

# Key inspection report

## Care homes for adults (18-65 years)

<b>Name:</b>	Wilton Villas
<b>Address:</b>	Wilton Villas Islington London N1 3DN

<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>
Lea Alexander	3   0   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 Adults (18-65 years) can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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- 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:	Wilton Villas
Address:	Wilton Villas Islington London N1 3DN
Telephone number:	02073599990
Fax number:	02072262714
Email address:	jamesc@stmartinoftours.org.uk
Provider web address:	

Name of registered provider(s):	St Martin of Tours Housing
Name of registered manager (if applicable)	
Mr James Stuart Crockhart	
Type of registration:	care home
Number of places registered:	28

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
mental disorder, excluding learning disability or dementia	28	28

Additional conditions:		
The maximum number of service users who can be accommodated is: 28		
The registered person may provide the following category of service only: Care Home only - Code PC to service users of the following gender: Male whose primary care needs on admission to the home are within the following categories: Mental Disorder, excluding learning disability or dementia - Code MD		
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Date of last inspection									
Brief description of the care home									
Wilton Villas is a registered care home for men with a forensic psychiatric history. People living in the home are supported within the multi-agency framework of the Care									

## Brief description of the care home

Programme Approach, which is the national framework for supporting people with mental health problems.

There are 26 single bedrooms spread across three floors, which are accessed via a lift and stairs. Each floor has a small kitchen, bathrooms and toilets. There is a large lounge and recreational area on the ground floor. The, walled, garden is shared with a sister home, New North Road. Staff offices are on the ground floor.

The focus of the service is on rehabilitation and partnership working with the forensic services and Community Mental Health Teams. There is an emphasis on risk assessment, care planning and structured individual sessions with key workers. Project and support workers run a range of group activities. Relevant professionals are available to support therapeutic groups.

Service users are self-catering, and, as the home is mental health aftercare service, they do not have to contribute to the cost of the placement. Placing authorities pay the #970 per week charge.

The home is situated in Islington in North London, in a residential area. It is within walking distance of Essex Road, and bus routes to Dalston, Highbury & Islington Tube Station and Angel Tube station. Parking is not available.

The home is managed by St Martin of Tours Housing, which is a local, not for profit, organisation.

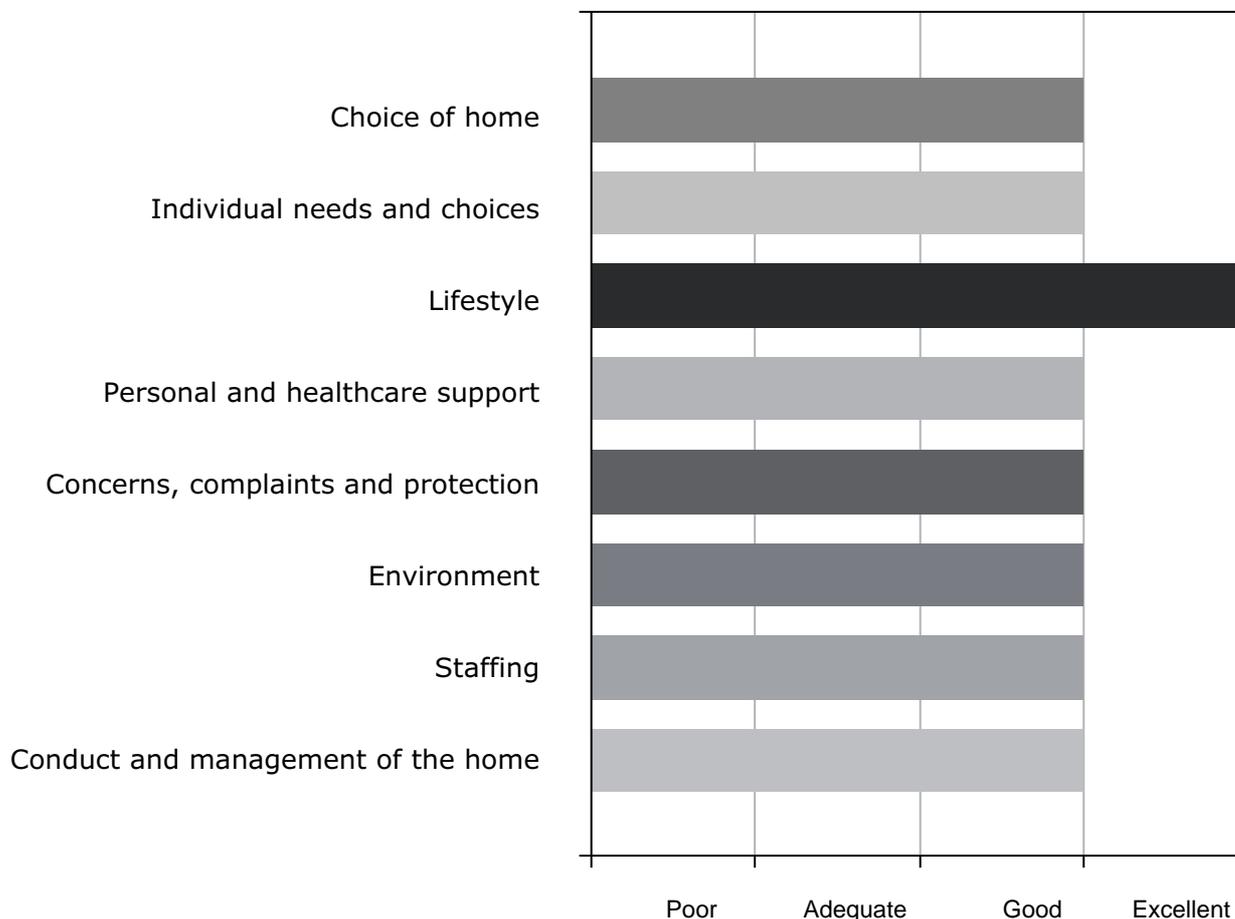
## Summary

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:

One inspector carried out this inspection over the course of a day. We visited the service and spoke with the deputy manager and some of the care workers on duty. We also met privately with five people who live at the home. In addition we looked at a range of records maintained by the home including residents personal files and health and safety records.

We also received feedback surveys from three residents. These commented that staff are supportive and encourage residents to achieve their potential. All the residents we spent time with spoke highly of the support they received from staff, and commented that they enjoyed living at the home.

At the time of this inspection there were twelve male residents living at the home. For the majority of residents moving to the home is a first step in reintegrating back into the wider community after lengthy stays in hospital. Most residents are subject to the

Mental Health Act 1983. The home is also able to provide some community outreach to residents when they move on to more independent accommodation within the community.

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

Potential residents have the opportunity to visit the home and be suitably assessed prior to their moving in. Each resident has an individual plan identifying a range of health, social and personal care needs. These plans are regularly reviewed and updated during key working sessions. Any potential risks identified in the plan are appropriately assessed.

The home encourages residents to manage their own money, but can provide assistance if needed. People who use the service are encouraged to participate in the decision making processes of the home.

The service actively supports residents towards independence, taking responsibility for their own shopping, meal planning and preparation. People who use the service are supported to engage in a range of community and leisure activities according to their needs, wishes and abilities. Residents are able to maintain relationships with friends outside of the home and with family members.

People who use the service are supported to access a range of healthcare services.

The home listens to residents and promotes their safety and wellbeing. Residents know about the homes complaints procedure, and any complaints received are appropriately investigated and recorded with details of the outcome and action taken.

Suitable numbers of staff are employed within the home. Staff are supported to undertake NVQ level qualifications and receive regular training and refresher updates through a rolling programme of training. New members of staff undergo a comprehensive induction.

The home canvasses residents for their views on how the service can be improved.

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

The home has notified the Commission of any relevant occurrences within the home, we noted that the home deals with incidents in an appropriate and timely manner. We were satisfied that the home has sound basic medication practises, and that the introduction of an updated medication system further develop the homes medication practise.

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

The home must ensure that fridge temperatures are checked and recorded daily, along with any remedial action taken when temperatures fall outside of acceptable parameters.

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).

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## Details of our findings

### Contents

Choice of home (standards 1 - 5)

Individual needs and choices (standards 6-10)

Lifestyle (standards 11 - 17)

Personal and healthcare support (standards 18 - 21)

Concerns, complaints and protection (standards 22 - 23)

Environment (standards 24 - 30)

Staffing (standards 31 - 36)

Conduct and management of the home (standards 37 - 43)

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, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. 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 the person 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.

Admissions are not made to the home until a full needs assessment has been undertaken. Prospective residents are given the opportunity to spend time in the home.

Evidence:

We looked at the personal files of three residents. It was evidenced that each had been appropriately assessed prior to their moving in.

We met with one person who was visiting the home with a view to moving there. We also looked at their transition plan. This evidenced that potential residents undertake a range of day visits to the home, building up to overnight visits before eventually moving into the home.

## Individual needs and choices

**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 needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

**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 service involves individuals in the planning of their care. Care plans are person centred and agreed with the individual. Each care plan includes a comprehensive risk assessment.

Evidence:

We spoke with the deputy manager and with people who use the service. We also looked at the personal files of three residents. These evidenced that the home works with people who use the service to develop an individualised plan that addresses their personal, healthcare and social needs. Each resident has regular key working sessions and these plans are reviewed and updated each session. The plans we saw contained evidence of life story work and were person centred.

Discussion with residents, the deputy manager and care staff on duty evidenced that some residents are independent with their finances, whilst others require support and assistance. At the residents request the home does hold a small amount of cash that the resident can then call on as needed. We looked at the records for one resident

Evidence:

who has money held on their behalf by the home. This evidenced that a log book detailing each transaction is maintained for every deposit and withdrawal. This is dated and signed by the resident and staff on duty.

For each resident a comprehensive risk assessment based on their individual plan had been developed.

Residents told us that there are monthly house meetings, where they have the opportunity to feedback on the service provided and contribute to the day to day running of the home.

## Lifestyle

**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 can take part in activities that are appropriate to their age and culture and 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 and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

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

Judgement:

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

The home understands the importance of enabling residents to achieve their goals, follow their interests and be integrated into community life and leisure activities in a way that is directed by the person using the service. The service actively supports residents towards independence, taking responsibility for their own shopping, meal planning and preparation.

Evidence:

We spoke with people who use the service and with the deputy manager. We also looked at residents personal files and looked at the homes activities rota. The home also employs an activities co-ordinator, however they were not on site on the day of our visit. We were able to evidence that a range of structured activities are provided within the home, some on an individual basis, and others in groups. Recent activities that residents had engaged in include songwriting, yoga, preparing a newsletter, creative thinking, arts, photography, reading and plumbing. In addition the home

## Evidence:

arranges regular group outings, the venue for which is discussed and agreed at the monthly residents meeting. Residents also choose to come together for a group dinner each Friday evening and for Sunday brunch. Residents take turns in preparing these meals.

In addition some residents attend local day services or local adult education classes including Maths, English and IT.

The residents we spoke to told us that they enjoyed the activities they were involved with, and felt that these were tailored to meet their individual needs and interests. People who use the service also told us that they could choose when to join in an activity or spend time by themselves.

Some of the residents we spoke to told us that they have friends outside the home who they keep in regular contact with. Some residents are also supported, where appropriate, to maintain contact with their families.

During our visit we observed that staff talk to and interact with residents, not exclusively with each other.

Discussion with residents and the deputy manager evidenced that each person using the service is responsible for planning, shopping and preparing their own meals. We also looked at individual support plans, and these identified that some residents require support in developing these skills. The home is also able to access a basic cookery skills class held locally for residents where this is needed.

The residents we spoke to told us that they were happy with the arrangements for mealtimes, and where needed received the necessary support to provide varied, nutritious meals for themselves.

## Personal and healthcare support

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 receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people 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.

If people are approaching the end of their life, the care home will respect their choices and help them to 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.

Residents are supported to access healthcare services. Residents are encouraged to be independent and take responsibility for their personal care needs. The home has developed sound medication practises.

#### Evidence:

None of the homes residents require practical assistance with personal care. Some residents do require prompting and encouragement.

The residents we spoke to told us that they were able to choose their own clothes and appearance, and we formed the view from the service users that we spoke to, that residents appearance reflected their personality.

We examined the personal files of three residents. We also spoke to people who use the service, with the deputy manager and care staff on duty. It was evidenced that residents are supported to access a range of healthcare appointments.

No residents were taking any controlled drugs at the time of this inspection. One resident was self medicating. We spoke with them and with the deputy manager. We

## Evidence:

also looked at their personal file. This evidenced that they were identified as self medicating in their individual plan, and that a risk assessment addressing this activity had also been completed. A lockable cabinet had also been provided in the residents room so that they could store their medication safely.

We looked at the available medication and Medication Administration Records (MAR) sheet for one resident. This evidenced that all available medication was listed on the MAR sheet. The MAR sheet had also been appropriately completed and was in good order. However, whilst checking stock levels we found that the current stock levels for one "as required (PRN)" medication did not correspond with what was recorded. We asked the deputy manager to investigate this and feedback to us. We were subsequently advised that the inconsistency related to a recording error. We are satisfied with the investigation undertaken by the home and accept its findings.

We spoke with the deputy manager at length regarding the homes medication system. We were advised that at present a pharmacist loads medications into dossett boxes which are then dispensed by care staff and the MAR sheet completed. A weekly audit of all medication is undertaken by the homes deputy manager. We were also told that the home was in the process of moving to a new system, whereby all medications would be delivered in blister packaging. The deputy manager told us that all staff had received initial training from the pharmacist in the new system, and that follow up training was scheduled in the coming weeks prior to the new system being introduced.

We were satisfied that the home has sound basic medication practises, and that the new system being introduced would develop and improve the homes existing practise.

## Concerns, 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. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

There are no additional outcomes.

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

Judgement:

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

The home understands the procedures for safeguarding adults, and safeguarding training and refresher training is regularly provided. People who use the service know how to make a complaint and feel comfortable should they need to do so.

Evidence:

The residents we spoke to told us that they knew how to make a complaint, and felt comfortable speaking to the manager or any of the staff if there was something they were unhappy about.

We looked at the homes complaints log. Only one complaint had been received. We noted that this related to an incident with a neighbour. The complaint had been fully investigated, and had been upheld. In our view the home took appropriate action to address the issue and investigated and notified the complainant of the outcome and action taken.

We spoke with the deputy manager and examined the incident log. These sources, in addition to the complaints log, evidenced that there had been no safeguarding concerns since the last inspection. We also spoke with two of the care staff on duty. Each was able to demonstrate an understanding of safeguarding issues and their responsibilities should they have any adult protection concerns. Both staff members also told us that they had received safeguarding update training in the last twelve months, and the training records we saw confirmed this.

Evidence:

Since the last inspection the home has notified the Commission of any relevant occurrences within the home. We noted that the home deals with incidents in an appropriate and timely manner.

## 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, comfortable, 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. People have enough privacy when using toilets and bathrooms.

**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.

Each resident has their own bedroom. There are a range of shared spaces. There are opportunities to live in flat style accommodation within the home before moving into the community. Parts of the home have been recently refurbished.

Evidence:

The home consists of a mews style house with a large extension. The home is arranged over three floors, with each resident having their own bedroom and access to a range of shared spaces including a lounge/diner and a small garden.

On each floor there are communal bathrooms and toilets and a shared kitchen. Some of the accommodation is arranged into self contained flats. These are still fully supported and are aimed at residents who are ready to move onto independent accommodation in the community.

Some floors were redecorated and their bathrooms refurbished in 2009. Other floors, and the stairwells, were looking tired and in need of refurbishment. The deputy manager told us that these areas were scheduled for redecoration in the summer of 2010, and that a major renovation and redevelopment of the ground floor communal areas was also scheduled.

Evidence:

The residents we spoke to told us that they were happy with their rooms, and that there were no maintenance issues.

During our visit to the home we found the premises to be clean, hygienic and free from offensive odours.

## 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, qualified 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. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

**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.

Suitable numbers of staff are employed and rostered on duty within the home. People who use the service have confidence in the staff who care for them. Staff undertake external NVQ level qualifications. The home has sound recruitment procedures.

Evidence:

Discussion with the deputy and sampling of the homes roster evidenced that the home employs a manager and deputy, both of whom are usually on duty each weekday from 9am to 5pm. Outside of these hours an oncall duty manager is available by telephone in the first instance. In addition the home employs four project workers, two support workers and one night worker. At the time of this inspection an additional support worker post was vacant, and we were advised that this is covered by regular bank staff. The home also has two domestic staff who are on site daily from 8am to 4pm. The home operates three shifts over a 24 hour period. For every shift two members of care staff are rostered on duty. A shift leader has responsibility for administering medication, and the roster is annotated to clearly identify who the shift leader is.

We were told by the deputy manager that of the six project and support workers currently in post, three have obtained NVQ level 2, and the remainder are currently studying for this award.

## Evidence:

The residents we spoke to told us that they got on well with staff, and that they had regular, individualised key working sessions. People who use the service also commented that staff were supportive and approachable. One resident commented that staff gave a good balance of support and encouragement to be independent.

St Martin of Tours operate a centralised personnel department, and no personnel records were available on site during our visit. We did however have an email exchange after our visit with a member of the personnel department. They confirmed that for the two particular staff we case tracked the organisation had obtained POVA first checks, Enhanced Criminal Records Bureau (CRB) checks and two satisfactory references as well as proofs of identity.

We spoke with the deputy manager and two care staff on duty. We also looked at the homes training records. These evidenced that a rolling programme of training had been organised for the current year, with scheduled courses including: Assessment, health and safety, equality and diversity, first aid, food hygiene, conflict management, safeguarding adults, mental health and handling money. We also looked at training records from previous years, and this evidenced that care staff receive regular training including updates in core areas.

The deputy manager showed us the induction programme that they are currently working through with the homes newest staff member.

## Conduct and management of the 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 have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because 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. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

**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 has appointed a manager who is studying for their NVQ level 4 award. The service has developed and implemented sound policies and procedures. Residents are supported to manage their own money where possible. However, the home must ensure that it complies with all routine health and safety checks and records.

Evidence:

The homes manager has changed since the last inspection. The manager is currently undergoing the registration process with the Commission, and is studying for their NVQ level 4 award.

We spoke with the deputy manager and with people who use the service. We also looked at "connect", the annual report of the St Martin of Tours organisation which includes some customer satisfaction information. In addition the home carries out annual surveys amongst residents, and also asks for feedback during monthly residents meetings. Two of the homes residents are also members of the organisations management board.

## Evidence:

We looked at some of the health and safety records the home is required to maintain. These evidenced that the home regularly checks and records the temperatures of fridges and freezers. However, the home should ensure that these are checked and recorded daily. On the records we saw we noted that no temperatures had been recorded on some dates in February, March and April. We also noted that on some dates in March and April the fridge temperature had been recorded as being at a temperature that was too high, however there was no record of the action taken.

The home also carries out and records weekly fire checks, and we found everything to be in order with the records we sampled.

We also looked at the homes accident and incident reports. We found that the entries corresponded with the notifications that the home had sent to the Commission. The incidents recorded gave detailed information on what had occurred, and the actions taken by the home. This included where appropriate liaison with other agencies and the review and update of plans and risk assessments. The home has obtained appropriate insurance cover, and the current insurance certificate is displayed in the reception area.

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	42	23	<p>The home must ensure that fridge temperatures are checked and recorded daily, along with any remedial action taken when temperatures fall outside of acceptable parameters.</p> <p>To ensure the safety and wellbeing of people who use the service.</p>	27/07/2010

### 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

## Helpline:

**Telephone:** 03000 616161

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

**Web:** [www.cqc.org.uk](http://www.cqc.org.uk)

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