



Making Social Care  
Better for People

Inspecting for better lives

# Key inspection report

## Care homes for older people

<b>Name:</b>	Somerville House
<b>Address:</b>	Somerville House Somerville Road Willand Cullompton Devon EX15 2PP

The quality rating for this care home is:

three star excellent 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>
Louise Delacroix	1 2 0 3 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 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)

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- 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

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## Information about the care home

Name of care home:	Somerville House
Address:	Somerville Road Somerville House Willand Cullompton Devon EX15 2PP
Telephone number:	01884820811
Fax number:	
Email address:	grahamk@graysar-associates.co.uk
Provider web address:	

Name of registered provider(s):	Graysar Associates Limited
Name of registered manager (if applicable)	
Mrs Sarah Gwenllian Kingdon	
Type of registration:	care home
Number of places registered:	28

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	28

Additional conditions:		
The maximum number of service users who can be accommodated is 28.		
The registered person may provide the following category of service only: Care home providing personal care only - Code PC to service users of either gender whose primary care needs on admission to the home are within the following category: Old age, not falling within any other category (Code OP)		

Date of last inspection								
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Brief description of the care home
Somerville House is a large detached, converted and extended property in a quiet residential area of Willand on the outskirts of Cullompton. To the rear of the property is an attractive garden, which has level access and a verandah. The home provides residential care and support for older people with accommodation on the ground and first floor. There is a through lift and stairlifts. Mr and Mrs Kingdon own the home, and

### Brief description of the care home

Mrs Kingdon is also the registered manager. The home's last inspection report is on display. The weekly fees are 480 pounds. This fee does not include hairdressing, chiropody or incontinence pads.

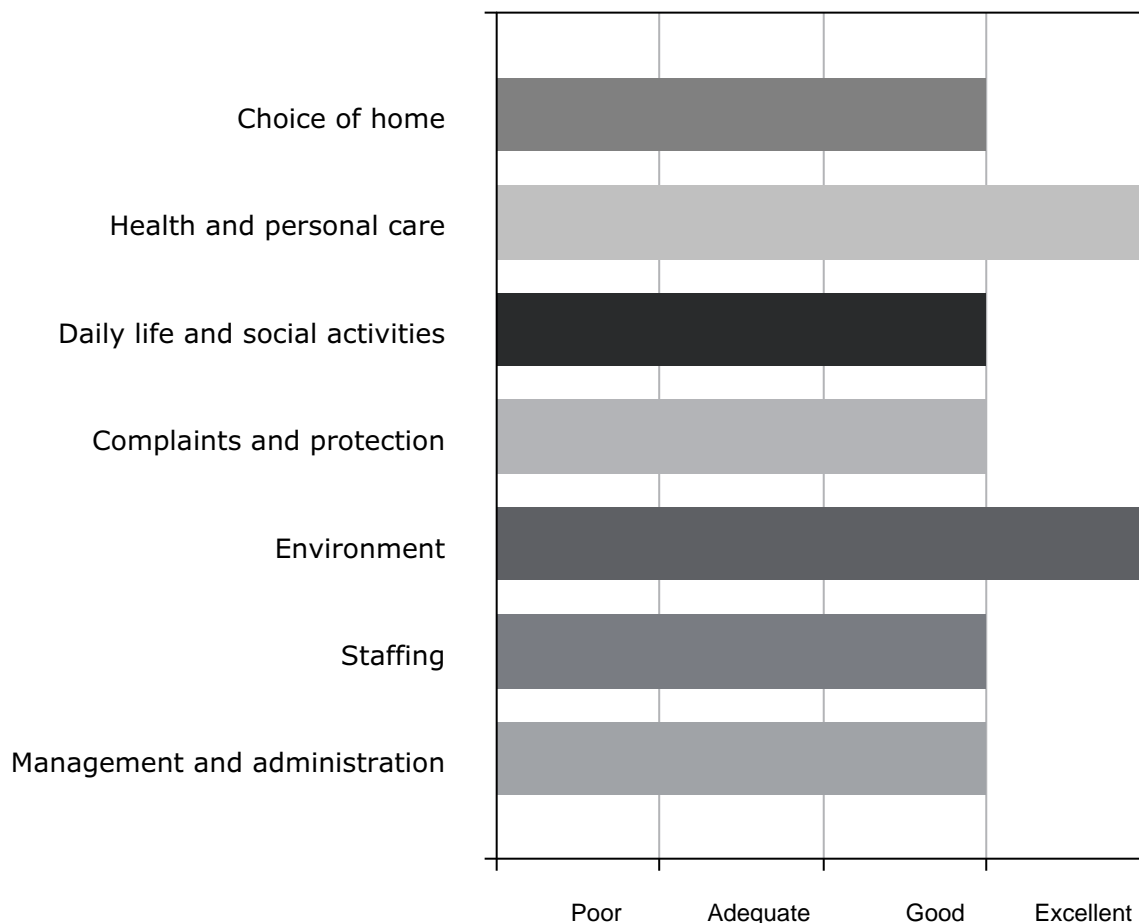
## Summary

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

The quality rating for this care home is:

three star excellent service

### Our judgement for each outcome:



### How we did our inspection:

The inspection took place over a day and was unannounced, lasting approximately eight hours. At the time of the inspection, there were twenty eight people living at the home.

People living, working and visiting the home contributed to the inspection. Prior to the inspection, surveys were sent out and the feedback we received has been incorporated into the report. The manager has also completed an Annual Quality Assurance Assessment (AQAA) before the inspection, which tells us about the service. During our inspection, we compare the information from the AQAA with the information we gather throughout the day.

As part of the inspection, we looked at care records, staffing records and observed how people were supported by staff. We also looked around the building and checked how people are kept safe, such as how medication is managed and how the building is maintained.

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

People who are planning to move into a care home are provided with information to help them make a decision to ensure that the home is right for them. The manager meets with them to answer questions, and to assess their care needs, to make sure they can meet them.

People living at the home have well written care plans, which they can contribute to, and are kept up to date. Health professionals working with the home have praised the standard of care, and health interventions are well documented, with medication generally well managed. People living at the home told us that they felt listened to by staff and that their requests are actioned, and that their privacy is respected.

There is a range of activities, including external entertainment, and strong links with the local community. People told us they feel welcomed when they visit. The quality of the food is good, with people being able to influence what is provided.

Concerns are recognised and handled well with staff being clear about their responsibilities to report poor practice and safeguard the people in their care from abuse.

The standard of the environment is excellent and well maintained and clean, which people told us was always the case.

People living at the home benefit from a well trained staff group, who have a range of experience. New staff are supported by a good standard of induction. The home has good recruitment processes to help ensure that staff are suited to work in a care setting.

The home is well run with a positive ethos and strong leadership, which promotes good communication. The management team recognise the importance of quality assurance, such as residents' meetings and staff meetings. People's personal allowances are managed appropriately.

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

On the last inspection, we did not make any requirements but we did make two recommendations to improve the standard of care plans and to provide suitable moving and handling equipment in the home. Both of these issues have been addressed.

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

No requirements were made as a result of this inspection. Instead, two recommendations have been made in two areas of medication management to improve the practice in this area. Recommendations are made to promote best practise.

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.csci.org.uk](http://www.csci.org.uk). You can get printed copies from [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.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 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 **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People considering moving to the home have their care needs assessed and receive written information about the service to help them make a decision about whether the home will suit them.

Evidence:

Fourteen people who live at the home responded to the CSCI survey and thirteen people told us they had received enough information about the home before they moved in to ensure it was the right place for them to live. Staff confirmed that information packs are sent out in response to people's enquiries, and the home's AQAA states that the service user guide and statement of purpose are made available during the preadmission process. Eight relatives told us that they had received enough information about the home, one said 'we received enough information to help us to decide that the home would be suitable'.

## Evidence:

We looked at the assessments that the home's management team had completed for people moving to the home, and from these we could see that people's health and social care needs are covered, although they would benefit from indicating who was involved in providing the information. Staff told us how they have been involved in these assessments, which take place in a variety of settings, including people's own homes or hospital.

People visiting the home told us in their surveys that the home either always or usually met the needs of their relatives, which shows that people's needs have been assessed correctly. One person said that their relative 'is very well cared for and is very happy in their environment'.

The home does not provide intermediate care.

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

Care plans support people's individual needs, while people's health needs are met to a high standard and medication is generally well managed. People are treated with dignity and their privacy is upheld.

Evidence:

The home's AQAA states that that care plans are comprehensive and relevant, and that people and their relatives are involved. We looked at a range of care plans and saw that they were detailed and appropriately completed, and people living at the home had signed the documents.

Improvements have been made since our last inspection so that people's faith or religious needs are recorded and how they will be met. The care plans are now supported by comprehensive and holistic monthly reviews, which show how people's needs are being met. People told us that they either always or usually received the care and support they needed. One person said 'couldn't be better'.

## Evidence:

Health professionals told us in their surveys that 'the comments I hear from residents are in praise of the service' and 'attentive, friendly, caring home and staff'. Visitors told us in their survey responses that their relatives were cared for as they would expect and met their individual needs. The style of the care plan forms also help support recognising people's diverse needs so that there is not assumption that people will be married or heterosexual. We discussed with the owners the information that is available from organisations, such as Age Concern, to support good practice in equality and diversity.

We looked to see how people's medical and health needs are supported. Care records show how changes in people's care needs are recognised and the outcome of intervention and care given recorded. Staff were able to talk to us about risks identified and how they were being addressed, which we saw during the day i.e. the provision of specialist cutlery and food prepared in an individual manner. Staff were positive about the range of equipment available to help people with mobility needs. Since the last inspection, the home has installed a user friendly passenger lift and there are several stair lifts, which have been installed to ensure that people still have room to walk up the stairs if they are able to.

The individual records show that people's health needs, including monitoring weight loss or gain, are well met with good links with health professionals. Discussion with staff provided us with strong examples of good care practices, and records show that there are regular keep fit sessions for those who wish to participate.

The owners have also ensured that the new layout of the building encourages people to use the accessible grounds and the layout of the corridors enables people to move about. There was also evidence of good practice relating to supporting people with their diabetes, which was confirmed by a specialist nurse in their survey.

People living at the home told us they received the medical support they needed and a relative commented that 'the medical attention is excellent'. We observed staff discussing pain relief with people and offering choice, as well as providing reassurance and information.

Five health professionals returned surveys to CSCI, they told us about the high quality care provided by the home, and made comments such as 'excellent care' and 'patients well cared for'. One person commented that 'the GP partners are appropriately contacted concerning clients' health needs' and a GP told us 'If I had to live in a residential home I would chose this home'. Another said the home 'impresses me with its atmosphere, the attention of the staff...and the manager's concern to meet the needs of individuals'.

## Evidence:

Medication is generally well managed with good record keeping, which two health care professionals confirmed in their surveys, although staff do not always double sign handwritten entries on the medication administration records, which is not best practice. Medication is stored safely, including controlled drugs and the medication trolley, although some medication that is no longer needed is still in the home, which needs to be rectified.

## 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 ethos of the home enables people living there to influence the service i.e. food and the activities they would like to participate in. People are able to maintain choice and control over their routines and the food they eat.

Evidence:

As part of the inspection, we looked to see how people are supported with their interests. The home has a board of photographs of recent social events, which show people living at the home looking relaxed and happy. We saw from the minutes of a residents' meeting that people are able to influence events and give feedback. We were told that themed food nights are popular, with the most recent being a Burns night complete with an appropriate menu. We saw that an activity poster is put up on a monthly basis detailing upcoming events.

On the day of the inspection, people were either watching television, talking among themselves or asleep. A few people were involved in needlework, which they said to staff they had always had an interest in and a number of people were in their own rooms, which we saw as we walked around the building. One person told us this was their choice when we asked. A visitor commented in their survey that their relative



## Evidence:

'sees the home as a holiday' and that the home fulfils their relative's desire to be 'looked after'. Twelve people told us in their surveys that there was always or usually activities that they can take part in, and two people said this was sometimes the case, with one person commenting that there could be more outings. Records are kept as to who attended each social event, which is reflected in monthly reviews, this helps monitor if people's social needs are being met.

We met with relatives on the day of the inspection who told us they always felt welcomed by staff whenever they visited. This was echoed by other relatives in their surveys and written comments with one person saying 'whenever we came unexpectedly we were always made welcome'. Another person said that they appreciated the feedback from staff as their relative had difficulty communicating. All the relatives in their surveys told us they were kept up to date with important information. We heard people being reminded about their personal plans and being supported to keep in touch with people outside of the home. A relative said 'the home encourages residents to have an independent life as much as they can'.

The home's AQAA says that there are no restrictions to visiting time, which relatives confirmed. We saw plenty of examples of the home being in contact with the local community from activity records, minutes from staff and relatives' feedback and photos. For example, church events and access to local social clubs and churches. The home holds regular events such as a summer garden party to which the community is invited to attend, and there is a group called 'Friends of Somerville House'.

We saw numerous examples of choice being promoted by staff during the day, many of these were related to day to day tasks, such as offering a choice of drink or discussing the menu to ensure that people could make an informed choice i.e. describing how a pizza is made and checking that the person liked all the ingredients. We saw people making decisions about where they sat, where in the home they ate their meal and how they spent the day.

Feedback from fourteen people living at the home was positive about the food served, with one person saying 'we have lovely food here', although one person would like more choice and another more choice of puddings. A relative said the 'food is good'. We heard how alternatives were offered and saw how people are informed of the choices available.

On the day of the inspection, we saw people eating alternative dishes from the main course. Staff could give us examples of likes and dislikes of the people living at the home, and how the menu had been adapted to reflect people's requests e.g. bacon sandwiches. From our discussions with staff, and from the minutes of residents and

Evidence:

staff meetings, we could see that the home strives to meet people's individual preferences and specialist diets.

We saw that the meal was served in a calm manner and that people were not rushed, which one person told us they appreciated. A few people in their surveys said they wished meals could be served quicker and there were a few comments on the day of the inspection about the length of time it took to serve the meal. The owners told us that steps had been taken to rectify this but that sometimes people came in too early before less mobile people were seated.

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

People know how to make a complaint and feel listened to. They can be confident that their well being will be safeguarded by knowledgeable staff.

Evidence:

Neither the owners nor CSCI have received a complaint about the home in the last twelve months. This was confirmed in feedback from the surveys that we received. In the home's AQAA, it is written that people are informed of the complaints procedure when they move to the home. The complaints procedure is clearly displayed. People living at and visiting the home told us they know who to speak to if they have a concern. People living and visiting the home told us they feel listened to and have had any concerns responded to appropriately. We saw this confirmed from an issue relating to laundry.

During the inspection, staff demonstrated their understanding of their role to report poor practice in line with safeguarding vulnerable adults. Written records show that training in this subject has been provided to staff.

## 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 **excellent** 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 provided with an excellent environment, which is well maintained and clean.

Evidence:

Since the last inspection, the home has undergone significant changes to the benefit of people living there. There has been additional rooms added to the building that are bright and well designed. All the rooms that we visited have attractive outlooks either out onto the grounds and gardens, or a courtyard with palms. The layout of the lounge has been well thought out and includes low tables and a range of lights, although one person commented in the home's suggestion book that lighting could be increased.

The layout of the building means that people can walk a circular route inside. Whilst the garden is private and well managed. It is easily accessible with a verandah and garden furniture so that people can enjoy the garden in comfort. There has also been significant investment into facilities to support the running of the home, such as a well equipped kitchen and a new sluice area, plus a staff area.

The owners have invested in a heating system, which they said in the home's AQAA 'provides a level of comfort and safety not possible with conventional radiators'. As we toured the building with the owners, it was clear how much thought they had put into

## Evidence:

the design to make it attractive and accessible, including sun spots to increase the lighting in the dining room.

On the day of the inspection, one person was feeling unwell and we saw staff reassuring them. However, in the afternoon staff were busy elsewhere with someone else who was being cared for in their room, and there were several occasions when two other people living at the home had to go and find staff. This caused some tension, which could have been prevented if the person who was feeling unwell had access to a portable call bell. We saw a call bell on the wall near to the lounge, which we were told could be used as a portable system.

Everyone visiting or living at the home told us that the home was kept fresh and clean, which was certainly the case the day we visited. We saw from the minutes of staff meetings, both for day and night staff, that good infection control is being promoted by the management team. The home has had an outbreak of diarrhoea and vomiting in Autumn 2008, and the manager contacted the correct agencies. She told she has also attended an update in infection control run by the Health Protection Agency. We saw that staff had access to and used protective clothing to help prevent cross infection.

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

The home promotes staff training and good practice within staff recruitment helps maintain people's safety and well-being.

Evidence:

On the day of the inspection, there were appropriate care staffing levels, including senior staff and the deputy manager, who were supported by domestic staff. The manager was also on site. Staffing levels have increased since the increase in the home's registration numbers i.e. two waking night staff and the deputy manager who lives on site and is on call. People living and visiting the home told us that staff are attentive and that staff are either 'always' or 'usually' available. A visitor commented that staff will spend one to one time with their relative if they are feeling low. Relatives made comments about staff such as 'very caring', 'very cheerful, kind and caring' and having 'kindness, patience and total care'. Praise also included the comment, 'the care is well above what you would expect day in day out. You can tell the staff have a great deal of fondness for their customers'.

We saw from records, from discussion with the owners, and a training session running on the day of the inspection that the home promotes NVQ training in care. The home has almost reached the fifty percent minimum ratio recommended number of staff trained at this level with twelve out of twenty six staff holding this qualification.

## Evidence:

We looked at four recruitment files, which were well managed and could be audited. From them we could see that the home recognises the importance of a good recruitment procedure to ensure that staff are suitable for working in a care environment. The home's safe practice includes references, identification and safety checks are in place before staff begin working at the home.

Comments in other areas of this report highlight people's satisfaction with the skills of staff. Records of training support this view as they show that training is up to date in mandatory areas i.e. first aid, moving and handling. We saw evidence that staff receive a comprehensive induction when they join the home, which includes raising awareness of equality and diversity. The home's AQAA states that medication practice is kept up to date through in house training, as well as external courses, and an annual review by the local pharmacist, which we saw the report for. Staff were positive about the training they received.

## 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 **good** 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 benefit from a well managed home, which provides a safe and inclusive environment.

Evidence:

The manager of the home has a registered manager's award and is experienced in providing care for older people, and told us about how she updated her knowledge. Feedback from staff is that they feel well supported by the management team, who encourage them to further their knowledge from training courses, and by providing access to the internet, and from written information provided at the home i.e. about specific illnesses.

Staff told us that the home is well run, which is reflected in comments from health professionals like 'there is a general air of contentment and satisfaction' and 'the staff are helpful and the morale is good'. People told us that communication is good so that staff are kept updated by handovers, which we witnessed, and from an up to date



## Evidence:

communications book, which we saw.

We also saw minutes from staff meetings and heard from staff that they have access to supervision and an annual appraisal. We saw how forms for these activities give a structure to focus on development and the aims and the objectives of the home. All of these methods of communication support staff to care for people living at the home appropriately.

The management team continue to develop the home's quality assurance system to ensure that surveys gather the information they require. During discussion, they were clear this was an area which they were committed to and we saw evidence of this throughout the inspection i.e. residents' meetings and examples of action taken from feedback.

We were able to audit the management of people's personal allowances, as these were well managed with clear records. We looked to see how records are stored. There is a staff area in the home, which has a door at either end, accessing a communal corridor. On the day of the inspection, these were generally open and we saw people living at the home walking through this area, although staff were present on both occasions. Care plans are stored on a shelf above the desk and a diary containing information about people living at the home i.e. appointments, was left open on the desk. Best practice recommends that these types of records are kept more securely and discretely to help maintain people's privacy. However, other records we saw were appropriately stored.

As part of the inspection, we checked to see if the home was well maintained and a safe place to live. Safety measures are in place, such as covered radiators and underfloor heating, medication is safely stored and windows are restricted. The home's AQQA shows that policies are reviewed and equipment maintained.

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
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## 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
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### 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
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### 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	9	Handwritten additions to the medication administration records should be double signed to help prevent errors.
2	9	Medication that is no longer required should be disposed of in a timely manner.

## Helpline:

**Telephone:** 0845 015 0120 or 0191 233 3323

**Textphone:** 0845 015 2255 or 0191 233 3588

**Email:** [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk)

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