



Making Social Care  
Better for People

Inspecting for better lives

# Key inspection report

## Care homes for adults (18-65 years)

<b>Name:</b>	Linby Drive
<b>Address:</b>	14 Linby Drive Strelley Nottingham NG8 6QH

**The quality rating for this care home is:**

one star adequate service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

<b>Lead inspector:</b>	<b>Date:</b>
Lynda Dyer	1 0 0 6 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. 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

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) 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)

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

Our duty to regulate social care services is set out in the Care Standards Act 2000.

## Reader Information

Document Purpose	Inspection report
Author	CSCI
Audience	General public
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Internet address	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>

## Information about the care home

Name of care home:	Linby Drive
Address:	14 Linby Drive Strelley Nottingham NG8 6QH
Telephone number:	01159764652
Fax number:	01773765915
Email address:	wesleyw@norsaca.org.uk
Provider web address:	

Name of registered provider(s):	Nottingham Regional Society for Adults and Children with Autism
Type of registration:	care home
Number of places registered:	8

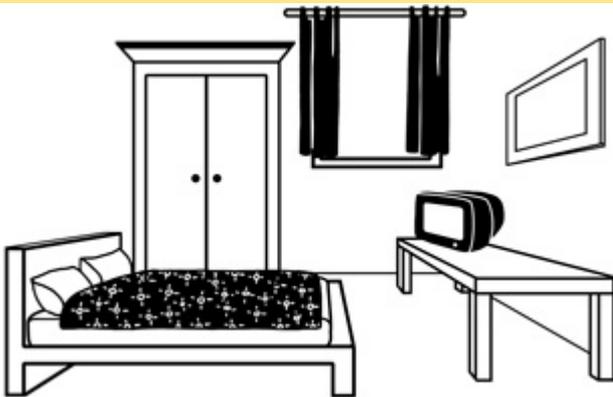
Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	8	0
Additional conditions:		
The maximum number of service users who can be accommodated is: 8		
The registered provider may provide the following category of service only: Care Home only - Code PC To service users of the following gender: Either Whose primary care needs on admission to the home fall within the following category: Learning Disability - Code LD.		

Date of last inspection	2	6	0	6	2	0	0	8
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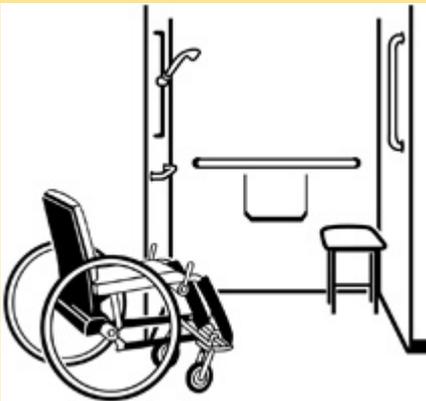


## A bit about the care home

Linby Road is a care home and 8 people can live there.



Everyone has their own bedroom.



There are toilets that can be used by people who use a wheelchair.

There are four bathrooms with either a bath or a shower.



There is a lounge and a sensory room where people can sit and relax.

There is a garden and people can use this to sit in or to do some gardening.



A camera system is used outside the home to help keep people safe.

It costs £1200 a week to live in Linby Drive and there is £12.80 per hour extra to pay for any one to one time with staff.

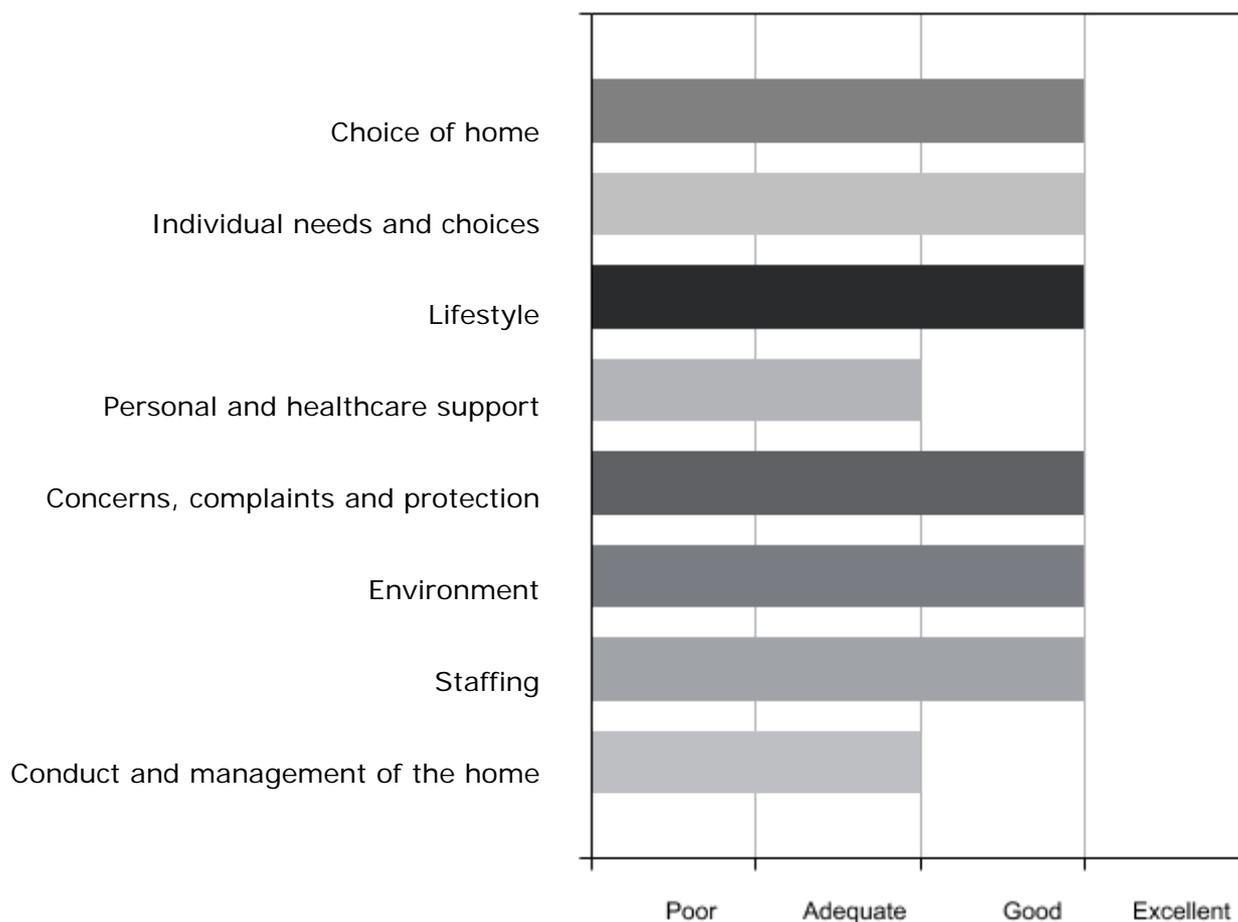
## Summary

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

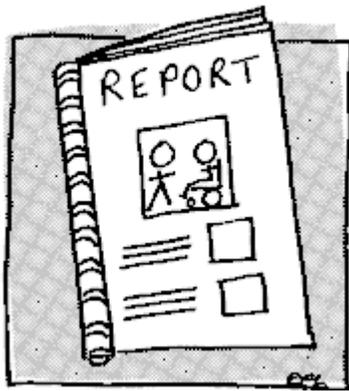
The quality rating for this care home is:

one star adequate service

### Our judgement for each outcome:

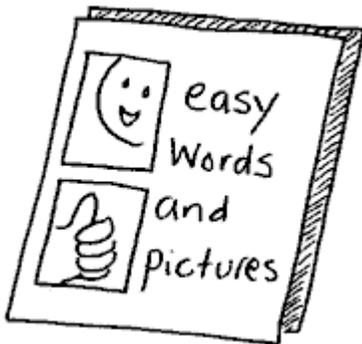


## How we did our inspection:



### **This is what the inspector did when they were at the care home**

The manager was there when we visited. He gave us lots of information and he and the staff were very helpful.



We sent out a survey to people that live in the home, staff that work there and people that visit.

8 people filled in the surveys and sent them back to us.

We also asked the manager to fill out a form for us. We call this an Annual Quality Assurance Assessment (AQAA).

All of this helped us to plan what we needed to look at when we inspected the home.



We looked at the care plan of two people that live in the home. We looked at records that were kept in the home, which included staff records and health and safety records.



Because people living in the home on the day of the inspection had some communication difficulties, we looked at the way staff supported them through the day.

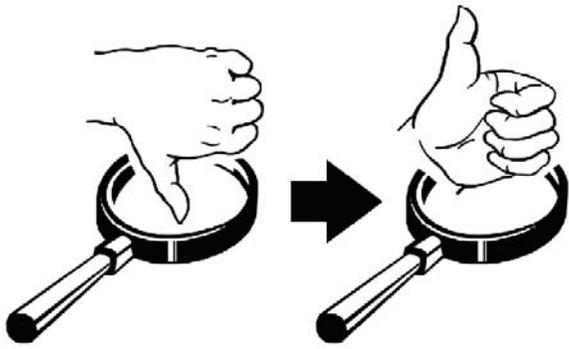
We also spoke with three staff that work in the home.



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

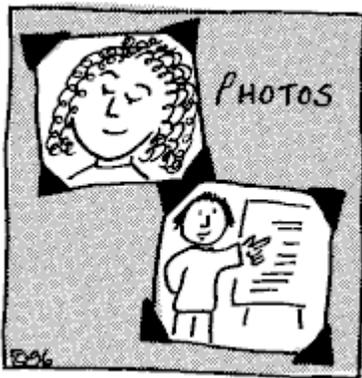
People's needs are assessed before they move into the home. This means staff will know how to support them.

People living in the home have things to do in the morning and the afternoon. This is called 'Day services'.

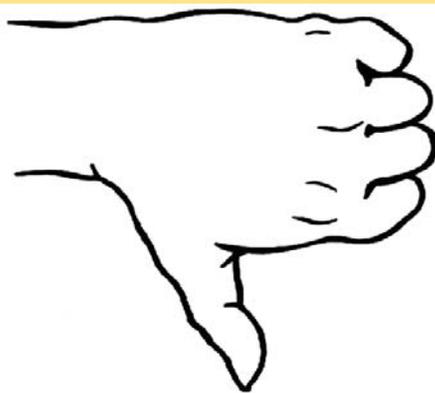


### **What has got better from the last inspection**

The home always has a member of staff awake during the night as well as one who is sleeping.



The staff are working with a team to put more signs in place that will help people living in the home to do more for themselves and to have more choice.



### **What the care home could do better**

Medication systems must be improved.



The heating system is not working properly and must be fixed.



**If you want to read the full report of our inspection please ask the person in charge of the care home**

**If you want to speak to the inspector please contact**

Lynda Dyer  
Care Quality Commission  
CPC1 Capital park  
Fulbourne  
Cambridge  
01223 771 300

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 set out 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

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## 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, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. 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 the person 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 **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People's needs are properly assessed before admission to ensure that people's needs can be met in the home.

Evidence:

The manager told us in the home's Annual Quality Assurance Assessment (AQAA) that the home carries out an Initial assessment prior to placement and that pre-placement visits are carried out.

We viewed the care plans of two people living in the home and they both contained a full assessment of their needs which was completed prior to admission.

We received two surveys back from health professionals and they both said that the home's assessment arrangements always ensured that accurate information was gathered and that the right service was planned for people.

The care plans we viewed contained well documented support plans around the person moving into the home.

## Individual needs and choices

**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 needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

**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.

Staff members have a good understanding of peoples needs, and care records show how people are supported to live, as they would like.

### Evidence:

The manager told us in the home's Annual Quality Assurance Assessment (AQAA) that there are recorded risk assessments reflecting the range of dangers which the service users could be exposed to and ways of minimising these risks. They also said that the home records service user preferences in individual care plans, which indicates that service users are being treated as individuals.

We viewed the care plans of two people living in the home and they both contained risk assessments around the different areas of risk to that person. The assessments then led to a care plan around each area of risk and this gave staff clear and current information on how manage the risk.

The care plan had been informed by the assessment that had been carried out prior to admission. The plan included a range of information about the individual including the personal, social and health support the person needed.

**Evidence:**

Due to communication difficulties the people living in the home at the time of the inspection needed assistance in making some decisions. We spoke with two members of staff about how they supported people with making some of the decisions about their daily life and they gave a good account of how they would give people support to do this.

Care plans contained evidence of annual reviews carried out by a multi-disciplinary team and included a representative of the person living in the home.

We received two surveys back from relatives of people living in the home and they both told us that the home always or usually supported their relative to live the life they chose.

## Lifestyle

**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 can take part in activities that are appropriate to their age and culture and 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 and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

**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. Social activities provide stimulation and people are supported to maintain social contacts.

### Evidence:

The manager told us in the homes Annual Quality Assurance Assessment (AQAA) that service users are supported to take part in valued and fulfilling activities which are appropriate to their needs.

The home has a structured activity and daily living plan in place for each person and this called 'Day services'. This involves each person having an activity planned for each morning and afternoon. Activities include independent living skills, swimming, gardening, walking and arts and crafts. The main corridor in the home has a large notice board which uses photographs to show what each person will be doing that day and what staff will be supporting them. This is mirrored in the persons care plan.

We were told by staff that there is one person that attends a day centre but there are not currently any people living in the home that are able to attend any work based

## Evidence:

activities. They said that one person living in the home may be able to do this in the future and this would be supported by staff.

One relative said, "There are lots of outings and activities to keep my relative occupied". Another said, "The home keeps me informed of my relative's progress on a daily basis."

A member of staff told us, "The home provides a wide range of activities throughout the week for most service users"

We saw evidence in care plans of people living in the home being supported to go and stay with their family. However information about family support was not included in one of the care plans we viewed.

On the day of the inspection we observed lunch, which was prepared and served by the cook. Staff sat and ate their lunch with people living in the home, giving discreet assistance when required.

There was a choice of meal and this was displayed on the menu in the dining room along with pictures of meals for people to be supported to choose what they wanted. A member of staff showed us a system that is in the process of being introduced. This involves people living in the home being given pictures of different items of food and supported to arrange the items on a drawing of a plate using a velcro fastener. The staff member explained that this will give people the opportunity to choose everything they have on their plate each mealtime.

One person living in the home has cultural needs around meals and staff told us how they supported this and we saw evidence of this documented in their care plan.

We observed some people living in the home gaining access to their rooms via a keypad system and staff told us how they respected people having time to themselves in their bedrooms.

## Personal and healthcare support

**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 receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people 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.

If people are approaching the end of their life, the care home will respect their choices and help them to 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 **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People living at the home are having their personal care and health needs met. However, some medication practices could pose risks to health and wellbeing.

Evidence:

The manager told us in the homes Annual Quality Assurance Assessment (AQAA) that Service user's needs are well addressed and that staff receive training on medication. They also told us that Person centred communication aids have been developed with input from speech and language and staff members.

We spoke with staff regarding the needs of people living in the home and they were able to describe individual needs and how they were met.

The home has been working with the Speech and Language Therapist (SALT) to formulate new ways of communicating with people living in the home through picture formats. This is still in it's early stages but the staff have all received training in using sign language and there are a variety of visual aids around the home. This will assist staff in communicating with people living in the home, who all have communication difficulties.

When we asked what the service does well, a member of staff told us, "It provides good quality personal care." Another member of staff said, "The home liaises with

Evidence:

other professionals like doctors and speech and language therapists to give service users the health care they need."

A health professional that visits the home told us, "The service meets the service user's complex individual needs."

People have access to health care services both within the home and in the local community. Health needs are monitored well by staff and appropriate action and intervention taken.

Staff have received training in areas of health care and medication procedures.

We observed two members of staff administering medication to people living in the home and they followed the required guidelines.

We looked at the medication procedures in the home and we saw that one of the storage areas was regularly exceeding the minimum recommended temperature. This storage area poses a risk to the medicines held in the home.

Some liquid medicines had not been dated when they had been opened to ensure that medicines did not exceed their shelf life.

We looked at the Medication Administration Record (MAR) chart for people living in the home and we found that sometimes staff were not signing or witnessing handwritten entries.

The home does not have a controlled medication storage unit and we discussed this with the manager who told us that the home has never had and does not intend to have any controlled medication.

The misuse of drugs regulations states that controlled drugs kept in a care home must be kept in a cabinet which meets the requirements of the misuse of drugs regulations 1973. If any person in the home is prescribed controlled medicines in the future then the home would be in breach of these regulations.

## Concerns, 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. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

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.

People living in the home are safeguarded from abuse and people are given information on how to make a complaint.

Evidence:

The manager told us in the homes Annual Quality Assurance Assessment (AQAA) that they listen to any concerns raised by individuals and record concerns and complaints in line with company policy. They also told us that the homes complaints procedure is displayed and includes a picture format of the homes complaint procedure.

The commission has not received any complaints about the service in the last twelve months and the manager told us on the day of the inspection that the home has not received any complaints in the last twelve months.

On the day of the inspection we viewed the complaints procedure, which was on display in an easy read picture format.

The home has the current local safeguarding procedures and they have used them once in the last twelve months to make a safeguarding referral following an incident with one of the people living in the home. This was well documented with a clear audit trail of the action the home had taken as a result of the incident. However the homes internal safeguarding policy does not mirror the information in the current local safeguarding procedures and this could be misleading to staff.

We spoke with two staff working in the home and they had both received training in responding to abuse. They had not received training in how to use the local

**Evidence:**

safeguarding referral procedures.

We viewed the staff files of three members of staff and all three had received recent training in responding to abuse.

Some people at the home have challenging behaviour and this brings incidents that staff need to respond to with regards to protecting people from self harm and from the potential to harm others. We found that staff were trained in dealing with challenging behaviour and care plans contained Individual reactive strategies to give staff information on the individuals needs and how staff should manage their behaviour.

We received two surveys from relatives and they both said that they knew how to make a complaint and if they had raised concerns, the home had always responded appropriately.

We received 5 surveys from staff and they all said that they knew what to do if someone raised a concern with them.

## 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, comfortable, 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. People have enough privacy when using toilets and bathrooms.

**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 clean and provides a safe environment, giving people a pleasant place to live. However one area of the home has some odour issues.

Evidence:

The manager told us in the homes Annual Quality Assurance Assessment (AQAA) that the home is well maintained to a good standard and that service users bedrooms reflect individual tastes and needs.

We had a tour of the home including the bedrooms of three people living in the home. The areas we viewed were well maintained, clean and homely. Bedrooms were tailored to the individuals needs and some were personalised with the individual's possessions, unless behaviour prevented this.

An area on the first floor had an unpleasant odour and the manager said that there were plans for the carpet in this area to be removed and flooring more suited to the environment put in it's place.

The home has a lounge and a sensory room which both have patio doors which give access to the garden. The garden has raised flower beds, which are planted and tended by the people living in the home and there is also BBQ and seating area.

The staff at the home have been working with the Speech and Language Therapist to produce and implement pictures around the home which give step by step easy read

**Evidence:**

guidance for people who live in the home on activities such as using the toilet and washing their hands. There are picture signs all around the home to assist people with communication.

The sensory room has a range of sensory equipment as well as storage for the homes arts, crafts and games. We saw people living in the home using this room frequently to access the garden or to collect items of interest.

On the day of the inspection it was a warm day and despite it being warm in the home, the central heating was on and the radiators were emitting heat. We spoke with the manager about this and he told us that there was a maintenance problem with the heating system and that he was aware that this needed addressing.

Staff we spoke with told us that there was always a good stock of protective clothing. We viewed the laundry and found it to be well organised with the home following a colour coded system to prevent the possible spread of infection.

We could not find any evidence that the staff were trained to follow infection control procedures and the manager said that this was training that NORSACA was currently sourcing.

## 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, qualified 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. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

**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 operates a safe staff recruitment process and staff are trained effectively in supporting people living there.

Evidence:

The manager told us in the homes Annual Quality Assurance Assessment (AQAA) that the home has in house trainers throughout the organisation and a recruitment policy which includes service views. They also said that there are regular supervision sessions and meetings held with staff.

One member of staff told us, "Training is very comprehensive, covering all areas of autism and more." Another member of staff said, "The staff team are flexible, friendly and work well as a team which has a positive effect on the care given and the service users." Another comment from staff was, "It is a joy to come to work".

We received comments from health professionals that visit the home and they said things like, "The staff prepare well for annual reviews and give well evidenced feedback" and "Staff are helpful, approachable and are willing to attend consultation and reviews, even when off duty, to ensure continuity for service users."

We viewed the files of three members of staff and they all contained the required documentation of recruitment checks made prior to commencing employment at the

Evidence:

home.

NORSACA have a training matrix at head office and they feed the information to the manager on what training staff are to attend for the year. We looked at the training completed and planned and it was clear that staff were attending regular training and refresher updates.

On the day of the inspection there were five staff and the manager on duty to provide care for five people living in the home. The manager said that the home now has one member of staff awake every night and one asleep, to ensure people's needs can be met during the night.

We spoke with staff and received surveys back from staff and they told us that there was always or usually enough staff on duty to meet the needs of the people living in the home. They also told us that they received regular supervision to discuss how they were working.

One relative said, "We are pleased with Linby Drive and all the staff who do a wonderful job".

## Conduct and management of the 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 have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because 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. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

**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.

The home is run in the best interests of the people living there and the manager is supportive to the staff team. However there are minimal methods of measuring and developing the quality of care received by people living in the home.

Evidence:

The manager told us in the homes Annual Quality Assurance Assessment (AQAA) that the registered Manager has thirteen years experience in care and holds the required qualifications needed for the registered managers post.

We told the manager at the last inspection that the information he provided in the Annual Quality Assurance Assessment (AQAA) was very brief and asked that he improve this for the next inspection. However the AQAA we received for this inspection was also very brief and did not tell us everything we needed to know to plan the inspection. There were areas where more supporting evidence would have been useful to illustrate what the service has done in the last year and how it is planning to improve.

We also recommended at the last inspection that the manager introduce a management system to monitor the medication systems in the home. This was not completed by the manager and there were further gaps in the safety of medication

Evidence:

found on this inspection.

The NORSACA area manager is responsible for visiting the home on a regular basis and compiling a report on the findings. These reports were viewed and were very well documented with written reports on various activities and tasks within the home.

Due to the communication difficulties of people currently living in the home, it is difficult to get their views on the quality of care provided by the home. The home does not have a system for gaining feedback from people's relatives or advocate on their views of the quality of care provided.

The manager ensures there are systems in place for safe working practices including training staff in moving and handling techniques and fire safety.

Comments from staff included, "The unit manager and team leaders are always willing to give their support, not only with work issues but with personal problems too." "The manager and team motivate the staff at all times with regular team meetings for discussion on issues arising."

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

## 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	Description	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	Description	Timescale for action
3	20	13	Handwritten entries on the medication administration records must be signed by staff and witnessed with a further signature.  This will minimise the risk of error.	13/07/2009
4	20	13	Medication must be stored within the temperature range recommended by the manufacturer.  To ensure the quality of medicines in use and protect people from harm.	01/09/2009
5	23	13	Senior care staff must be trained in how to use the current local safeguarding referral procedures.  This will further promote the safety and protection of	01/10/2009

## 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	Description	Timescale for action
			people living in the home.	
6	24	23	The problem with the heating system must be addressed and rectified.  To ensure the wellbeing of people living in the home.	05/08/2009
7	30	13	All staff must be trained in infection control procedures.  To ensure people in the home are protected from the risk of the spread of infection.	01/10/2009
8	39	24	People who live in the home and/or their representative must be consulted at least annually about the quality of care provided at the home and records kept of this.  This will ensure people living in the home and/or their representative will have their views included in the way the home is run.	02/11/2009

## 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	6	The opening document in the care plan which gives a snapshot of the person living in the home could include more information such as their life history and their likes and dislikes.

## 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
2	15	Ensure information about family support is included in all care plans.
3	20	Medicines that are stored in bottles and boxes should be dated when opened.
4	23	The internal policy kept in the home regarding safeguarding people should mirror the information in the current local safeguarding procedures.
5	24	As discussed the identified shower room should be re-decorated to cover the markings of the fittings which have been removed.
6	30	Put in place a cleaning schedule for the carpet on the first floor to try to extinguish the unpleasant odour.

**Helpline:**

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