

# Key inspection report

## Care homes for older people

<b>Name:</b>	Thomas House Care Home
<b>Address:</b>	Thomas House Care Home 168 Prescott Road West Park St Helens Merseyside WA10 3TS

<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>
Michael Perry	2   8   0   5   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](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:	Thomas House Care Home
Address:	Thomas House Care Home 168 Prescott Road West Park St Helens Merseyside WA10 3TS
Telephone number:	01744608800
Fax number:	01744670701
Email address:	glendagould@googlemail.com
Provider web address:	

Name of registered provider(s):	Thomas House (St Helens) Limited
Type of registration:	care home
Number of places registered:	28

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	28
Additional conditions:		
The 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 - Code OP The maximum number of service users who can be accommodated is: 28		

Date of last inspection								
Brief description of the care home								
Thomas House is a privately run care home situated on Prescott Road in the West Park area of St. Helens. The home is close to local amenities and has good links to public transport and shops. St Helens town centre is approximately one mile away. Thomas House opened in 1997 and is registered for 28 elderly persons. It is a 'no smoking' environment. The home is within a large house built in the 1870s, which has had extensive renovation work done to extend the facilities. Accommodation is on two floors. The home offers three lounges, a library, dining room, treatment room and								

#### Brief description of the care home

hairdressing salon. The premises has 24 single rooms with en-suites and 2 double rooms. Toilets and bathroom facilities are located throughout the home. The first floor rooms are accessible via a passenger lift and a call bell system is in place. There are extensive gardens surrounding the home and a small patio area at the rear, which is accessible from the side entrance. Car parking space is available at the front and rear of the home. The Care Home Fee range between 388.75 and 415 pounds per week.

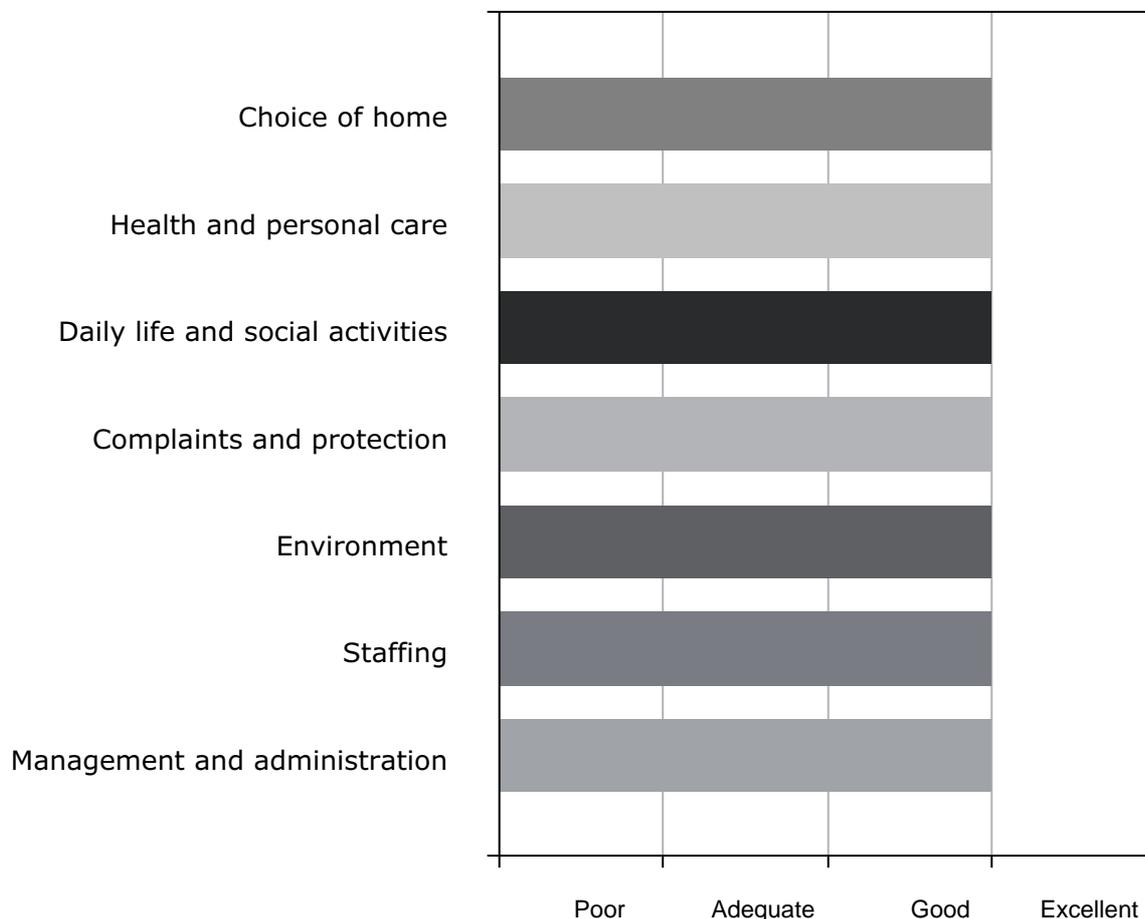
## Summary

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:

Before we visited the home the manager and the owner filled out a form (Annual Quality Self Assessment, or AQAA) we sent and returned this. It had a lot of information about the home and how the people are supported to live their lives.

We visited the home without telling the staff we were coming so that we could see how things work normally. We spoke with many of the people who live there and watched how they spend their day and how the staff support them. We also spoke with visitors and visiting professionals.

We looked at the records kept on people who live in the home and other records to do with how the home is run.

We looked around the home to see if it was clean and a nice place to live and some of the people living in the home showed us their bedrooms.



## What the care home does well:

We asked about how people are admitted to the home and looked at assessment documents. We found that people are admitted appropriately and that this helps the staff to meet the care needs effectively.

We found that health care is accessed and supported in the home. Care records evidenced that people are supported to attend GP appointments and also to attend for other health checks such as dentist and opticians. We looked at the care of one person who has poor mobility and found the care plan supported independence by ensuring the provision of disability aids. Also the home meets with current legislation by providing disability access at all areas as well as the grounds. This shows that the home are considering a diversity of care needs and are trying to meet these.

We spoke to a visiting health care professional who commented:

'The home refers people appropriately [to district nurses] and is good at carrying out any instructions left. They are good at looking after people who need extra care such as palliative care and link in well with us'.

Residents spoken with said that staff were helpful and respected their privacy if they needed to carry out any personal care. One person commented:

'I like it here and I'm being looked after well. I can get around in my wheelchair well and staff are at hand'.

We looked at the medicines and from the records and observations made it is clear that these are managed safely. Medication administration records were clear. Residents reported that they received their medications on time.

Those people spoken with were very settled and clearly enjoy the social aspects of the home. There were lots of visitors on the day observed to be coming and going and this created a very positive feel to the home which has a 'busy' atmosphere. There is also plenty of day space so that people can move around freely. Staff were seen to be interacting well as they went about their work.

Residents commented:

'I like it here very much. I like the activities. I joined in the keep fit today'.

'Everybody is very nice. Very good. I go out everyday to the shops locally. Couldn't get better food. Cracking staff'.

The external grounds are accessible for people with disability. We also saw that residents are supplied with a good range of aids and adaptations such as specialized beds and mattresses if these are needed. This shows that the management have considered people with physical disability and have taken time to ensure they can access facilities in the home and also externally.

We observed the staff to be warm and supportive in their interactions with the

residents and this was confirmed as consistent by speaking to residents.

Staff files seen and staff spoken with evidenced ongoing support around training which is monitored through regular supervision sessions with the manager. This shows that the staff have the basic skills to care for people in the home. The manager and Senior staff are also completed some training in dementia care. This shows that the home are keen to ensure staff are prepared to meet a diverse range of care needs. One staff said;

'The owners and manager work hard to support us and there is plenty of training'

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

All of the residents have a plan of care. The manager is currently in the process of auditing all care files to ensure that information is not duplicated and is easily accessible - this was recommended on the last inspection.

All new staff now follow an induction program which is based on the 'skills for care' induction standards. This helps ensure that staff are trained to carry out care work in the home.

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

We would recommend that the manager seeks further ways to include residents and/or their relatives and supporters in the ongoing development and review of care plans. This will help to encourage more involvement in the care.

We would recommend that the home are more proactive in encouraging people to self medicate within a safe assessment framework as this will encourage greater Independence in this area.

The application of external creams needs to have a record of the staff member carrying out the procedure so this can be effectively monitored.

We would recommended that future training in safeguarding of vulnerable adults includes an understanding of the locally agreed procedures and the role of statutory agencies such as social services so that staff are more aware of the broader picture in terms of safeguarding of vulnerable adults.

All maintenance work reported should be completed in a reasonable timescale. This with reference to the work needed on the wash basin in one of the bedrooms. This ensures that all areas are well maintained for people living in the home.

All communal toilets and bathrooms and the laundry should have a consistent supply of suitable towels to dry hands. It would also be recommended that one staff be allocated laundry duties rather than all staff being involved on a daily basis. This would again reduce any cross infection risk.

We discussed the need to ensure that a criminal records check is made for one staff member so that this record is up to date. This helps ensure that all staff employed are

fit to work with vulnerable people.

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

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## Choice of home

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

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

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

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

Judgement:

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

People are admitted following assessments being carried out so that the home can be sure of meeting any care needs.

Evidence:

We looked at the assessments carried out prior to and during the admission phase. These were comprehensive and included all aspects of the persons care including assessment of any risk factors that the person may experience in their daily life. For example whether a resident has poor mobility and is at risk of falling. This sort of assessment helps the staff in the home to meet the persons needs. The manager explained that people are invited to the home as much as possible before admission. We spoke to one person who said that they had been to visit before moving in and this had helped with choosing the home. This also gives a chance for staff to get to know the person.

## 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.

The management of health and personal care ensures that people are well cared for and they access appropriate support so that all care needs can be met.

Evidence:

We spoke to residents and looked at care records and found that health care is accessed and supported in the home. Care records evidenced that people are supported to attend GP appointments and also to attend for other health checks such as dentist and opticians.

All of the residents have a plan of care. These were clear and personalized so that care staff could follow the care for each resident. They are reviewed monthly and the reviews identified any progress and is a useful update of the care. The manager is currently in the process of auditing all care files to ensure that information is not duplicated and is easily accessible.

We spoke to people in the home about the care plans and they were unaware of them although commented that staff did keep them up to date with the care. We discussed

## Evidence:

ways in which the care plans could be reviewed with the residents or their supporters / families and this should be further evidenced as it is a way of including people in their care and ensuring they are consulted.

We looked at the care of one person who has poor mobility and found the care plan supported independence by ensuring the provision of disability aids. Also the home meets with current legislation by providing disability access at all areas as well as the grounds. This shows that the home are considering a diversity of care needs and are trying to meet these.

We spoke to a visiting health care professional who commented:

'The home refers people appropriately [to district nurses] and is good at carrying out any instructions left. They are good at looking after people who need extra care such as palliative care and link in well with us'.

Residents spoken with said that staff were helpful and respected their privacy if they needed to carry out any personal care. A relative said that staff were very quick to refer anybody if they needed a doctor. For example one person had developed an infection and staff had quickly picked this up and referred to the GP. Relatives also reported that they are always kept informed of the care. One person commented:

'I like it here and I'm being looked after well. I can get around in my wheelchair well and staff are at hand'.

We looked at the medicines and from the records and observations made it is clear that these are managed safely. Medication administration records were clear. Residents reported that they received their medications on time. Staff reported that they are trained in medicine administration by completing training including a distance learning course and also by being shadowed by the manager for a period before being considered competent to administer medicines.

None of the residents are supported to self medicate currently. The homes policy includes reference to self medication and appropriate risk assessments were in place so that residents can carry out this self care safely but from speaking to care staff and the manager it is apparent that the home could be more positive in this area and this would encourage people to be more independent.

Some of the residents are prescribed creams and these are applied by care staff. This was discussed as there is no current way of recording which staff have applied the

Evidence:

cream and when. A method of recording this was discussed.

## 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 are encouraged to have an active social life in the home so that they feel at home and included.

Evidence:

We spoke to the manager and staff who explained that activities are planned for residents and these include sing alongs, keep fit and various outings locally. An activities schedule was seen posted in the hallway. People were observed to be involved in keep fit session during the day and this was reported to be a regular event. Those people spoken with were very settled and clearly enjoy the social aspects of the home. There were lots of visitors on the day observed to be coming and going and this created a very positive feel to the home which has a 'busy' atmosphere. There is also plenty of day space so that people can move around freely. Staff spoken with said that they had time to socialize with residents and staff were seen to be interacting well as they went about their work. One staff member was observed to be accompanying some residents out locally in the afternoon.

We spoke to residents and relatives who were pleased with the social life in the home and particularly the relaxed and friendly atmosphere. Some comments were;

Evidence:

'I like it here very much. I like the activities. I joined in the keep fit today'.

'Everybody is very nice. Very good. I go out everyday to the shops locally. Couldn't get better food. Cracking staff'.

All commented on the food and how they enjoyed it. We observed the dining arrangements and this was a happy and social occasion. The residents reported that there is choice available and this was supported by the menus seen.

## 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.

There are policies and procedures and staff are trained so that people's concerns are listened to and reported and they are protected

Evidence:

There is a complaints procedure available for people in the home. This is posted in accessible areas such as the hallway and lift. These displayed procedures have been updated to include the current contact address of the Care Quality Commission but the homes 'service user guide' still needs to be updated. This is important so that people are aware of who they can contact outside of the home if they have concerns. Those spoken with were very relaxed around staff and said that they were listened to so that any concerns could be addressed.

We looked at the complaints recorded but there were none recorded and the manager explained that any concerns tended to be addressed immediately and did not reach the complaint stage as a rule.

We were shown policies and procedures around the recognition and management of allegations of abuse. Copies of the locally agreed procedures were available. Staff spoken with have received training in how to recognize and report abuse and were knowledgeable about identifying abuse and said were confident about reporting this to the manager. Staff were not really aware of the wider picture in terms of understanding how investigations are conducted and the role of statutory agencies

Evidence:

such as social services. They were also unclear about where to look for the locally agreed procedures and policies. It would be recommended that future training includes these elements so that staff are more aware of the broader picture in terms of safeguarding of vulnerable adults.

## 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 home is generally well maintained and clean so that people living there enjoy comfortable surroundings.

Evidence:

We toured the home and visited some residents in their bedrooms and spoke to other people living in the home. We found the home to be relaxed and welcoming and residents spoken to and observed were clearly at home and enjoyed the positive atmosphere.

Areas seen were clean and the domestic staff on duty were in the process of attending to all areas. We were invited to look at some of the residents bedrooms and found these to be very personalized and maintained so that individual lifestyles were reflected. Those people spoken with said that privacy was respected.

The external grounds are easily accessible. We spoke with one resident who has difficulty with mobilizing and the home have made it possible for this person to move freely around the home by providing ramped access for example. We also saw that residents are supplied with a good range of aids and adaptations such as specialized beds and mattresses if these are needed. This shows that the management have considered people with physical disability and have taken time to ensure they can access facilities in the home and also externally.

## Evidence:

We saw good provision of bathing facilities and these are variable so that some choice is provided. Likewise there are adequate numbers of toilets. Residents said that they had access to bathrooms and toilets. These are on each floor. We did observe one bedroom where the water supply to the basin was faulty which meant that the person had to go to the nearby bathroom to wash. This had been reported two months previously [we were advised]. The timely upkeep of basic maintenance was discussed in this instance.

We observed that communal bathrooms and toilets had liquid soap provided but at least one did not have towels in place. The laundry did not have a supply of paper towels for staff to dry hands. The consistent provision of these are strongly recommended in order to reduce the risk of cross infection in the home. Care staff are involved in laundry duties and standards must be adhered to in terms of management of this area so that any risk of cross infection can be reduced. This was discussed with the manager. It would be further recommended that one staff be allocated laundry duties rather than all staff being involved on a daily basis. This would again reduce any cross infection risk.

## 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.

Staff are recruited and trained appropriately so that the care needs of residents can be met.

Evidence:

There were 25 people supported in the home at the time of the inspection by four care staff and the manager. Care staff have flexible duties and this was shown by staff members observed organizing laundry. The care staff are supported by house keepers and other ancillary staff such as cooks working in the kitchen on a daily basis. The manager also has administration support [accountant]. This means that there is enough staff employed to ensure that the people living in the home are supported.

Staff spoken with felt that they were supported by the management and that there was enough staff to carry out the care needs of the residents. Staff spoken with clearly understood the care needs of the people in the home and could explain their role in providing support. We observed the staff to be warm and supportive in their interactions with the residents and this was confirmed as consistent by speaking to residents.

The pre inspection information supplied by the home states that 14 out of 17 care staff have an National Vocational qualification [NVQ] in care. Staff files seen and staff spoken with evidenced ongoing support around training which is monitored through

## Evidence:

regular supervision sessions with the manager. The home have followed up a recommendation on the last report to improve the induction of new staff to the home by referencing the 'skills for care' standards.

This shows that the staff have the basic skills to care for people in the home. The manager and Senior staff are also completed some training in dementia care. This shows that the home are keen to ensure staff are prepared to meet a diverse range of care needs. One staff said;

'The owners and manager work hard to support us and there is plenty of training'

We looked at some staff files and found that the checks required for each staff prior to employment had been made and that staff were recruited thoroughly. We looked at one file for a member of staff working in the home who had been supplied by an outside training organisation. The manager had seen the previous criminal record [CRB] check and had a letter on file from the agency concerned but had not completed their own CRB check. This was discussed and it is strongly recommended that the home complete their own check to ensure full recruitment requirements. These checks ensure that staff who work in the home are fit to do so.

## 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.

There are management systems in place to ensure standards are monitored and the home is run in the best interests of the residents.

Evidence:

The manager is Barbara Thornber. We spoke at length and she was able to give a clear outline of the current needs of the service in supporting residents with elderly care needs and also outline how future developments would fit in with best practice.

We asked how the service promotes peoples views and suggestions and was told about regular community meetings so that residents can air any views or concerns. The service also canvases opinions of residents through surveys so that people can provide feedback about the service and feel more involved in the running of the home.

The manager discussed the various internal audits that are carried out including regular environmental checks and also visits by the provider who is also a regular presence in the home. The provider completes a regular inspection and report,

Evidence:

Regulation 26 report, which provides further feedback for the manager.

We found that the management of health and safety in the home was good. The pre inspection information, AQAA, completed states that all safety certificates are up to date and some of these were spot checked on the inspection. This ensures that the environment for people is safe and maintained. The Health and Safety policy is available. Staff receive basic training in Health and Safety and this was confirmed by the available training records as well as staff interviews.

We looked at how the home records accidents in the home and found some of the recording to be lacking in depth. For example on resident was recorded as having 'fallen off the bed' but there was no mention of injury [or not] sustained. Also it was not recorded whether relatives had been informed [or not] which is good practice and evidences good communication.

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

### 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	7	We would recommend that the manager seeks further ways to include residents and/or their relatives and supporters in the ongoing development and review of care plans.
2	9	We would recommend that the home are more proactive in encouraging people to self medicate within a safe assessment framework as this will encourage greater Independence in this area.  The application of external creams needs to have a record of the staff member carrying out the procedure.
3	17	We would recommended that future training in safeguarding of vulnerable adults includes an understanding of the locally agreed procedures and the role of statutory agencies such as social services so that staff are more aware of the broader picture in terms of safeguarding of vulnerable adults.
4	19	All maintenance work reported should be completed in a reasonable timescale. This with reference to the work needed on the wash basin in one of the bedrooms.
5	26	All communal toilets and bathrooms and the laundry should

## 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
		have a consistent supply of suitable towels to dry hands.  It would be recommended that one staff be allocated laundry duties rather than all staff being involved on a daily basis. This would again reduce any cross infection risk.
6	29	The staff member discussed should have a CRB check carried out to ensure requirements are met for all staff in the home.
7	38	We would recommend that accident recorded includes more detail including whether relatives have been informed [or not].

## Helpline:

**Telephone:** 03000 616161

**Email:** [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

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