

# Key inspection report

## Care homes for older people

<b>Name:</b>	Chester House Care Home
<b>Address:</b>	138 Chester Road Hazel Grove Stockport Cheshire SK7 6HE

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

<b>Lead inspector:</b>	<b>Date:</b>							
John Oliver	2	1	0	4	2	0	1	0

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

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

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

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

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

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

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

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

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

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

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

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

Judgement:

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

Evidence:

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

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

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

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

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

## Reader Information

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## Information about the care home

Name of care home:	Chester House Care Home
Address:	138 Chester Road Hazel Grove Stockport Cheshire SK7 6HE
Telephone number:	01614568500
Fax number:	
Email address:	assrafally@hotmail.com
Provider web address:	

Name of registered provider(s):	Mr Mohedeen Assrafally, Mrs Bibi Toridah Assrafally
Name of registered manager (if applicable)	
Abhimanew Nookanah	
Type of registration:	care home
Number of places registered:	14

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	0	2
mental disorder, excluding learning disability or dementia	0	14
Additional conditions:		
Service users can be under the age of 65 years but not under the age of 50 years in both categories 14 MD(E) and 2 DE(E).		
The home is registered for a maximum of 14 service users to include: *up to 14 service users in the category MD(E) (Mental disorder excluding learning disability or dementia over 65 years of age). *up to 2 service users in the category DE(E) (Dementia over 65 years of age).		
The ratios of care staff must be determined according to the assessed needs of service users and in accordance with guidance issued by the Department of Health. Domestic staff must be employed in sufficient numbers, with a minimum equivalent of one part time domestic appointed.		
The Registered Manager must be supernumerary and not included in staff/resident		

ratios.

The Registered Manager to achieve the level of qualification required for Registered Managers by 2005.

Date of last inspection

Brief description of the care home

Chester House is a care home providing personal care and accommodation for 14 people from the age of 50 years and upwards who have, or had, a mental illness.

The home is located in the Hazel Grove area of Stockport. Local shops, cafes, restaurants, public houses, swimming baths and post office are approximately a 15 to 20 minute walk away. Other amenities, such as banks, churches, library and opticians, are a short car ride. Stockport town centre and motorway network are easily accessible by car. Hazel Grove train station is situated approximately a mile from the home. The bus service nearest to the home is infrequent and none are available on a Sunday, therefore a short walk is required to access an alternative service.

The property is a modern detached house that has been extended. The accommodation consists of ten single rooms and two shared rooms spread over three floors; none of the rooms has an en-suite facility. There is one large combined lounge and dining room, and a conservatory. There is a fairly large garden to the rear of the house and a small car park to the front of the building.

Fees range from three hundred and ninety pounds to four hundred and twenty eight pounds per week.

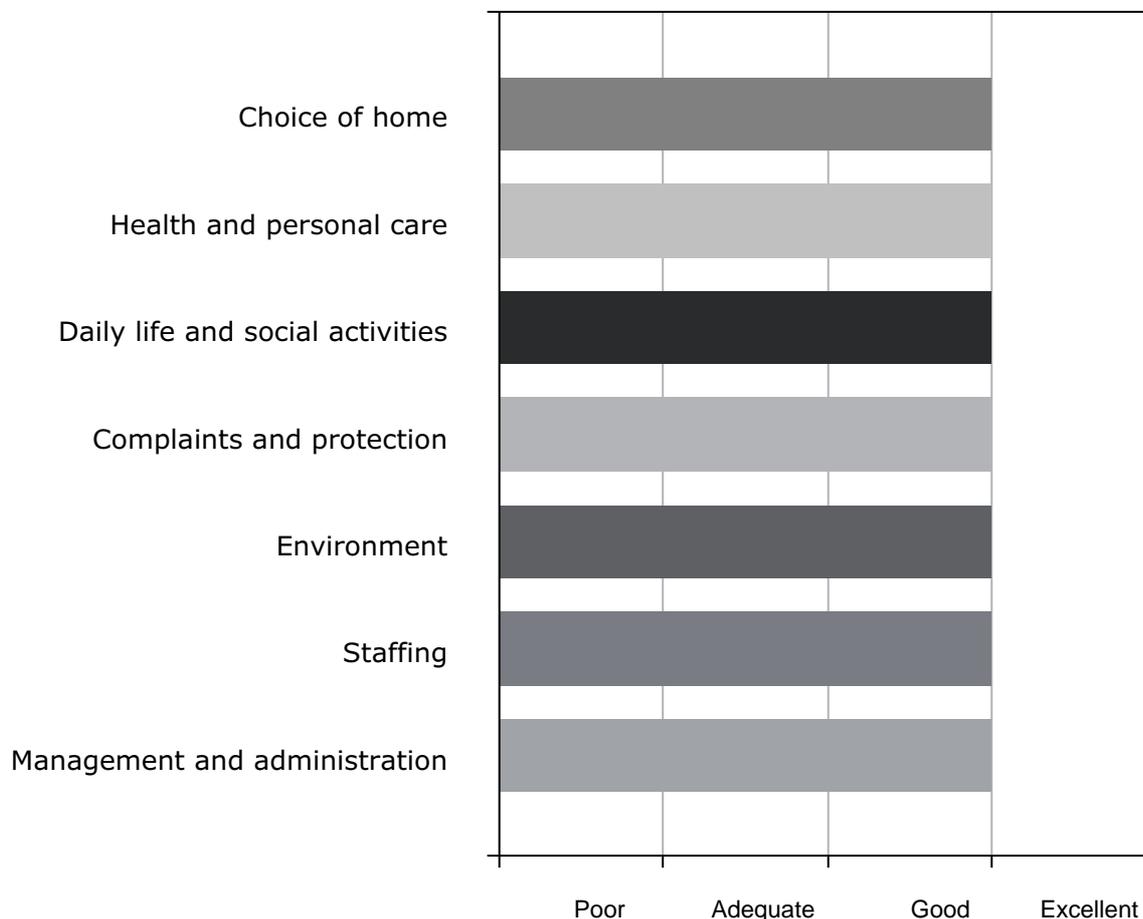
## Summary

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

The quality rating for this care home is:

two star good service

### Our judgement for each outcome:



### How we did our inspection:

This inspection report is based on information and evidence we (the Commission) gathered since the home was last inspected in September 2007.

Before visiting the home, we asked the manager to complete a document called an Annual Quality Assurance Assessment (AQAA) to tell us what they felt they did well, and what they needed to do better. This helped us to determine if the management of the home viewed the service they provide the same way that we assess the service.

Additional information used to complete the inspection report may include incidents notified to us by the manager of the home and information provided by other people and/or agencies, including any concerns and complaints.

Survey questionnaires were sent to people living at the home and to members of staff to find out their views of the service. Six people and two members of staff returned

surveys.

During the inspection visit time was spent talking to four people, observing how staff work with people and talking to the management and staff on duty. Documents and files relating to people and how the home is run were also seen and a tour of the building was made.

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

Staff were able to demonstrate good and clear personal knowledge of the people living in Chester House. This resulted in the care needs of the individual resident being understood and met on a daily basis.

The surveys that people returned to us were positive about the support that staff gave them and the way that staff act with them. One person said that they liked living in the home because 'We (the residents) are well looked after, and that, there are enough staff around when I need them'. Another person said, 'The staff are brilliant. The staff do all that I ask them to do and I feel safe living here'.

People were very complimentary about the food served in the home and staff were very knowledgeable about the individual likes and dislikes of the residents.

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

During this visit we took the opportunity to look around parts of the home. This included communal areas and a selection of residents' bedrooms.

We saw that new lounge and dining furniture had been purchased and that a number of bedrooms and communal areas had been re-decorated and re-carpeted. The home had also undergone a full re-wire of all electrics.

Good programmes of refurbishment and maintenance are important to ensure the comfort and safety of people living and working in the home and to minimise any potential risk to health.

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

During the examination of records it was noted that three deaths and three admissions to the Accident & Emergency unit had taken place since the last key inspection visit. We (the Commission) had not been notified of these incidents.

The Care Quality Commission must be notified without delay the occurrence of the death of any resident.

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

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

## Details of our findings

### Contents

Choice of home (standards 1 - 6)

Health and personal care (standards 7 - 11)

Daily life and social activities (standards 12 - 15)

Complaints and protection (standards 16 - 18)

Environment (standards 19 - 26)

Staffing (standards 27 - 30)

Management and administration (standards 31 - 38)

Outstanding statutory requirements

Requirements and recommendations from this inspection

## Choice of home

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

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

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

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

Judgement:

People using this service experience **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 were assessed before moving into the home to ensure that their needs could be appropriately met.

Evidence:

The manager described the referral and initial assessment process. On receipt of a referral the manager would visit a prospective resident and carry out an assessment of their needs to determine if they can be supported by the staff and management of Chester House. Where possible people were encouraged to come and visit the home and to meet the other residents and staff to help them make a decision on coming to live there.

Referrals were received mainly through local authority mental health services and Primary Care Trusts (PCT) who provided detailed assessments and information about people's mental and general health needs. Examples of the different types of assessment provided were seen in people's files. They contained comprehensive

Evidence:

information in relation to emotional and mental health. The manager said that he used this information to aid him when carrying out his assessment of the persons needs. The manager told us that he kept written notes of the assessments he carried out but none were available on the files we examined. We also recommended that the manager writes to the person and/or their representative following the assessment process to confirm if Chester House was/was not a suitable place to meet their assessed needs.

We spoke to two residents about moving into the home and both confirmed that they were visited by the manager before moving in. They said they were told about the home and what they could expect when they first moved in and were introduced to other residents and staff.

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

People's general and mental health needs were known and they were supported to access the relevant services with staff practices promoting the dignity of the person.

Evidence:

Each person living in Chester House had their own individual file and care plan that was based on information gathered from the relevant assessments and through knowledge gained by staff as they get to know the person. The care plans seen were inconsistent in their contents but did concentrate primarily on people's emotional and mental health, general health and personal care. Although some risks were identified these did not always link to the care plan and interventions to reduce and manage the risks were not always demonstrated. Lack of such information being available to care staff could place people at risk of inappropriate support being offered/given.

From talking to the manager, staff and observing how staff worked with people it was demonstrated that the knowledge that staff have in how they work and support people was not fully reflected within individual care plans and support interventions. It was recommended to the manager that care plans needed to reflect more fully how staff

## Evidence:

actually supported people to meet their needs and maintained their health and wellbeing.

Care plans were being reviewed on a 1 - 3 monthly basis. Records of these reviews were being maintained but lacked detail of what the outcome of the reviews were and any changes that may have been made to the care planning and risk assessment details.

People's files contained information about their mental and general health needs and also recorded the interventions from specialists and general health providers. The manager told us that the majority of people still had access and contact with local mental health services.

Staff were able to demonstrate good and clear personal knowledge of the people living in Chester House and the systems used to communicate and share information resulted in the care needs of individual residents being understood and met on a daily basis.

In survey questionnaires returned to the Care Quality Commission by people using the service, the following comments were noted about what the service does well, 'Caring, cooking - an excellent service', 'Gives a good level of care, takes an interest in everyone and their families, always available to help and listen', 'We (the residents) are well looked after' and '(The home is) small and homely with a good manager'.

During our visit we had the opportunity to speak with a number of residents who were happy to talk to us and their comments included, "The staff are brilliant, I have no problems whatsoever. If I need a doctor then the staff make sure I see him", "We are looked after very, very well. The staff will do all that I ask them to do and I feel safe living here" and "I love living here".

Watching the interactions between residents and staff indicated that good, positive relationships had been developed and that staff treated residents with respect whilst maintaining their dignity.

Chester House used a pre-dispensed monitored dosage system for the administration of medication. The storage facilities of medication was seen to be appropriate and each resident that required medicines to be administered to them had an individual medication administration record (MAR). We randomly checked a number of MAR's and found them to be predominantly appropriately maintained. We also 'spot checked' some medication that was to be given 'as and when' required. Balances of this

Evidence:

medication was difficult to assess as no running balance of the medication left at the end of one month and being carried forward into the next month had been maintained. It is important that all medication in the home can be accounted for at all times.

Documentary evidence was available in the daily notes kept to confirm that residents had access to the full range of medical and paramedical facilities available in the community.

## 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.

People were supported to make choices and maintain control over their own daily routines and activities.

Evidence:

Staff and residents spoken to during this visit confirmed that a range of activities was available depending on the individual needs, wishes and abilities of the resident's. The manager told us that activities took place as and when people wanted to participate and records were kept of their involvement.

Comments from residents about the activities available included, "I don't want to be involved in activities, but we do get entertainers in every four weeks or so and people from the Church", "I like to do my own thing - I tend to go out a lot" and "We enjoy watching our favourite television programmes like Count Down and Deal or No Deal".

We also received six completed survey questionnaires back from people living in Chester House. 3 stated that there were 'always' activities available that they could participate in and 3 stated 'sometimes'. In one questionnaire that had been completed with the assistance of a relative it stated, 'No activities to do, everyone there is bored silly watching TV all day'.

Evidence:

The home had an open visiting policy. Staff and residents all confirmed that visitors can come to Chester House at any reasonable time.

Residents confirmed that they could get up and go to bed when they wanted and had freedom to move around any of the communal areas of the home. One resident was observed leaving and returning to Chester House without the need of an escort. This resident told us, "This is why I like living here, I can do what I want when I want, like going out".

The home operated a three weekly rotating menu with various alternative choices being offered at each meal. Residents spoke highly of the standard of meals and choices available. Staff spoken to were very knowledgeable about the individual likes and dislikes of residents and a daily record of meals was maintained.

## 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.

The policies, procedures and staff practices were present to protect vulnerable people from abuse and protect their wellbeing.

Evidence:

The formal Complaint Procedure set out the stages, timescales and the procedure for people to follow if they want to make a formal complaint. The procedure was made available in each bedroom and was also displayed in communal areas. Only one complaint had been recorded since the last key inspection visit to the service. This had been recorded in a small hard backed book but gave little detail about the complaint and the processes used to investigate the complaint.

The manager said that he would develop a record that demonstrated the details of the complaint, the investigation process and the final outcome. It is important that evidence is available to show the actions taken should a person raise a complaint with the service.

Residents spoken to were confident that any complaint would be dealt with appropriately and were very clear about who they would go to. Comments included, "I would speak with Vijay (the manager) or the owner", "I would go to Vijay or tell one of the staff" and "I can't imagine having a complaint, but if I did I would tell Vijay".

The manager told us that all staff had received some training with regards the

Evidence:

protection of vulnerable adult issues and he was confident that the staff team were fully aware of their roles in protecting the vulnerable people they supported.

Staff spoken to demonstrated a clear understanding of the procedure to follow in the event of any allegation of abuse being made or witnessed and confirmed they had received training in this subject.

We (the Commission) had received no complaints or safeguarding referrals regarding the service since the last key inspection took place.

## Environment

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

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

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

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

Judgement:

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

The premises were safe, clean and offered enough space and flexibility to meet people's needs.

Evidence:

During this visit we took the opportunity to tour the building. This included communal areas and a selection of residents' bedrooms.

All areas were found to be clean and tidy with evidence that residents had been provided with the opportunity to personalise their own rooms. All bedrooms had individual door locks and a number of people held their own keys to their rooms. It is important that, wherever possible, people are given such opportunities to maintain their rights and independence in their daily lifestyles.

Within the annual quality assurance assessment (AQAA) returned to us before this visit took place, the manager told us of improvements that had been made to the home since the last key inspection visit. These improvements included, a full rewire of the home, new lounge and dining furniture, new boiler, new washing machine and dryer and a number of bedrooms and communal areas being redecorated and re-carpeted.

A number of residents spoken to told us that they liked living in the home and that

Evidence:

they were pleased with their accommodation. A large, well maintained rear garden was available and accessible and residents told us that, in the nicer weather, they enjoyed having things such as barbecues.

The manager confirmed that all staff had participated in Infection Control training and Safe Working practices.

The laundry facilities were suitable for the size of the home. It was evident that the hand washing sink had not been used for some time as jugs and rubber gloves were stored in it and no liquid hand wash was available. To maintain good and appropriate infection control practice staff should, at all times, have access to hand washing facilities after dealing with soiled linen.

## 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.

People were being supported by sufficient numbers of appropriately trained and experienced staff.

Evidence:

The manager provided us with a copy of the current staff rota. This demonstrated that the home appeared to be suitably covered by enough care staff during any 24 hour period to meet the current needs of the people living in Chester House. The manager told us that he regularly evaluates each persons needs and, as a result of this, has decided to employ another member of care staff to work at week-ends to ensure those needs can be met at all times.

Information provided by the manager in the annual quality assurance assessment (AQAA) stated that out of 11 permanent care staff nine had gained the National Vocational Qualification (NVQ) at Level 2. A number of these qualification certificates were displayed in the hallway of the home. Staff spoken to confirmed that the manager was very proactive in arranging training and that training opportunities were made available both 'in-house' and externally.

The manager stated that a lot of training, awareness raising and information sharing with staff occurred on an informal basis but there was no recorded evidence of this. It is recommended that all forms of staff training, awareness raising and information

Evidence:

sharing that helps to maintain or improve staffs skills and knowledge be clearly evidenced and recorded.

Information provided by the manager in the AQAA stated that no staff had left their employment with the home in the last 12 months and only one new member of staff had joined the staff team in the last 2 years. Maintaining such a high retention of staff helps to provide consistency of care for individual residents.

We examined the file of the one new member of staff and found that it contained the required documentation and checks including a Criminal Records Bureau (CRB) enhanced disclosure. No evidence was available to show that this new member of staff had undertaken the Skills for Care Induction modules based on the common Induction Standards. This was fully discussed with the manager who confirmed that, in future, all new staff would be placed on such an induction and appropriate records would be kept.

## 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.

The home is being run in the best interests of people who live there and their welfare is promoted and protected.

Evidence:

Since the last inspection visit the manager has successfully completed various training courses including, Mental Capacity Act and Deprivation of Liberty training with Stockport Training Consortium, Health & Safety level 2 at Stockport College and Equality & Diversity training via distance learning.

Staff and residents spoke positively on the managers approach and in his dealings with the day to day running of the home. Comments included, "We are looked after very well in a home that is well managed", "The manager and staff are brilliant", "The manager is very good, reliable and friendly" and "We have a good manager who you can go to if you have a problem".

The manager carried out an annual quality assurance survey and we looked at a

## Evidence:

number of surveys returned to the home from the audit done in June 09. The home was rated excellent in all aspects of service delivery and all rated the quality of care as excellent. The manager had not developed any specific analysis or action plan to demonstrate how the views of people completing the questionnaires could be used to improve the service.

The service had received numerous 'thank you' letters from families and friends of people who lived or had lived in Chester House. Comments in these letters included, 'A heartfelt thank you for all the patience and care and attention that you showed to ...in the four years that she was with you. We found you all to be both professional and compassionate and that in itself was very reassuring. We could not have found a better care home for her needs and we know she could be difficult at times but you dealt with those days with patience and understanding...' and 'It is a great comfort to all the family that we know mum is being cared for so well. We are so glad she was sent to Chester House. Everyone at Chester House is always kind, caring, friendly and funny!. Thank you so much for all the great work the staff at Chester House do and their kindness'.

The manager confirmed that no money was held on behalf of residents at Chester House. When expenditure was made on their behalf this was recorded and individuals were subsequently invoiced.

We randomly selected a number of servicing and maintenance records to check and found all these to be in order.

During this visit it was noted that there had been a total of three deaths since the last key inspection and three admissions to Accident & Emergency that were not via a GP or consultant. We (the Commission) should have been notified about these incidents at the time they took place. A full discussion was held with the manager who confirmed, that in the future, such incidents would be reported to the Care Quality Commission using the Regulation 37 documentation.

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	38	37	<p>The Care Quality Commission must be notified without delay of the occurrence of the death of any resident, including the circumstances of their death.</p> <p>To ensure compliance with The Care Homes Regulations 2001.</p>	28/05/2010

### Recommendations

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

No	Refer to Standard	Good Practice Recommendations
1	3	The manager should keep written notes of any assessment they carry out before a person moves into the home.
2	3	On completing an assessment of need the manager should write to the prospective service user and/or their representative to confirm if Chester House is/is not a suitable placement to meet those assessed needs.
3	7	Records of care plan reviews should detail the outcome of the review and any changes that may have been made to the care plan and/or risk assessment. These should be signed and dated.

## 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
4	7	Risk assessments should clearly link any known risk to the relevant care plan and should demonstrate to staff how to manage those risks.
5	7	Details in care plans should clearly identify and reflect the residents' needs and how those needs should be met.
6	9	Balances of medication to be given 'as and when' required should be recorded and maintained at all times to minimise the risk of errors occurring.
7	26	Hand washing facilities should always be available to staff when dealing with soiled linen.
8	29	All new staff should undertake the Skills for Care Induction modules based on the Common Induction Standards.
9	30	It is recommended that all forms of staff training, awareness raising and information sharing that maintains and/or improves staff skills and knowledge be clearly evidenced and recorded.
10	33	The manager should ensure that an analysis of any questionnaires returned by residents as part of a quality audit should be used to inform a written action plan to demonstrate how residents views are used to improve the service.

## Helpline:

**Telephone:** 03000 616161

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