

Key inspection report

Care homes for older people

Name:	Princess Lodge Care Home
Address:	11 High Street Tipton West Midlands DY4 9HU

The quality rating for this care home is:	one star adequate 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.

Lead inspector:	Date:							
Karen Thompson	1	1	0	2	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 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

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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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Princess Lodge Care Home
Address:	11 High Street Tipton West Midlands DY4 9HU
Telephone number:	01902746350
Fax number:	01902651667
Email address:	
Provider web address:	

Name of registered provider(s):	Princess Lodge LTD
Name of registered manager (if applicable)	
Frank Thomas Josef Brown	
Type of registration:	care home
Number of places registered:	25

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	5	0
old age, not falling within any other category	0	25

Additional conditions:	
The maximum number of service users who can be accommodated is: 25	
The registered person may provide the following category of service only: Care Home with Nursing - Code N To service users of the following gender: Either Whose primary care needs on admission to the Home are within the following categories: Old Age, not falling within any other category, Code OP 25 Dementia - Code DE 5	

Date of last inspection									
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Brief description of the care home
Princess Lodge comprises of a traditional property that has a large extension (exceeding the size of the original property) . It is located on a fairly busy main road leading into Tipton. The home is in close proximity to local shops, public houses, a church and a main bus route.

Brief description of the care home

Princess Lodge is registered to provide Nursing care to those within the category of old age. The home has recently undergone major renovation, refurbishment and redecoration. The home offers eighteen single bedrooms of which the majority have ensuite facilities.

The fees were not identified at the time of the visit as no Service User Guide was available. The Reader should contract the service directly for fees information.

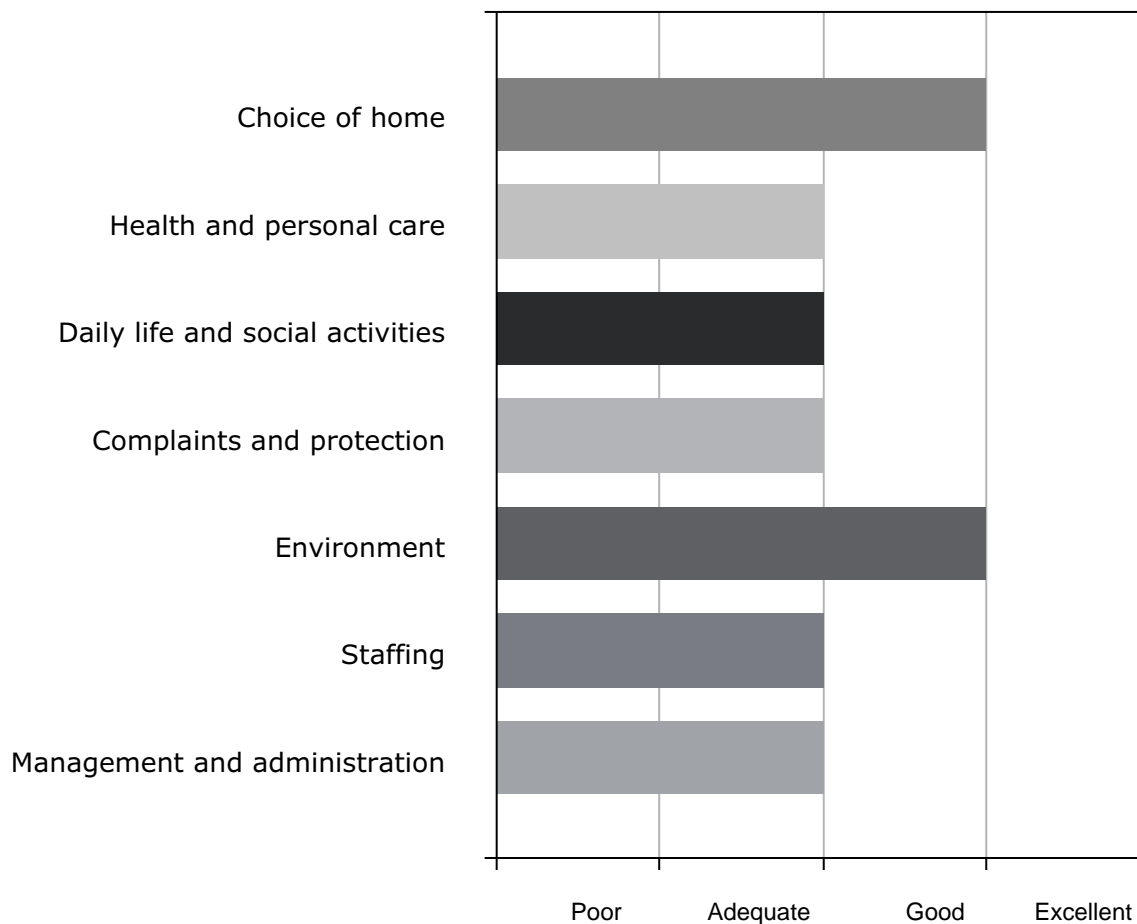
Summary

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

The quality rating for this care home is:

one star adequate service

Our judgement for each outcome:



How we did our inspection:

This was an unannounced inspection; so the home did not know we were coming. It was carried out by one inspector and one local area manager over a one day period. The focus of the inspection undertaken by us is upon outcomes for people who live in the home and their views of the service provided. The process considers the care home's capacity to meet the regulatory requirements, minimum standards of practice and focuses on aspects of service provision that need further development.

This home had been dormant for some time, that is no one lived there and it was sold to the current owners last year. The current owners were registered with us in September 2009 but did not admit anyone to live at the home until January 2010. Therefore at the time of the inspection only three people were living at the home.

Information was gathered by speaking to and observing people who lived at the home. We looked at the experience of people living at the home. This involves meeting the

people living at the home, observing the care they receive, looking at medication and care files and reviewing areas of the home relevant to these people in order to focus on outcomes. This helps us understand the experience of people who use the service.

Staff files, training records and health and safety files were also examined.

What the care home does well:

Visiting to the home is open and people living within the home can maintain relationships that are important to them.

The home has been refurbished to a high standard and was clean and comfortable and homely.

People who lived in the home were observed to be nicely presented and clothes were laundered nicely.

What has improved since the last inspection?

New service, not previously inspected.

What they could do better:

Records need to be available to demonstrate the passenger lift is safe for use.

Staff need training in a number of areas to ensure they have the competencies and skills to meet the needs of people living in the home.

A formal induction programme is needed for all staff and records need to be kept to demonstrate this has taken place.

Medication room temperatures need to be monitored to ensure medication is being stored at a temperature that complies with its product licence.

A medication audit system must be introduced so that any issues can be dealt with appropriately and swiftly to protect and promote the wellbeing of people living in the home.

A care plan must be in place within twenty four hours of moving into the home. Care plans need to reflect individual needs and be based on a comprehensive assessment.

Staff require training in the Mental Capacity Act 2005 so they are aware of how their practice may impact on the liberty and freedoms of people living at the home. People living at the home must not have their movement restricted by another person unless the home can demonstrate they have followed the correct process as defined by the Deprivation of Liberty Safeguards and are within the law to do so.

People living at the home must be consulted as to whether they wish staff training events to take place in the lounge dining area which they are also using at the same time.

Recruitment procedures need to be more robust to all ensure the home has a complete record of all information available to make an informed decision about the employment of staff. This is to protect and promote the well being of people living in 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

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.

Pre-admission assessments were comprehensive, so staff had sufficient information to allow them to determine if they could meet peoples needs upon moving into the home. People do not have all the information they need to make an informed decision about moving into the home.

Evidence:

The home has been registered with us since September 2009, however it is only recently that people have been living at the home. There were three people living at the home at the time of our visit. Staff are in the process of receiving mandatory training to provide them with the recognised skills and competency to meet the assessed needs of people moving into the home.

In the Statement of Purpose that we were given the information about making complaint to the Commission and smoking in the home needs to be amended as it was incorrect. The home did not have a Service User Guide available for people living in

Evidence:

the home. These documents provide prospective users of the service with information about the services that the home provides to assist them in decision making. The Service User Guide when produced will need also to include the range of fees the home charges. The home provides care for people who require long term nursing care.

The pre-admission assessment was of a satisfactory standard, enabling staff to identify the needs of the person (before admission) so they could determine if their needs could be met on moving into the home. This information can be used by staff to draw up a care plan, which outlines the action required by staff to ensure people's needs are met appropriately. Staff spoken to were able to demonstrate they were aware of the care needs of people recently admitted to the home.

The home does not provide intermediate care so we did not assess this standard. The home, however does provide respite care facilities.

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.

The arrangements for meeting people's health and personal care needs including medication are not always being adequately, consistently and appropriately met which may result in needs not being met.

Evidence:

The care records of all three people living at the home were looked at in detail and other records sampled. The home has a computerised care planning system to help and assist staff in the drawing up and implementation of care planning. It was concerning that care plans are not being put in place within twenty four hours of admission to the home which is deemed good professional nursing practice. We saw there were risk assessments that highlighted potential risks and the actions required to reduce the risk, so people could lead a meaningful life with minimum risk but these were not always being linked into the care planning process.

We were able to see evidence that the home had contacted the General Practitioners service about concerns in relation a person's health whilst living at the home and the appropriate action was being taken to promote this person's health and well being.

Evidence:

We looked at the arrangements in place for medication management. Medication is stored in one trolley in a locked medication room. The medication system consisted of a mixture of boxed and blister system. Handwritten Medication Administration Records (MAR) contained the initials of staff receiving medication into the home however it is recommended that the signatures of two staff are obtained for handwritten medication records, as signatures allow for ease of recognition if there is a query about medication. The home had no homely remedies policy and procedure. Staff need to consider what they would do in the event of someone living at the home requiring a one off administration of medication for a minor ailment that they could purchase without a prescription from their General Practitioner (G.P). They need to have a Homely Remedies policy and procedure and liase with each individual's GP to ensure they are happy for such medication to be given. We observed some good practice in relation to medication administration bottles and boxes had the date of opening recorded on them, which allows for ease of auditing and as a check for medication that has a short expiry date on opening. The majority of medications audited by us were correct however we did find one medication were staff had not initialed to say it had been given. Given the small quantity of medication being dispensed in the home we would expect to see no such errors. The medication fridge temperatures were within range, which ensure that medication to be be stored at low temperatures is done so correctly. The medication room felt warm but we had no way of checking the temperature as the home did not have a room thermometer. The home therefore could not demonstrate that medication was being stored in compliance with their product licence. We were assured that the home was in the process of obtaining a thermometer to check the room temperature.

Good interaction was observed between staff and people living in the home such as staff talking and sitting with people . We were however concerned on our arrival at the home that staff were having a training session in the lounge dining area and that people living in the home had not been asked whether they were happy for this to take place as they were having to listen to the training. We were told that the only other place available for training was the conservatory area and that at present this was not warm enough for people to sit in. The home should have consulted with people living at the home as to whether they would like to listen to the training or find an alternative location for training staff.

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.

Arrangements for visiting the home were flexible, so people are able to maintain important relationships.

Evidence:

There was no evidence of any rigid rules or routines in the home and people who live there can go outside. One persons care record looked at contained written permission from their family for the person to leave the home. We discussed this with the Care Manager at the time of the inspection and expressed our concerns about this being a restriction on that persons liberty. The relative had given permission but under the Mental Capacity Act 2005 permission did not need to be sought as this person had the capacity to express their own wishes. (See complaints and protection section)

People are able to bring personal items such as small pictures, ornaments and so forth into their bedrooms, providing a home from home atmosphere and reflecting their personality. Visiting was flexible enabling people to visit at a time that suited them, so people living in the home could maintain contact with friends and family.

We were told that the home was in the process of employing an activities co-ordinator. We were told by one member of staff that at present activities consisted of

Evidence:

one to one sessions which included watching television and talking to people living at the home. We were also informed that one person living at the home had been taken out of the home for a change of scenery.

We were told that people living at the home are offered a choice. Lunch consisted of a choice of hot options. People living at the home are asked what they want for lunch in the morning. We observed staff offering drinks to people living at the home.

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.

There are systems in place for dealing with complaints and safeguarding but further work is required to ensure staff have the knowledge and correct information to deal with them.

Evidence:

There have been no complaints or safeguarding referrals since the home has been opened. The only complaints procedure available to people living in the home was in the Statement of Purpose. People living at the home did not have access to a Service User Guide where this information should be. The complaints procedure in the Statement of Purpose needs to be amended to reflect the Commission's new address.

Staff have not received training in safeguarding but we were told this would be taking place in the near future. The Care Manager informed us that staff have not received training in the Mental Capacity Act and Deprivation of Liberty. The Mental Capacity Act is an important piece of legislation and it impacts on how care needs to be delivered to ensure people living at the home are not exposed to unlawful restrictions.

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.

People living at the home live in a comfortable, clean and pleasant environment.

Evidence:

The home has been renovated to a high standard. The home has two floors. It is registered for twenty five people but this would involve people sharing bedrooms. The provider informed us that they would however keep all bedroom as single occupancy meaning only 18 people would be living in the home at any one time.

An assisted bath in a bathroom on the first floor had not been serviced recently. We were informed that this bathroom was not in use at present as the floor in this room need to be renewed.

The home's laundry is on the ground floor. This was found to be clean. There was no handwashing sink in the laundry for staff, but the providers representative informed us on the day of the inspection they would look to providing on in this area. Clean and dirty laundry do not have separate enterances into the room. The home needs to draw up a risk assessment for the use of the laundry in relation to clean and dirty laundry. We have recommended that the home contact the Infection Prevention and Control unit attached to Sandwell Primary Care Trust for advice and assistance with an infection control audit. This will help the home identify risk and take the appropriate measures to reduce them.

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.

There were adequate numbers of staff on duty to meet the needs of people living in the home. Training is taking place within in the home but there are gaps which means the needs of people living in the home can not be guaranteed to be met. The recruitment procedure is not robust and places people at risk of harm.

Evidence:

We looked at the recruitment files of six members of staff. Not all of these files contained two references or a robust employment history on the application form so gaps could not be explored . All staff had been employed with a Criminal Record Bureau check (CRB) prior to commencing work at the home.

We found no induction programme in place and was told by the Care Manager that the home was in the process of adapting and developing one for this home. The induction package needs to cover the Common Induction Standards as recommended by Skills for Care. We did observe health and safety training taking place in the home and found evidence of other training having taken place, however the home could not at the time of inspection demonstrate that they were providing staff with the skills and competences to enable them to undertake their roles with confidence. We were provided with a training schedule that demonstrated staff would be receiving training in the future.

Evidence:

We were told that there was a trained nurse on every shift and two carers for the morning shift and one carer for the late and night shift. The home also has a housekeeper and cook who were also observed in the home on the day of the inspection. Staff spoken to were enthusiastic about their role. At present the number of staff meet the needs of people living at the home but these will need to be kept under constant review as the number of people living in the home increases. The information about how many staff have a National Vocational Qualification 2 or above in care was not available. This training improves staff knowledge and skills and leads to improved outcomes for people living at the home.

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.

This is a new home with evolving management and administration structure whose effectiveness has not been fully tested.

Evidence:

The Care Manager works on a full time basis and is registered with us and has a recognised nursing qualification.

We were told that the home did not hold any money for safe keeping at present for people living in the home.

We received an AQAA from this home in December 2010. This document lets us know about the home's plans and how they intend to meet and achieve them. This document contained very little information as to the home's future plans.

We were told that a quality assurance process was in place but due to the fact that the home has only been admitting people since January this was still evolving. We were

Evidence:

told that no medication audits had taken place. This needs to be prioritized to ensure any concerns are recognised swiftly and rectified. We were told that meetings for people who lived there would be taking place soon.

Recruitment procedures have gaps so therefore it can not be demonstrated that these are robust.

The present system of asking relatives/representatives to give permission for people with mental capacity to leave the home does not comply with the Mental Capacity Act 2005 and must be reviewed.

The building has been refurbished to a high standard. We sampled a number of health and safety maintenance checks and found no thorough examination of the passenger lift. The management team were unable to find a certificate to demonstrate this had been carried out. We were told that this would be forwarded to us however at the time of writing this report this has not happened.

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>The home must purchase a room thermometer and record daily the temperature of the medication and take appropriate action if the room temperature does not comply with the medication product licence.</p> <p>All medication must be stored in accordance with their product licence.</p>	16/04/2010
2	9	13	<p>The medicine chart must be referred to before the preparation of the persons medicine and be signed directly after the transaction and accurate records kept of what has occurred.</p> <p>To ensure the health and wellbeing of the person living in the home.</p>	16/04/2010
3	18	13	<p>The home must ensure that staff are trained and knowledgeable about the safeguarding procedure.</p>	30/04/2010

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
			To promote and protect the wellbeing and safety of people living in the home.	
4	29	19	<p>The recruitment process must look at the previous employment history and any queries or gaps must be explored.</p> <p>To demonstrate a robust recruitment procedure has taken place and that people living in the home have their health and well being protected.</p>	30/04/2010
5	29	19	<p>The home must ensure that it has obtained two references for staff prior to commencing work in the home.</p> <p>To ensure the safety of people living in the home is promoted and protected</p>	30/04/2010
6	38	23	<p>The passenger lift should have a thorough examination carried out every six months and records must be available to demonstrate this.</p> <p>To ensure the lift is working correctly and does not place anyone at risk.</p>	30/04/2010

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	1	A Statement of Purpose and Service User Guide must be available to people living in the home and prospective persons wishing to live in the home. They must contain all the relevant information and be in a format that is accessible to them, so they can make an informed choice.
2	7	Care plans should be in place within twenty four hours of arrival to the home so that staff have clear instructions as to what is required to meet someone's needs and monitoring and evaluation of the condition can be documented.
3	7	Trained staff working at the home should re-familiarise themselves with the Nursing and Midwifery Council document "Record keeping : Guidance for nurses and midwives 2009."
4	8	Risk assessments should be drawn up in a timely manner and should include falls, nutrition and continence, they should be reviewed regularly and when changes have occurred to ensure any risk to people living at the home are appropriately managed.
5	9	If the home should consider implementing a Home Remedies policy and procedure so that minor ailments can be treated swiftly. This must be a reflection of good practice and staff must be trained to adhere to it.
6	9	Handwritten Medication Administration Charts should contain the signatures of the staff receiving and recording the medication in the home, to ensure an accurate record.
7	10	People living at the home should be consulted about the use of the dining/lounge area for training purposes or an alternative space for training should be sought.
8	12	Activities must be reviewed and based on individual needs
9	14	It is recommended that the home obtain a copy of the Department of Health guidance "Mental Capacity Act 2005 core training set" published July 2007 and staff are provided with training, so that staff are aware of their responsibilities and people's rights are protected.
10	16	The Complaints procedure must be amended to contain the correct details on how to contact the Care Quality Commission.
11	18	It is recommended that the home obtain a copy of the

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
		Department of Health guidance "Mental Capacity Act 2005 residential accommodation" published 2007.
12	21	The assisted bath on the first floor should have a lifting certificate to demonstrate it is safe for use.
13	21	The assisted bath on the first floor prior to use must be service and check to ensure it complies with current legislation.
14	26	A risk assessment should be drawn up for the use the laundry and any risks identified should be reduced.
15	26	A hand washing sink for staff should be available for use in the laundry.
16	26	The home should contact the Infection Prevention and Control Team at Sandwell PCT, they will assist the home to carry out an infection control audit. This will help identify any concerns and ways in which they can be reduced. They are based at Kingston House, 438 High Street, West Bromwich, B70 9LD. Telephone number: 0121 612 1627.
17	28	A minimum of fifty percent of staff should be trained to NVQ 2 or above and records/copies of certificates should be available to demonstrate this.
18	30	The home should introduce an induction programme that meets the Common Induction Standards for staff working in the home.
19	33	The quality assurance system must look at a number of areas within the home such as medication, views of people living there and maintenance issues any matters arising from these must be swiftly addressed and monitored on a regular basis to ensure and develop positive outcomes for people.

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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