and the management of anti-coagulant therapy within the service.

To ensure that all staff involved in the handling and management of medication within the home are trained in and adequately inducted into the revised medication policy and procedures.

Further requirements were made at this inspection.

Clear information should be available on the provision of respite care and how people's needs will be met. There should be clear protocol for respite admissions.

The needs of people coming into the home on a short term basis should be properly assessed.

The provision of respite care must be reviewed to ensure that the home has the capacity to meet all residents' needs.

Care plans must be up to date, comprehensive and reflect people's needs.

The Registered Person should undertake a complete review of how the home meets the food and drink needs of residents. This should broadly cover any factors that could impact on meeting people's needs and include a clear action plan for improvement. This review should form of an wider review of care in the home. A copy must be provided to CQC.

Staff should receive advanced safeguarding training so they understand the links between safeguarding and good care practice.

All complaints must be acknowledged, investigated, outcomes and actions taken communicated and recorded.

Staff must receive ongoing training in the areas of specialist care that the home offers.

The home should put in place a system to keep staffing levels and the competency and experience of staff under review to meet the complex and changing level of residents' needs

The home should review dependency and staffing levels constantly and systematically

The handover system must be reviewed to improve communication about people's needs.

All care staff should receive core training relevant to their roles.

Care staff must be trained in best practice dementia care and fire procedures.

At least four fire drills per year must be undertaken and recorded and actions arising from the drills are noted and addressed.

CQC should be kept informed of all matters covered by Regulation 37.

Staff who provide supervision must be trained to do so.

All staff, including management staff, must receive regular, comprehensive, individual supervision. This should be properly recorded and linked to practice and professional development.

Residents who are unable to manage their money or do not have nominated person, should have their own accounts. Residents' financial arrangements must be reviewed.

The Registered Person must commission a full and thorough review of all aspects of the service, the quality of care, the home's aims and objectives, management and staffing, and an investigation into why the problems identified in this report have come about. This review should be comprehensive (not piecemeal) and independent. It should include an action plan. A copy must be provided to CQC.

The following recommendation was made. That the home keep under review activities in the home to ensure they continue to meet residents' needs, particularly the needs of people with dementia and cognitive impairment.

That the home reviews its system of identifying peoples clothing to ensure that clothes are properly returned to their correct owners.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line 0870 240 7535.

## Details of our 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)

Outstanding statutory requirements

Requirements and recommendations from this inspection

## Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Information is available to people who wish to move permanently into the home but there is no information for respite admissions.

Not all people using the home can be confident that the home will support them. The needs of people coming to home for respite care are not fully assessed and ongoing reassessment does not always take place.

Evidence:

The home provides a range of information about what they offer. There is a website and a brochure, which each outline the types of care offered on the specialist units.

During the inspection, we looked at the assessments of eleven people. There was a range of pre admission assessment information on file, including assessments by referring and placing authorities, and assessments completed by the Registered

## Evidence:

Manager and other Priscilla Wakefield staff.

The residents have a range of complex needs ranging from dementia (both older age dementia and early onset dementia), other types of cognitive impairment such as alcohol related and HIV related cognitive impairment, brain injury cognitive impairment, and with other physical disabilities and nursing care needs. Several residents have secondary mental health conditions.

Residents placed in the home come from a wide spread of London Local Authorities, Primary Care and Foundation Trusts, and other organisations. At the time of this inspection, Haringey Council had stopped referrals while investigating safeguarding alerts.

We looked at the admission and discharge records. Since March 2009, there have been 101 admissions to the home. A significant number of these admissions have been for short term respite. There is no information on the website or in the brochure about the home offering respite care. Information on respite care offered should be available to referrers and potential residents. The provision for respite care needs to be reviewed to ensure that the home has the capacity to meet the needs of all residents. This includes reviewing dependancy levels and the staffing level and skill mix required. Requirements are given.

Staff told us that most people coming into the home for respite care went to the residential unit. However, this unit has only been open since late December 2009 and residents would have been accommodated on other units prior to this time. The rota indicated and staff told us that the staffing level on the residential unit was one staff member to six residents. Staff said the respite assessments were completed by non qualified senior staff or the Registered Manager.

At the time of this inspection, there were no people on respite at the home. We looked at the assessment information for two people on respite placements from the previous month. Both had basic assessments on file done by the home.

The home occupancy moved from 20 residents in March 2009 to 67 residents when we did a random inspection in late March, 2010. At the time of this inspection, there were 56 residents. Since last year, the home has opened all four floors, so that specialist care could be provided on each floor.

The Registered Manager told us that, because the home has been subject to considerable scrutiny from placing authorities, most current residents have had

Evidence:

external reviews completed.

## Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **poor** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

While care plans and risk assessments are generally in place, the information in them is variable and care planning is not consistent. Good quality care has not been the outcome for all residents, putting them at risk.

People's healthcare needs are not consistently met.

Medication management in the home is poor and has put residents at risk.

People living in the home are treated with respect by staff.

Evidence:

We toured all units throughout the inspection, over two days from morning until into the evening. Most people spent time in the lounges or in their bedrooms. Most residents appeared content, either napping, watching TV or engaging with staff. Generally, the environment seemed quiet.

## Evidence:

We looked at eleven care plans. There was good detail on most plans and risk assessments were generally in place. Care plans we saw had, in general, been reviewed but not always consistently. We also saw evidence that assessments had not always been carried through into care planning. This included information related to medication management and health care assessments. Other examples included when some residents went back and forward to hospital or when people came in for shorter respite care, new assessment information was not always recorded and changes in people's needs missed.

Care issues identified in this inspection had not been consistently picked up by management and staff. There was evidence on staff files, in meeting minutes and in other records, and around the home that the Registered Manager had attempted to address inconsistent and poor quality care in team meetings with staff, through the disciplinary process, through memos and notices on noticeboards.

However, issues of poor practice were not always consistently followed up with ongoing supervision, training and performance monitoring. We have noted in the Staffing section of this report that supervision practice was poor and this represents a missed opportunity to improve practice.

General health monitoring and checks for residents is in place. This includes ongoing healthcare checks with dentists and allied health professionals. We saw evidence of referral to nutritionists, tissue viability nurses and other specialist staff as and when required.

The home has attempted to address concerns about residents' hydration. Compulsory staff training took place during this inspection. There are fluid balance and weight charts in place. At the time of the inspection, the home had been sending people to hospital if staff had any degree of concern about their hydration level. We also noted that residents who had hydration concerns noted or were refusing food and drink, also had dementia. When spoken to, staff demonstrated a variable understanding of the effect of dementia on a resident's ability to choose to eat and drink. A requirement to improve dementia training is made in the Staffing section of this report. A further requirement is given that the home undertake a complete review of how it meets the food and drink needs of residents. The review should include a clear actions plan for improvement. This should form part of a wider review of the care and management of the home, detailed in the Management section of this report.

We saw evidence that there had been ongoing communication issues with the previous and current general practice and pharmacy services. In September 2009, the GP

## Evidence:

withdrew and the home was left without GP cover for nine days. In response to this change, a CQC Pharmacist did a random inspection where he identified medication errors.

After our random inspection in March 2010, the Registered Manager told us that the home needed to increase the level of GP input (the current GP normally visits one day a week for one hour). A requirement made at the random inspection, to review GP services, still stands in this report. The home changed to a new pharmacy provider in December 2009. This was because the pharmacy is located at the new GP practice.

We spoke to several residents during the inspection. They told us that staff treated them respectfully. We confirmed this in our observations.

Summary of pharmacist report for by CQC Pharmacist Jane Shaw, who attended the first day of this inspection

We carried out a specialist pharmacist inspection to see how safely medicines were handled in the home. We looked at the recording of receipts, administration and disposal of medicines including controlled drugs and we audited several samples against the records to see if they were being administered as prescribed.

We noted that the current medication cycle had started on 29/3/2010. For two residents we saw that there were no supplies of some of their medicines for two days at the beginning of the cycle. We noticed that records of receipts of medication were generally complete on the MAR ( Medication Administration Records) but often the start date of the MAR was not entered, so it was difficult to determine which dates the tablets were taken. The allergy status was written on a cover sheet and not on the actual MAR and we were able to see in transfer notes to hospital that this information did not go with them. We noticed in some units that there were no omissions in records for administration but in the nursing units we counted a total of 17 gaps in the MAR charts we inspected. These were in addition to the medicines not available at the beginning of the medication cycle. When the medicine was dispensed in a monitored dosage and the medicine was not there we assumed that it had been given but not signed. But for the liquid medicines and feeds and insulin we had no evidence that these were given.

We counted 21 samples of medicines supplied in original boxes. We could reconcile 18 of these against receipts and initials for administration. We were told that in one case a tablet had been dropped on the floor, but this was not recorded on the MAR. For another there were two too many left but for an anti-psychotic medicine we found 22

## Evidence:

instead of the expected 8. We were told that the home had new audit systems in place and we saw these in the residential unit. We saw no evidence of them in two of the other units we inspected and in the fourth, the stock checks had stopped on 8/4/10.

We asked to see the records for waste medicines and were told that the record had been sent with the latest consignment for disposal and was not available. We were not able to see previous records either. The home later sent us the waste record for two months only.

We looked at the safe handling of warfarin in the home. For one service user, the yellow anticoagulant book was not immediately available for cross checking with the administration record. When it was located we noticed that the correct prescribed dose was not being administered and had not been for some time. A date for a follow up appointment for a blood test had been given to the home and there was no record of the result available. Records requested from the GP confirmed that the blood test was not carried out as requested.

We looked at the controlled drugs in the home and saw that they were stored in a cupboard complying with the Misuse of Drugs Act. We checked the balances and found that they tallied with records in the current Controlled Drug Register. We looked at copies of entries from the previous register after the inspection, and noticed that there were crossings out and alterations in entries. For one entry of concentrated morphine sulphate solution, 2ml was deducted from the balance in stock but there was an altered entry of 1ml recorded as given to a service user.

We noticed that the blood glucose was measured and recorded for service users with diabetes so that their medical condition could be monitored. The lancets in use were for self-testing though and not of the professional type, recommended for use in a care home to prevent the risk of infection.

We were able to see protocols in place for enteral feeding and fluid balance charts and evidence of review by the dietician for service users who could not swallow.

There were care plans and risk assessments for service users with diabetes and evidence of review by the GP for adjustment of dose, when the blood glucose level changed too much.

We saw other evidence of referral to the dietician, to the skin viability nurse and palliative care nurse and records of their visits in the care plans.

## Evidence:

We looked at the storage of medication and it was secure throughout the home. Temperatures of fridges and clinical rooms were all recorded as within the required range. The home had a medication policy but the individual procedures were very simplistic and lacking in detail. We noted a procedure for homely remedies but nothing for managing anticoagulants in the home. We saw a template for giving as required ( PRN) medicines but none had been used for the as required medicines prescribed to service users. We were told that nurses and care workers had received training in the safe handling of medication earlier in the year and that the community pharmacist had carried out an audit in April 2010.

A newly recruited nurse had received in house medication training as part of her induction.

The home needs to improve its audit systems for medication to prevent the errors identified above occurring. They need to improve record keeping of all medicines including controlled drugs and expand their medication procedures so that there are safe systems for handling medication in the home.

The CQC Pharmacist made eleven requirements as a result of breaches found on this inspection. These requirements were included in a three Statutory Enforcement Notices served on the home. Some of the requirements were repeated from previous inspections. Requirements are listed in the table at the end of this report.

## Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home provides a basic range of activities for people who use the service.

The home encourages visitors and family involvement is supported by the home.

The home provides people with a varied and interesting diet. Staff are working to improve resident's nutritional and fluid intake.

Evidence:

The home employs two fulltime equivalent activities organisers. Activities staff were working in the home on the inspection days. A range of activities are available and resourced. On the inspection days, activities seemed low key. People watched a DVD of Mamma Mia, sang karaoke and went out into the community. We spoke to an activities organiser, who described how activities in the home were run. She had a good understanding of people's needs. Residents we spoke to said they enjoyed what was on offer. The staff member told us that people's views and preferences were canvassed on activities at resident and relative meetings. As the home's occupancy increases, the home will need to review activities provided to ensure they continue to meet residents' needs, particularly the needs of people with dementia and cognitive

Evidence:

impairment. A recommendation is made.

We were unable to speak to any relatives or visitors during the inspection but saw sound evidence in residents' files of family involvement. The residents we spoke to told us that their families could visit freely when they wished to and were involved in planning their care. We saw visitors coming and going throughout the inspection.

Residents told us that they were able to choose what time they got up, what they eat and the daily activities as they wished. This was confirmed

There were drinks, fruit, and snacks and fruit available on all floors.

We toured the kitchen on the second morning of the inspection and spoke to the chef and assistant chef. The kitchen was clean, well maintained and hygienic. Food was safely and appropriately stored and fridge, freezer and food temperatures were taken regularly, recorded and monitored. Food handling practices appeared safe to avoid cross contamination. There was a good supply of fresh fruit, vegetables, meat, fish and dry goods in stock.

The kitchen staff demonstrated a good knowledge of the residents' nutritional needs and described how they met them. For example, the chef described how he enriched food for people needing additional calories because of weight loss. He also described how pureed food for people with swallowing problems was presented in an appetising way. Staff also had information on hand about the needs of people with diabetes, and people's individual likes and dislikes.

We saw the four week cycle menu. There was always vegetarian choice available at each meal time and alternative meals such as omelettes, salad and soups were provided as requested. Residents could have cooked breakfast or lighter options. Some food options to meet people's cultural needs were available. The second day of the inspection was St George's Day and the chef had created an English menu of pie, mash and mushy peas, fish and chips, and steamed pudding.

The chef told us that his food budget was sufficient to meet people's needs and we saw a decent sized and wholesome looking meals provided to the residents. Residents we spoke to told us they liked the food. We observed kitchen staff discussing nutritional needs with staff and checking levels of satisfaction with the residents.

We asked the chef what drinks are provided to residents throughout the day. He told us that he sends juice and cordials to the units each day. We observed regular hot

Evidence:

drink rounds on the units throughout the day and evening, drinks available in communal areas and in people's rooms.

## Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **poor** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who use the service cannot always be confident that the home will investigate and follow up complaints, according to the home's policy and procedure.

Residents need reassurance that they will always be protected in the home, particularly from poor quality care.

Evidence:

We looked at the complaints records for the home. There were four complaints on file since the last inspection. Two complaints had received brief responses but evidence of investigation, outcomes and follow up was patchy. In one instance, there was no outcome recorded. A requirement is given that all complaints are acknowledged, investigated, outcomes and actions taken communicated and recorded.

At the time of the inspection, the home had two safeguarding investigations open and a serious case review in process. An investigation into the death of a resident was closed by the police after they found no evidence of an offence.

The records available showed that most staff had received safeguarding training and those we asked demonstrated a reasonable understanding of safeguarding adults. However, poor medication and care practices have put residents at risk, which is a serious safeguarding issue. A requirement is made that all staff receive advanced safeguarding training to ensure that they understand the links between safeguarding

Evidence:

and good care practice an act appropriately.

## Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is kept clean and maintained to excellent standard to support the residents' wellbeing. The environment is well designed and comfortable.

Evidence:

Priscilla Wakefield House has been newly built and is decorated and furnished to a very high standard. The decorations and pictures are relevant to people's needs, for example, to the reminiscence needs of people with dementia. There is also good signage for people with dementia and cognitive impairment and a photo on each person's door.

The bedrooms are pleasantly furnished and personalised by the residents. All rooms are ensuite with toilet and wash handbasin and some rooms have an ensuite shower. Rooms for people with physical disabilities have tracking hoists fitted. The home is fitted with aids and adaptations to meet people's physical and sensory needs. Residents we spoke to told us that they liked their rooms, that they were comfortable and accessible.

Bathrooms and toilets were clean and in good working order. The home has adequate lighting and ventilation.

## Evidence:

There is an outside paved garden area on the ground floor, and other terraces on the upper floors, some of which are not yet in use yet. These terrace areas are safely fenced in.

At the last key inspection, occupancy levels were low, but now, all units and floors have been opened up and occupied. However, some lounges and sections of units were not in full use because the home was at just under half full at the time of this inspection.

We met the full time maintenance person who was working on maintenance tasks alone and with contractors. Each floor had a maintenance book to identify issues that needed fixing and we saw evidence of how issues are followed up and fixed. There were building risk assessments in place.

At a random inspection in March 2010, we looked at availability of fluids in the home, at fluid balance charts for residents with hydration concerns and how staff managed hydration needs. On this two day inspection, the weather was temperate, the heating was off and some windows were open. Despite this, the home felt warm and we noted that by the end of each day, we felt thirsty. The Registered Manager told us that the newly built home had very good insulation. We wondered whether the level of insulation could contribute to the degrees of dehydration of residents. A review of the insulation of the home in relation to resident's hydration should form part of the wider review of care.

We visited the basement laundry and spoke to the staff member on duty and to the Head of Domestic Services. There are guidelines available for domestic staff on how to manage potential risks, including risks such as challenging behaviour. Domestic staff demonstrated a sound understanding of these risks and told us what they would do if they noticed a resident's condition deteriorate, or if they found someone who had fallen, or if someone had diarrhoea.

We visited the basement laundry area, which has three large, industrial washing machines and tumble driers. There are large press and ironing areas. The Head of Domestic Services told us that staffing levels enabled her team to keep the home clean and that her budget was sufficient to cover. However, we did see a notice in the home stating that cleaning hours were to be reduced.

There are good procedures in place for the prevention of cross infection, such as a red bag system for soiled laundry and laundry chutes to the basement from each unit. Domestic staff we spoke to had a good understanding of the principles of infection

Evidence:

control and had been trained in core areas of their work. There are good procedures in place for dealing with infections risks including MRSA.

The home appeared clean and hygienic and cleaning staff were seen working in each unit. We did not notice any unpleasant odours over the two days of the inspection.

We saw how clothes was seperated by individual resident and placed into allocated sections for return. However, in one corner, we noticed twelve large black rubbish bags full of clothing. Staff told us that these were unclaimed residents' clothes from the units which "they had lost track of." Staff said that these clothes had not been name tagged by relatives or were possibly clothes that had belonged to residents who had died without next of kin. A recommendation is made that the home reviews its system of identifying people's clothing to ensure that clothes are returned to their correct owners.

## Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Staff have been safely recruited but staffing levels and the skill mix need to be in line with residents' needs.

Staff are generally trained in core areas but the programme needs improvement.

Evidence:

We saw the rotas for the home. These accurately recorded the people on duty on the day of the inspection. As we noted in the section on Choice of Home, there have been a significant number of respite admissions which may have impacted on how staff deliver care. The rota shows the staffing levels have remained constant. A requirement is made to review dependency and staffing levels constantly and systematically to ensure that there are always sufficient staff on duty.

As we indicated under the Health and Personal Care Section of this report, care practice in the home has been inconsistent. Because the home has several specialisms, it needs a systematic way of ensuring that the right numbers of skilled and experienced staff are in place to meet people's assessed and changing needs. The Registered Person must put in place a system to keep staffing levels and the competency and experience of staff under review to meet the complex and changing level of residents' needs.

## Evidence:

The Registered Manager had put up notices stating that the current state of handover "is extremely poor and therefore potentially dangerous for the home". The notice asked staff to use handover sheets and to have a thorough handover from night staff. Staff told us that handovers comprise 10 minute 'goodwill' information sharing sessions. The home must review its handover system to improve communication about people's needs.

We looked at nine staff files and discussed the recruitment process with the manager and newly recruited staff. All pre employment checks had been completed prior to employment. Staff had completed application forms, references were taken up, Criminal Records Bureau, POVA First and ID checks were done. Nurses' registration had been checked online prior to staff starting work and the Registered Manager showed us evidence that random nursing registration checks completed.

The Registered Manager told us recruitment to the home had been difficult. The home has continued to recruit new staff as occupancy increased, including recruiting several newly qualified nurses. The home needs to find the right balance of skills and experience for the complexities of people's needs. This includes recruiting experienced staff with both physical and mental health caring experience. Where there have been staffing gaps, the home has had to rely on bank and agency staff. The home needs to attract and recruit staff who have the skills and experience to meet resident's complex needs and so that the home can live up to what it offers in its publicity.

We spoke to four new staff. They told us they had all had a three induction programme and induction checklists were on file.

The home has a training programme in place to meet people's needs. Core training has been provided, but there are some gaps, including medication training for some staff, and some evidence that training has been provided retrospectively, after concerns had become apparent. A requirement is given that all care staff receive core training relevant to their roles. A further requirement is given that the home provide dementia training that reflects best practice and training in the home's other specialisms.

## Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **poor** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Management in the home has been inconsistent and insufficiently robust.

There is a quality assurance system in place but this has failed to pick up or address practice and management issues.

Residents' finances need better protection.

Residents are generally protected by the home's health and safety systems but need better protection around fire safety.

Evidence:

Since it opened in November 2007, the home has struggled to achieve stable management and has had a significant turnover of managers. The Registered Manager, Alexis Wood, had been in the home for sixteen months but left during this inspection and resigned. The home has a Deputy Manager, and team leaders on each unit, but most of these staff are new to management and have moved up the ranks

## Evidence:

quickly in the last year as the home expanded its occupancy.

The Directors have now put an interim management structure in place in absence of a Registered Manager and has kept CQC fully updated on steps taken. There is a Clinical Development Nurse, who is acting up with support from another senior nurse, a nursing consultant and both company directors. The Director told us that the company are advertising for an new manager. The Directors have placed a voluntary embargo on admissions while reviewing the service. This inspection has identified systemic management failures and these must be addressed from a broad perspective.

Several other factors appear to have impacted on the quality of care and running of the home. These include the increase in the occupancy levels and the pressure to open new units, the complex needs of the residents, a high number of respite admissions and the need to recruit new, skilled staff to meet the home's objectives.

While reviews and investigations taking place at present have been focussed on the care of specific individuals, the home needs a full and thorough review of all aspects of the service, the quality of care, its aims and objectives, management and staffing, and an investigation into why the problems identified in this report have come about. This review should be comprehensive (not piecemeal) and independent. It should include an action plan. A copy must be provided to CQC. A requirement is made.

We discussed financial viability with the Director. He told that us the Magicare Limited had good support from the Directors' other businesses. The Registered Manager also told us that company had been "very generous" in supporting her financially to develop the home and had never refused any requests for money.

We inspected residents' finances, with the support of the Administrator at the home (also spoke to the Finance Director by telephone). At the last inspection, after the inspector identified concerns in relation to how two resident's finances were managed, a requirement was made that there is clear recording and risk management for residents' finances.

Staff were unable to say whether residents' finances had been reviewed since the last inspection, in line with previous requirement. The money of residents' who do not have their own account or nominated individual is pooled into a 'client current account'. Thirty six residents had their money held in this way. This is not in line with Care Standards Act 2000 and Regulations. The previous requirement is repeated and further requirement made.

## Evidence:

We looked at quality assurance procedures in the home. Regulation 26 visits had been carried out by an external consultant since 2009 and after that, by the Responsible Individual. The visits had included discussions with residents and staff, and reviews of all areas of care and management of the home. A residents' and relatives' survey was also carried out in December 2009 and the results analysed. This meets a requirement from the last inspection. While the Regulation 26 visits identified some areas for improvement and mentioned some incidents, the checks had not identified key areas of concern highlighted in this report and were insufficiently robust.

We saw the supervision records for staff. The frequency of supervision needs to improve. Supervision contracts were in place for staff but, with some exceptions, records were often unsystematic, supervision sessions poorly recorded and little evidence of follow up. Some records called supervision records were actually training records. Some staff and management we spoke to showed a poor understanding of supervision. There was no clear message that supervision is a development tool to improve poor practice. The records we saw did not demonstrate that staff had received supervision sessions that were clearly related to their roles and responsibilities. There was no evidence that staff who provide supervision have been trained to do so. Requirements are given.

The maintenance person showed us the health and safety certificates for the home. There were up to date certificates for electrical installation, portable appliance testing, gas safety, lifts, lifting equipment, hoists and bath chairs, water safety and boilers. The home has a waste service agreement in place and hazardous substances were safely stored. Water temperatures were well regulated.

We saw maintenance records of the nurse call system. The maintenance person told us that the system was functioning well but that some nurse call cords had needed replacing and were on order from the supplier. The accessibility of nurse call bells was checked at the random inspection in March 2010. Call bells were seen to be accessible. One resident has been provided with an alternative bell system, to minimise risks specific to that resident.

We saw the fire records. Fire alarms, fire equipment, smoke alarms and emergency lighting checks were up to date annual checks. Regular weekly fire alarms tests were done and the home has designated fire trained marshalls. However, we did not see evidence that all staff had had fire training and a requirement is given.

We saw the home's fire risk assessment and evacuation plan. There was clear information displayed on each unit about residents' mobility needs in the case of a

Evidence:

fire. The maintenance person told us that fire drills have taken place and described the process. However, we did not see any written evidence of full fire drills nor information about lessons learnt from these drills. This is a big home spread over four floors, all of which are now operational. Residents have complex physical and sensory needs. All staff must be trained to deal with the risk of fire and practise what they would do in the case of a fire in the home. Requirements are given that all staff are trained in fire procedures and that at least four documented fire drills take place each year.

Accident recording policies and procedures are in place. We saw accident records, and incident and Regulation 37 reports to CQC. Recorded incidents consisted mainly of falls and incident between residents. Regulation 37 reports were usually provided to CQC in a timely manner but there were some gaps in notifications about serious matters in the home, for example, when staff were suspended for investigations into conduct. A requirement is given that CQC is informed of all matters covered by Regulation 37.

Are there any outstanding requirements from the last inspection?

Yes



No



## Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
1	35	13	<p>The registered person must ensure there is a clear record for each resident of how they manage their personal finances and that where support is needed systems must be in place that have been agreed with the most appropriate care professional. Any risk management issues must be discussed with care professionals as needed and a plan agreed.</p> <p>This requirement is repeated. Previous due date 01/05/2009</p> <p>This is to ensure that residents at the home are protected from possible financial abuse</p>	27/08/2010

## Requirements and recommendations from this inspection:

### Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

### Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	1	4	<p>The Registered Person must ensure that clear information is available on the provision of respite care and how people's needs will be met. There should be clear protocol for respite admissions.</p> <p>Prospective residents need information prior to moving into the home.</p>	02/07/2010
2	3	4	<p>The Registered Manager must ensure that the provision of respite care is reviewed to ensure that the home has the capacity to meet all residents' needs.</p> <p>Residents need to be confident that the home can meet their needs.</p>	02/07/2010
3	3	4	<p>The Registered Person must ensure that the needs of people coming into the home on a short term basis are properly assessed.</p>	02/07/2010

## Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
			All prospective residents must have their needs fully assessed so that they can be confident that the home can meet these needs.	
4	7	12	The Registered Person must ensure that care plans are up to date, comprehensive and reflect people's needs.  Residents' needs must be met	02/07/2010
5	8	12	The Registered Person must undertake a complete review of how it meets the food and drink needs of residents. The review should include a clear actions plan for improvement. This should form part of a wider review of the care and management of the home, detailed in the Management section of this report.  Residents' basic need must be met	14/06/2010
6	8	24	The Registered Person must undertake a complete review of how it meets the food and drink needs of residents. This should broadly cover any factors that could impact on meeting people's needs and include a clear action plan for	02/07/2010

## Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
			<p>improvement. This review should form of an wider review of care in the home. A copy must be provided to CQC.</p> <p>Residents' basic needs must be met</p>	
7	9	13	<p>The Registered Person must ensure that a system of robust auditing of medication is consistently and regularly undertaken.</p> <p>To provide evidence of safe administration of medication.</p>	14/06/2010
8	9	13	<p>The Registered Person must ensure that all staff involved in the handling and management of medication within the home are trained in and adequately inducted into the revised medication policy and procedures.</p> <p>To ensure that there are safe systems for managing medication in the home.</p>	14/06/2010
9	9	13	<p>The Registered Person must ensure the home's medicines policy adequately details procedures to provide staff with sufficient guidance on all aspects related to the handling and management of service</p>	14/06/2010

## Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
			<p>users medications, such as ordering medications and the management of anticoagulant therapy within the service. Statutory Enforcement action is being taken.</p> <p>To maintain the health of the residents.</p>	
10	9	13	<p>The Registered Person must ensure there is an efficient ordering and receipt of medication system in place so as to ensure service users prescribed treatments are consistently available to them. Statutory Enforcement action is being taken.</p> <p>To maintain the health of the residents.</p>	12/05/2010
11	9	13	<p>The Registered Person must ensure that a system of robust auditing of medication is consistently and regularly undertaken. Statutory Enforcement action is being taken.</p> <p>To provide evidence of safe administration of medication.</p>	12/05/2010
12	9	13	<p>The Registered Person must ensure that the service provides evidence of the</p>	12/05/2010

## Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
			<p>proper and safe disposal of medicines. Statutory Enforcement action is being taken.</p> <p>To maintain an audit trail for medication and provide evidence of safe management.</p>	
13	9	13	<p>The Registered Person must ensure the dates of opening are written on food items like calogen. The minimum and maximum temperature of the medicines fridge in the residential unit must be recorded in addition to the actual temperature. Statutory Enforcement action is being taken.</p> <p>To ensure that medication and foodstuffs are kept at the right temperature for the right time to maintain potency and reduce the risk of infection.</p>	12/05/2010
14	9	13	<p>The Registered Person must ensure the provision of lancets for professional use when taking blood samples to test blood glucose to avoid putting service users at risk of blood borne infection. Statutory Enforcement action is being taken.</p>	12/05/2010

## Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
			To prevent cross infection blood borne diseases.	
15	9	13	<p>The Registered Person must ensure that accurate records of controlled drugs are properly maintained. Balances must correlate with records of administration. There must be no defacing or over writing on the register and any errors must be properly accounted for. Statutory Enforcement action is being taken.</p> <p>To comply with legislation under the Misuse of Drugs Act.</p>	12/05/2010
16	9	13	<p>The Registered Person must ensure the records for the handling and management of medications be properly maintained and securely held. MAR must record the start date of a medication, the allergy status of service users, the actual dose of a medication administered when variable doses are prescribed, and the correct endorsement when a medication is not administered with an explanation of its omission. Statutory Enforcement action is being</p>	12/05/2010

## Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
			<p>taken.</p> <p>To provide evidence of accurate administration of medication.</p>	
17	9	13	<p>The Registered Person must ensure medication is administered as prescribed. Statutory Enforcement action is being taken.</p> <p>To ensure the health and wellbeing of the residents.</p>	12/05/2010
18	16	17	<p>The Registered Manager must ensure that all complaints are acknowledged, investigated, outcomes and actions taken communicated and recorded.</p> <p>Complaints policies and procedures must be adhered to.</p>	02/07/2010
19	18	18	<p>The Registered Manager must ensure that all staff receive advanced safeguarding training so they understand the links between safeguarding and good care practice.</p> <p>Residents need to be protected from poor care practice.</p>	31/08/2010

## Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
20	27	18	<p>The Registered Person must review its handover system to improve communication about people's needs.</p> <p>Staffing need sufficient time to communicate about residents' needs.</p>	02/07/2010
21	27	18	<p>The Registered Person must put in place a system to keep staffing levels and the competency and experience of staff under review to meet the complex and changing level of residents' needs.</p> <p>Suitably qualified, competent and experienced staff in sufficient numbers must be working in the home at all times.</p>	30/06/2010
22	30	18	<p>The Registered Person must ensure that care staff are trained in best practice dementia care.</p> <p>Staff must be trained and competent to do their jobs.</p>	31/08/2010
23	30	18	<p>The Registered Person must ensure that all care staff receive core training relevant to their roles.</p> <p>Staff must be trained and competent to do their jobs.</p>	31/08/2010

## Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
24	30	18	<p>The Registered Person must ensure that staff receive ongoing training in the areas of specialist care that the home offers.</p> <p>Staff need to keep up to date with care practice.</p>	31/08/2010
25	33	24	<p>The Registered Person must commission a full and thorough review of all aspects of the service, the quality of care, the home's aims and objectives, management and staffing, and an investigation into why the problems identified in this report have come about. This review should be comprehensive (not piecemeal) and independent. It should include an action plan. A copy must be provided to CQC.</p> <p>The home should review the quality of care and the running of the home to improve practice and management.</p>	27/08/2010
26	35	13	<p>The Registered Person should ensure that residents who are unable to manage their money or do not have a nominated person, should have their own accounts.</p>	27/08/2010

## Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
			Residents' money should be protected.	
27	36	18	<p>The Registered Person must ensure that all staff, including management staff, receive regular, comprehensive, individual supervision. This should be properly recorded.</p> <p>The management and practice of supervision helps to improve people's care and staff and supported.</p>	02/07/2010
28	36	18	<p>The Registered Person must ensure that staff who provide supervision must be trained to do so.</p> <p>The management and understanding of supervision helps to improve the resident's care.</p>	02/07/2010
29	37	37	<p>The Registered Person must ensure that CQC is kept informed of all matters covered by Regulation 37.</p> <p>The home must notify CQC of all serious matters affecting the home.</p>	31/05/2010
30	38	23	<p>The Registered Person must ensure that at least four fire drills per year are undertaken and recorded and actions arising from the</p>	31/05/2010

## Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
			drills are noted and addressed.  The home must ensure that people working and, where far as practicable, people living in the home have the opportunity to become familiar with fire procedures.	
31	38	23	The Registered Person must ensure that all staff are trained in fire procedures.  The home must ensure the safety of people in the home in the case of fire.	31/05/2010

## Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	12	It is recommended that the home keep under review activities in the home to ensure they continue to meet residents' needs, particularly the needs of people with dementia and cognitive impairment.
2	26	That the home reviews its system of identifying peoples clothing to ensure that clothes are properly returned to their correct owners.

## Helpline:

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