

Key inspection report

Care homes for older people

Name:	Hawthorns, The
Address:	29 Rotton Park Road Edgbaston Birmingham West Midlands B16 9JH

The quality rating for this care home is:

one star adequate service

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.

Lead inspector:	Date:
Jill Brown	1 5 0 6 2 0 0 9

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 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

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- 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

Document Purpose	Inspection report
Author	Care Quality Commission
Audience	General public
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Information about the care home

Name of care home:	Hawthorns, The
Address:	29 Rotton Park Road Edgbaston Birmingham West Midlands B16 9JH
Telephone number:	01214559024
Fax number:	01214545375
Email address:	
Provider web address:	

Name of registered provider(s):	Mr John Holcroft Jnr
Type of registration:	care home
Number of places registered:	22

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65

old age, not falling within any other category	0	22
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Additional conditions:

The maximum number of service users who can be accommodated is: 22

The registered person 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 are within the following categories: Old age, not falling within any other category (OP) 22

Date of last inspection	2	2	1	2	2	0	0	8
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Brief description of the care home

The Hawthorns is a care home providing personal care and accommodation for up to 22 older people. It is privately owned by Mr John Holcroft and is situated in a residential area of Birmingham close to a variety of community resources.

The property is a large three storey detached building. There is a stair lift in place covering all the stairs. There are bedrooms on all three floors.

The lounge space is arranged to give two connecting sitting rooms. Smoking is allowed

Brief description of the care home

in the conservatory that overlooks the rear garden. There is a dining room off the kitchen and the homes laundry is located off the dining room.

There are a number of baths and showers throughout the home. Some aids and adaptations are available in the home.

There is a mature and pleasant garden to the rear of the property with a fishpond that is fenced off for reasons of safety. The garden is accessed via steps, and a steep ramp.

The home charged the Birmingham social services rate £326-69 per week without a top up for people placed by them private rates may be more. These rates were due to change in April 2009. People will have additional charges for services such as chiropody and hairdressing.

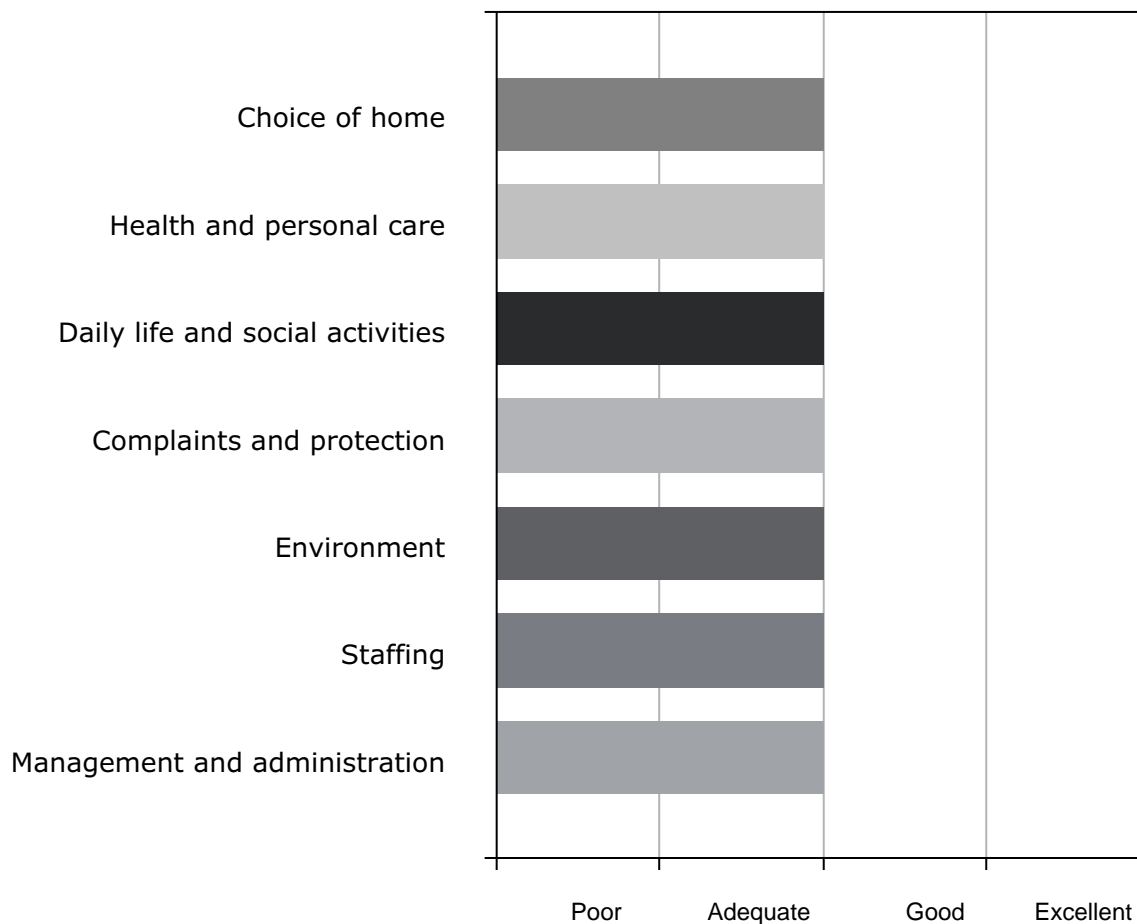
Summary

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:

We visited the home without notice on a day in June 2009 and undertook a key inspection where we looked at the majority of the National Minimum Standards. We had visited the home in December 2008 and the service was required to improve in areas of assessment, care planning and risk assessment, complaints and protection, infection control and recruitment of staff. We received an improvement plan from the service telling us how they intended to put these failures right.

During this inspection 2 people's care was case tracked, this involves looking at all the records about this person and how the home manages their care. We spoke to these people and 3 more people whilst we were there.

We looked around parts of the building and viewed the health and safety checks that had been undertaken. We spoke to 3 staff and the manager of the home.

We have received no complaints about the home before we inspected.

Information about all of the above is contained in this report.

What the care home does well:

People are checked on admission for their latest contact with health services such as GPs, dentists, chiropodists and so on. Arrangements are then made for these services to continue or be set up.

People are sent a letter confirming on offer of placement following the assessment that the home can meet their needs.

People thought the food was good and they said. 'Ok, there's a terrific variety.' 'The food is quite good which surprised me because I'm a fussy eater.'

A copy of information such as the care plan, medication records, contact details and profile of people are made ready should the person need to be admitted to hospital. This assists hospital staff give people the right care.

People were able to spend time in their bedrooms if they wished, some people had televisions and entertainment in their rooms.

The management of people's money was safe and appropriate records are being kept.

Checks on the fire, electrical and gas safety had been undertaken and this helps to ensure that the environment is safe for people.

What has improved since the last inspection?

We found that the information collected about people's health and the help they need. This helps the home write plans of care that there are individual to the person.

Care plans had improved and gave clearer instructions to staff about how to deliver the care people needed.

Complaints that are made by family members are now being written down. This should help the home to determine how they need to improve.

The carpet in the dining room has been replaced, and carpets in the corridors have been professionally cleaned and this has made these areas more presentable.

Staff were seen to be better at infection control practices than at the last inspection. We were told that staff had been reminded about this and had watched a DVD about infection control practices. This means that the risks of infection to people are lessened.

Staff recruitment has improved, shortfalls in checks of staff have now been put in place and this helps to ensure that staff are safe to work with vulnerable people.

What they could do better:

Information is available to people to help them when deciding whether the home would suit them however it is only given to them after they have been admitted.

Written records need to have the full date when weights are taken, care plans put in

place, risk assessments completed and reviews done. This is so the manager can see how important for example any weight loss is and monitor the changes in peoples health and well being.

Daily records needed to improve to be a clear record of the person's day and of any health changes.

Medication administration records need to be clear about whether medication has been refused or refused and destroyed so that the amount of medicines tallies with the record. People who refuse medication should be referred to the GP so other arrangements can be made if necessary. The home needed to make better their arrangements for checking medication and staff's administration so mistakes are less likely to happen.

People in shared rooms did not have adequate screening available and this means that their privacy may not be respected enough when personal care is given.

People do not have enough activities. People told us ' You sit in the lounge and chat and sleep, there are no activities. It's boring, we had carols at Christmas.' 'I would like to go on a trips like to Weston Super Mare.' 'I read and watch TV but I really would like to get out.'

Some people are not happy with how the service is provided some of the time. The home needs to look at how they find out about people's concerns and how it can respond to individual people's expectation of the service.

The home has yet to have a system of cleaning that minimises the offensive odours in some areas of the home.

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. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

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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 collected about people's health and personal care needs and this helps the home make a decision about whether they are able to care for the person. people do not have all the information about the home provided to them before they move in. This means that people cannot be fully sure the hoem will suit them.

Evidence:

Since the last inspection three people had been admitted to the home and we looked at the care given to two of them. We found that more information has been collected about people's needs than we found at the previous key inspection held in December 2008. One person had been admitted quickly due to certain circumstances and the home had moved to completing a care plan on the day their admission rather than an assessment and this was a practical solution to ensure that the right care was given. The other person had information collected about their needs at their trial visit to the home.

Evidence:

Information collected included details about any other placements, family members, religion, ethnicity, help needed to maintain the person's personal hygiene, nutrition, communication, mental state, mobility, sleeping, pain, sensory difficulties, health issues and medication. This information is enough to determine whether or not the home can manage the person's care.

Information is given to people coming into the home, however this information is given at the point of admission rather than before when people could use it to determine whether the home would suit them. A copy of a letter given to the person is kept on file stating that their home can meet the person's needs. This gives people protection knowing that the home has made this judgement.

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

Care plans are detailed enough for staff to be able to deliver the care people need safely and this helps to ensure that needs are met.

Record keeping is not always clear enough to track people's changes in health and well being.

The Home provides support to people to take their medication. However, people cannot be fully confident their medication is managed safely to ensure that it maintains their health.

Some people feel that at times care is not given in the way they would wish.

Evidence:

We looked at the care plans for two people that had recently been admitted and then another person's care plan. We found that there was sufficient information given to staff to ensure that people received the care they needed. There was for example a good care plan in place for a person who needed assistance with a prosthesis, and

Evidence:

another good oral care plan. The home has good information in place to be sent with people if they need to be admitted to hospital. One of the three care plans was completed in March although the person was admitted in January and this is not timely enough.

Some instructions in plans are not being carried out and this is quite often in respect of activities. (Please see Daily Living and social activities.)

People have risk assessments in place. Initial risk assessments are only dated by the month so it is difficult to see if these are completed in a timely way after admission. Care plans are reviewed monthly generally these contain information about what has happened to the person since the last review. They do not say when there is a reason for the plan not being carried out. Reviews of care plans do not have the date of the month when the review took place; neither are there dates for reviews of risk assessments, nor when weights are taken. This can mean that the speed of any changes is not recognised and people may not get the help they need.

Daily records were poor and do not indicate anything other than people received personal care, sleep and eat well. These do not show that people are given individualised care. Follow up information about people feeling unwell is not always recorded.

People were asked about when they had their last contact with dentists, opticians and hospital appointments and when necessary these were arranged for them.

We looked at the administration of medication and found that generally medication administration was safe but some errors were found. There were a few gaps on the medication administration record (MAR). We found that there was medication that was signed as given and hadn't been given and medication that hadn't been signed for that have been given. These errors were checked by the manager and the administrator at the time of the inspection. One person case tracked was refusing medication with almost half of the administrations of one drug being refused there was no evidence of follow up with the GP about this. Medication was securely stored. The checking of medication was not being done in way that lessened the likelihood of these mistakes being made.

Some people were happy with how staff treated them other people were not. Not all shared rooms had adequate screening and this can mean that people do not have their privacy respected especially at times when personal care is given.

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

People do not always get activities they need to maintain their interest and wellbeing. People are allowed visitors when they wish and this enhances their life. Food is available as people want and this meets their wishes.

Evidence:

There were not enough activities to keep people occupied. The manager stated that they were not having much success with group activities but there was little evidence of individualised activities being available. We looked around the lounges and found that both the television and radio were on in the lounge and a second television in the second area of the lounge making a confusing environment for the people in the home. One person's care plan about activities was not being followed due to difficulties with the person's physical health this was not recorded in the review as not being done for 3 months.

People said to us ' You sit in the lounge and chat and sleep, there are no activities no. It's boring, we had carols Christmas.' I would like to go on a trips like to Weston Super Mare.' 'I read and watch TV but I really would like to get out.'

Relatives at the last key inspection reported that they were welcomed into the home

Evidence:

and we have no evidence to suggest that this had changed at this inspection.

People that were physically able had the opportunity to move around the home as they wanted. We saw that people, who wanted to, spent time in their own rooms. One person said that they enjoyed time in their room as it allowed them to be more comfortably dressed. There was no restrictive furniture noted in the home.

Care records had started to indicate that snacks were available when wanted. The home had responded to one concern raised about food brought in by a relative and a system was in place to ensure that staff recognised that this food was available. People spoken to thought the food was 'ok, there's a terrific variety.' 'The food is quite good which surprised me because I'm a fussy eater.'

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

The systems for dealing with complaints are not fully developed to ensure that complaints are dealt with well.

Some people are not happy with the quality of the service provided and others are.

Evidence:

Since the last inspection complaints are being logged. The three complaints logged had outcomes where the home had to take action to ensure that the chances of the issue happening again were lessened. In one complaint outcome there was nothing written to say what payment was to be offered for damaged clothing. We have received conflicting information about this from the management of the home and other sources. This should be written in the complaint outcome preferably with a letter to the person who raised the complaint so a clear complaint outcome can be tracked.

We are aware of concerns raised by a family about the care of their relative that has come under safeguarding procedures. Most of these issues appear to be resolved although there have continued to be quality issues about the service provided. Another person also told us of incidents that they were unhappy with at the inspection and this was again raised under safeguarding processes but this has not been taken any further. This indicates to us that people are not consistently getting care delivered in the way they would wish.

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

Some improvements have been made to the environment and infection control and this makes the home safer and more comfortable for people. Issues of odour control need to be worked on to ensure that the environment is pleasant for people to live there.

Evidence:

The Hawthorns is not purposely built, has a number of shared and some en suite bedrooms. It has a number of ground floor bedrooms that are accessible for people that use wheelchairs however there is a step to the front door in the foyer. Not all shared bedrooms have appropriate levels of privacy screening.

Since the last inspection the carpet in the dining room has been replaced and stair. The corridor carpets have been cleaned and this made the home more presentable.

When we arrived at the home at 10:30am on the day of the inspection there was a strong smell of urine as we entered. We found a few of the bedrooms that we looked in had odours. We have been informed by professional visitors to the home that there were odours in the home at different times of the day. The home stated that they had the carpets professionally cleaned routinely but this has not been timely enough to ensure that carpets do not retain the odour.

Evidence:

The home had made improvements infection control. The management had obtained a DVD from the Health Promotion Agency and had recorded that staff had had been told about infection control and had an opportunity to watch the video.

We looked at the bathrooms in the home and found that these were generally clean and well ordered.

Some of the bedrooms looked at were in need of refurbishment and the home should plan for how this is to be achieved.

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.

The number and deployment of staff need to be reviewed to ensure there are enough staff to provide activities for people living in the home.

Staff are being recruited appropriately and this ensures that staff are safe to work with vulnerable people.

Staff have had training and continue to receive training and this helps to ensure that peoples identified needs are met.

Evidence:

We looked at the rotas for the home and found that the staffing is available but should be reviewed to see if there are enough staff at peak times and to ensure that people living in the home to have assistance to undertake activities that they enjoy and are meaningful to them.

At present there are 2 night staff on duty every night and 2 care staff during the day, where there are additional care staff part of their shift is taken undertaking cooking duties. There is a cook from 9 until 3pm week days and a domestic works 5 days per week. People spoken to during in the inspection did not raise concerns about the number of staff available.

Evidence:

At the last inspection we found that the home had 62% of its staff qualified to National Vocational Qualification Level 2 in care and this has not changed since that inspection and meets this standard. This means most care staff have received training to give the care people need.

Following the last inspection the home has discussed with staff any issues that have been raised in the checks with the Criminal Records Bureau and these have been signed by the management and the member of staff. Records of this risk assessment conversation were not good enough however staff have been working at the home some time. Future lack of checks will be considered for enforcement action to ensure peoples safety.

We looked at the homes activity to ensure that staff had the entitlement to work in the UK and found that the home had worked on this. One person had now leave to remain another was awaiting an outcome from the Home Office and this must be chased up.

We looked at one new member of staffs records and found that the person had started at the home after all appropriate checks had been completed.

Since the last inspection the management of the home has had training in the Mental Capacity Act and Deprivation of Liberty safeguards. This means that management are aware of what they need to do to ensure that people that are unable to make decisions for themselves are not unduly restricted and have the freedoms that other people take for granted. Further training is still required on dementia and mental health for staff.

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

People cannot be fully confident that systems to monitor and improve the service are in place and will respond to people's wishes and expectations as well as their needs.

The home manages peoples money and the health and safety of the building well and in these areas the home is well run.

Evidence:

The manager has worked at the home for a large number of years, she has completed a Registered Managers Award the recognised qualification for people managing a care home. The home has made improvement since the last inspection but further work needs to be to ensure that the quality of care is improved and that care is more individual to needs and wishes of people in the home. The home had sent as an improvement plan following their last insepction and had tried to address the issues raised at the inspection in Decmber 2008.

At the last inspection we found resident meetings and audits of some parts of the

Evidence:

service but was not a full system to ensure that people can influence the service they receive. The management and of concerns and complaints has only just begun and at this point is not being seen as a way of improving the service for everyone.

The home keeps some money on behalf of each person living in the home. Some people have money managed by the Court of Protection and were left money for their day-to-day expenses; others have money left by social services or relatives. We looked at three peoples records. Money records could be improved by information about where people's money comes from. The money records balanced with the amount cash held for individual people.

We looked at person who provided a sessional service for people living in the home. We found that the person had a recent CRB for another employer, had insurance and evidence of their qualifications and this is good as it helps to ensure the safety of people.

We looked at a number of health and safety records for the building at the last inspection for example for electrical, fire and gas safety and found that these had been undertaken. A number of these were still in date and ensured that people were in a building that was safe.

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	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	9	13	<p>(2) 13(1)(b) Where people refuse medications routinely. The person should be referred to their GP and record of this discussion must be kept.</p> <p>This is to ensure that the person's health and well being is maintained as much as possible.</p>	20/08/2009
2	9	13	<p>(2) Any quality assurance system installed must assess individual staff competence in their handling of medicines. Appropriate action must be taken when these indicate that medicines are not administered as prescribed and records do not reflect practice.</p> <p>This is to ensure that individual staff practice is assessed on a regular basis and appropriate action is</p>	20/08/2009

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	Requirement	Timescale for action
			taken if audits indicate that staff do not administer the medicines as prescribed.	

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	1	Information about the home such as the service user guide should be available to people before they are admitted as this may assist them to decide whether the home will suit them.
2	7	Care plans and risk assessments must be written in a timely way to ensure that people receive the care and management of risk they need. These must be dated with a specific date to ensure that concerns can be assessed.
3	8	Monitoring records such as weights and reviews should show the specific date that these were undertaken. This is so that the evaluate the significance of any changes.
4	9	Codes must be accurately recorded on the medication administration record to ensure that medication can be audited. This remains outstanding from December 2008.
5	12	Regular activities should be available to people and these should have regard to people's previous interests and lifestyles. This remains outstanding from December 2008
6	16	The outcome of complaints should contain a copy of the response to complainant preferably written.
7	18	Consideration needs to be given by the management as to how they are going to improve people's experience of their service.
8	24	Privacy screening must be available in all shared rooms.
9	24	Bedrooms need to be audited and plans made to refurbish those that are looking tired.
10	26	You must develop cleaning and other systems to manage

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
		the odour issues within the home.
11	27	You should review your staffing levels to ensure that people's choices and lifestyle can be maintained. This remains outstanding from December 2008
12	30	You should ensure that specialised training is given to assist staff to meet peoples specific needs. This remains outstanding from December 2008
13	33	A quality assurance system should be in place that brings together people's views of the service, the home's audits of the service, compliment, concerns and complaints to determine an action plan for the following year. This remains outstanding from December 2008
14	35	When money arrives for people living in their home as part of their personal allowance the home should record where that money has come from.

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

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