

Key inspection report

Care homes for older people

Name:	The Old Rectory
Address:	Leicester Road Bedworth Warwickshire CV12 8BU

The quality rating for this care home is:

two star good service

A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:							
Patricia Flanagan	1	2	0	1	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

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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:	The Old Rectory
Address:	Leicester Road Bedworth Warwickshire CV12 8BU
Telephone number:	02476318863
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	First for Care Limited
Type of registration:	care home
Number of places registered:	23

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	23	0
old age, not falling within any other category	0	23
Additional conditions:		
The maximum number of service users to be accommodated is 23.		
The registered person may provide the following categories 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: Older People (OP) 23 Dementia (DE) 23		

Date of last inspection	1	3	1	0	2	0	0	8
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Brief description of the care home
The Old Rectory Care home provides personal care for up to 23 older people or those suffering from dementia. It does not provide nursing care. District Nurses visit the home and carry out any specific nursing care to those that need it.
The care home is an improved, renovated, late Victorian- style building situated close to the centre of Bedworth. The local shops are a short walk away and local amenities close by. The home has 23 rooms, which includes 17 single rooms, 12 with en-suite facilities and three double rooms, two with en-suite facilities. The accommodation is

Brief description of the care home

over two floors with the first floor only accessible by a shaft lift or stairs. The home has a large communal lounge and separate dining room.

People should contact the service direct for up to date information regarding fees charged for residency at the home.

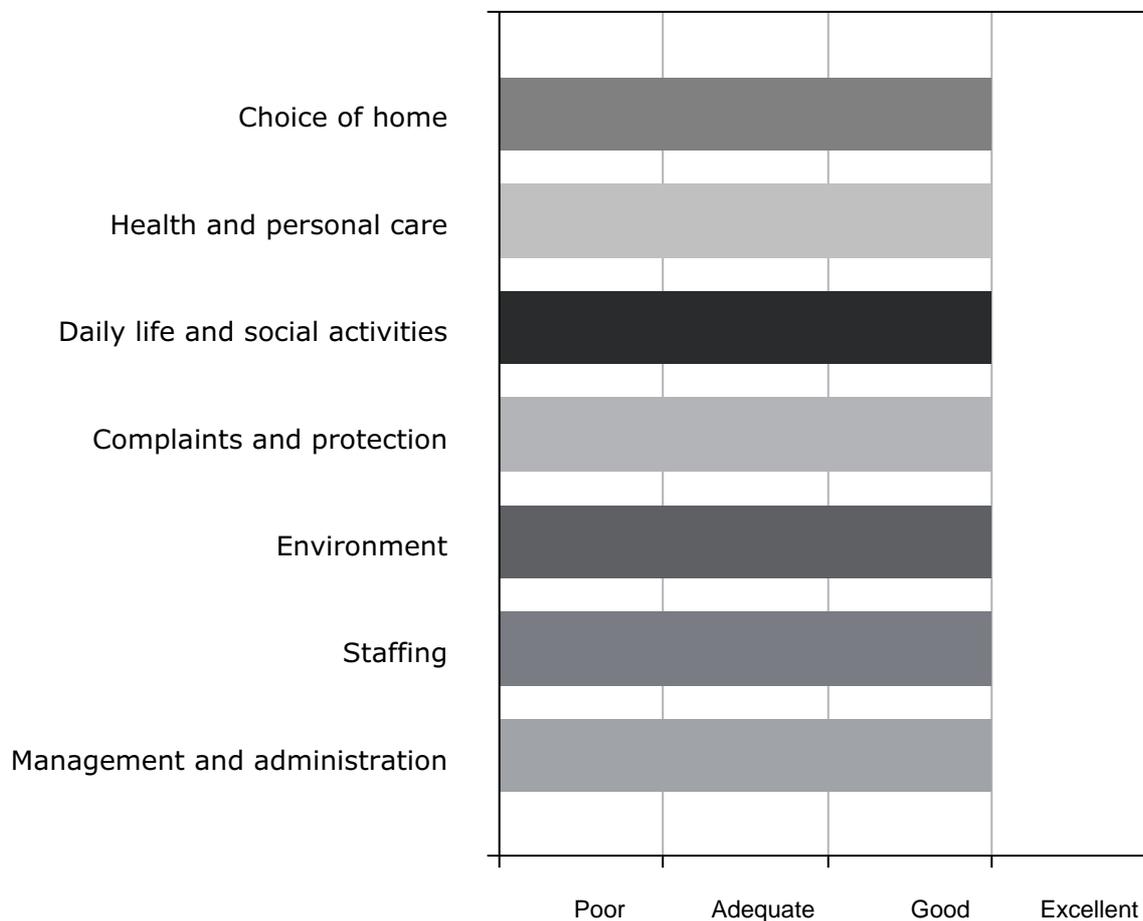
Summary

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:

The focus of inspections undertaken by us is upon outcomes for people who live in the home and their views of the service provided. This process considers the home's capacity to meet regulatory requirements, minimum standards of practice and focuses on aspects of service provisions that need further development. This unannounced inspection took place between 09:45am and 6:00pm.

Two people who were staying at the home were 'case tracked'. The case tracking process involves establishing an individual's experience of staying at the home, meeting or observing them, discussing their care with staff and relatives, looking at their care files and focusing on outcomes. Tracking people's care helps us understand the experiences of people who use the service.

A completed Annual Quality Assurance Assessment (AQAA) was received from the service prior to the inspection detailing information about the care and services

provided. Information contained within this document has been included within this report where appropriate.

A range of evidence was used to make judgements about this service to include discussions with people using the service, visitors, the registered manager, registered provider and staff. We also examined a number of records including care records of people living at the home, staff training, staff recruitment, complaints records and health and safety records.

A period of time was spent in the communal areas of the home to observe what it may be like for people living in the home.

A tour of the home was undertaken to view specific areas and establish the layout and decor of the building.

What the care home does well:

We found that all the people we spoke to were happy with the care and support they receive at The Old Rectory.

All people are assessed prior to them living at the home so that their needs can be identified and a decision can be made on whether these can be met.

Health and safety is well managed to ensure people's safety. Staff recruitment policies and practices are robust and help to minimise the risk of harm to people.

Staff are friendly, caring and supportive towards people and positive comments were made about staff. This includes "they look after me very well", "staff are very good", "I have no complaints about the home or the staff, I was worried about coming to live here, but it's been better than I expected."

What has improved since the last inspection?

Staff training in areas such as moving and handling and health and safety is up to date ensuring that the safety and well being of people is protected.

Quality assurance systems have been further developed ensuring the home reviews current practices and people satisfaction with the service.

Activities are taking place which meets the needs of people living there.

Carpets have been replaced in communal areas ensuring people live in a pleasant environment.

Medication management has improved which means people receive their prescribed medication safely.

Care Plans have been further developed ensuring staff have the most up to date information about the people they care for.

What they could do better:

We have not made any requirements during this inspection. We have made two recommendations to improve some practices.

There should be clear written guidelines from the GP for the staff to follow for medicines that have been prescribed on a 'when required' (PRN) basis.

Where a person requires pureed food, the home should consider liquidising each food item separately. This will enable the person to taste each food item individually and enhance their enjoyment of the meal.

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

The report of this inspection is available from our website www.cqc.org.uk.
You can get printed copies from enquiries@cqc.org.uk or by telephoning our
order line 0870 240 7535.

Details of our findings

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Requirements and recommendations from this inspection

Choice of home

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

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

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

This is what people staying in this care home experience:

Judgement:

People using this service experience **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 are completed so people can be assured their needs will be met when they move into the home.

Evidence:

The manager described the pre admission assessment process. The service receives a referral from either a social worker, family member or the person themselves. The manager visits the person and undertakes an assessment of their needs and abilities. Information is also provided by other health and social care professionals. This should mean that the service has sufficient information to confirm whether people's needs can be met.

We looked at the care files of a person who had recently come to live at the home to assess the pre admission process. We found a detailed pre admission assessment had been carried out by the manager. The home has a standard form which covers activities of daily life, which includes personal care, eating and drinking, continence,

Evidence:

socialising, communication and spirituality. We also saw that information had been obtained from health and social care professionals before the person moved into the home.

Following admission to the home the manager told us that a more in depth assessment was undertaken with risk assessments and we saw these on the file we reviewed. There is a trial period of one month. This provides an opportunity to discuss whether the person is happy to continue living in the home and if their care needs are being met or any changes are required.

We spoke with the person and their relative who both confirmed that an assessment of needs had taken place. The person said their relative had looked around a number of homes on their behalf before advising that The Old Rectory would meet their needs, commenting, "It was a good choice, I am very happy here, I couldn't have chosen better myself."

Health and personal care

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

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

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

People living in the home can be confident their health and personal care needs will be met.

Evidence:

The AQAA tells us that the home "provides a high standard of person centred care and care plans and risk assessments updated each month or when change has taken place to a resident's health and personal care."

Each person living in the home had a care plan. This is a document that is developed by staff following an assessment of an individual's needs. It outlines what they can do independently, the activities people require assistance with and the actions staff need to provide in order to support them.

Two peoples care files were looked at in detail. There was evidence that the home undertakes risk assessments for areas such as moving and handling, tissue viability, nutrition and falls. Risk assessments are completed in order to identify any areas of risk and enable staff to put appropriate strategies in place to reduce the risks, so that

Evidence:

people live a meaningful life, risks are reduced and well being is promoted.

Daily records and monthly evaluations were completed by staff and were of a good standard, so that peoples care could be followed.

Everyone living in the home was registered with a local General Practitioner (GP). People have the option of retaining their own GP. on admission to the Home, if the GP is in agreement. People had access to other health and social care professionals and records demonstrated visits were undertaken by a chiropodist, dentist and optician on a regular basis. There was evidence district nurses visited to provide support with dressing, injections and tissue viability. We saw from care records that the district nurse had advised that a person support their legs when sitting down and we noted when chatting to the person that they were resting their feet on a foot stool.

We saw that when people's needs changed, staff are quick to refer them to external professionals for further support. For example, one person was not eating well and a referral was made to a dietitian via the GP. The dietitian had assessed the person and had left guidance for staff to follow to encourage the person to eat a more balanced diet. Food and fluid charts were maintained and the person's weight monitored.

People living in the home told us they were very satisfied with the care they received and comments included:

"I'm well looked after, all of us are, as far as I can see. I couldn't say a bad word about the staff and the care they give us."

"My relative has settled in very well. She tells me the staff are very kind and caring. If she wasn't well looked after she would soon speak up."

We looked at the way the home manages people's medication. It was evident improvements had been made following the last inspection.

The home has a small medication room, medication trolley, medication fridge and a cupboard to store all medication appropriately. The medication trolley is used to transport the medicines throughout the home. It was clean and well organised making it easier for staff to select the correct medication.

All the prescriptions are seen prior to dispensing and copies of these were seen. These are used to check the medicines and MAR charts received into the home for accuracy.

Evidence:

The majority of medicines were dispensed in a monitored dosage system whereby each tablet is dispensed in a blister pack for each day. Other medications were in individually named boxes. Audits indicated that all the medicines had been administered as prescribed. There were no gaps seen on the medicine administration records (MARs). This indicates that care staff are following the home's policies and procedures.

We saw that a person was prescribed 'when required' (PRN) medication for agitation and this had been used on occasions. The instructions for the use of it were very vague and the manager will need to ensure a care plan or more detailed instructions are in place for its use, to ensure consistency in practice.

We checked the controlled drugs and saw that they were securely stored and accurate records kept.

The home has a quality assurance system to assess staff competence in their handling of medication. Regular audits are undertaken to check the MAR chart to see if staff had recorded exactly what had occurred and action is immediately taken if any discrepancies are seen. Regular audits are also carried out by the community pharmacist to confirm staff are working to the home's policies and procedures.

People were well supported by staff in respect of personal care and choosing clothing appropriate for the time of year which was co-ordinated and reflected their individual culture, gender and personal preferences. The staff group were patient, kind and caring throughout the inspection visit. People we chatted with confirmed this is the case at all times. We spoke with two care staff during the visit. They were familiar with people's needs and abilities, and knew what care they needed.

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 can be confident their social needs are met and they are supported to maintain relationships with families and friends. Meals are well balanced and nutritious.

Evidence:

The completed AQAA told us the routines of daily life are flexible and are based on a person centred approach to care. People are offered choice and control where possible to meet social and spiritual needs.

The care plans we looked at identified people's likes and dislikes and preferred routines. People we case tracked and other people we spoke with during our visit told us that their daily routines are flexible and they are able to choose how they wish to spend their day. They told us that their family and friends could visit at any time. We spoke with one visitor who regularly visits the home who told us "I am always made welcome, I can't praise the staff enough for their kindness and patience." We saw evidence to show us that other people go out with their families, go to the shops and maintain links with the local community. Religious observance is supported and regular visits by representatives from the local churches takes place.

A record of activities and social occasions undertaken in the home is maintained. This

Evidence:

also records who attended the activity and if they enjoyed it. People told us they were satisfied with the range of social and leisure activities provided in the home. These included music, art and craft, cheese and wine parties, baking, bingo, quizzes, film shows, organised activities provided by outside contractors, including movement to music, reminiscence sessions and musical entertainers. Manicure sessions are also arranged and the hairdresser visits weekly. Staff sat and chatted with people who enjoyed this one to one time and the banter they engaged in with the staff members.

As part of our case tracking process we looked at people's bedrooms to make sure they were fully equipped and people had the opportunity to personalise them. We saw that people are encouraged to personalise their space with some of their own belongings, so their personal accommodation looked as though it belonged to them. One person told us, "I'm very happy with my room, I find it most comfortable."

The dining area was very pleasantly presented with small tables with table cloths, napkins, condiments and cutlery. Lunch was served from the kitchen by care staff, who provided discreet assistance where appropriate. The home operates a four weekly menu and there is always two choices for each meal. The cook told us "if they don't like what is on the menu then we can always make something else." During discussion with people living in the home they stated the food was good. One person stated, "I enjoy my dinner and I have enough to eat." Another person told us, "If I don't fancy what's on the menu, I ask for an omelette or a salad, or maybe soup. They tell me it's no trouble to do me something else."

We saw some people being assisted to eat a meal which had been pureed together rather than each individual food item being pureed separately. This prevents the person from being able to taste each food item individually to enhance their enjoyment of the meal and also prevents the meal from looking appetising. We discussed this with the manager who agreed to review this process.

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.

People can be confident that any complaints or allegations of suspected abuse are taken seriously and managed appropriately.

Evidence:

A complaints procedure was available on the notice board and in the service user guide. The home keeps a record of complaints made and the actions taken in response to them are fully recorded. We have received no complaints about the home. On discussion with relatives they stated they had no concerns, but were aware of what to do in the event of a complaint. Comments received from people and from relatives included:

"I'm very happy here, I have no complaints at all."

"If I had any concerns I know the manager would deal with it immediately."

"I have been visiting for over four years and have never had to make a complaint."

The home has a policy for adult protection. The procedures give staff direction on how to respond to suspicion, allegations or incidents of abuse. Training records show that staff have received training in recognising signs and symptoms of abuse. We spoke to staff who were knowledgeable about what they would do if they suspected abuse and were able to confirm that they had attended protection of vulnerable adults training.

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 live in a home that is homely, clean and hygienic.

Evidence:

The home was clean and hygienic on the day of our visit. One person told us, "the home is always clean and tidy, my room always looks nice." The communal lounges of the home are homely and lived in. Information in the AQAA told us that new carpets have been fitted in communal areas since our last inspection. Ongoing renewal and maintenance of the home ensures that the service provides an environment that is well maintained for people who live at the home.

There are large well maintained gardens and some people told us how much they enjoy walking and sitting in the garden in pleasant weather. One person said, "I love to be outside in the garden, it is so lovely in the Summer."

We looked at a number of bedrooms including those of the people we case tracked. We saw these were personalised and reflected individual tastes, gender and preferences. People are encouraged to bring in their own possessions in order to have familiar items around them to make their rooms as homely as possible.

We looked at the systems in place for management of infection. We saw that gloves and aprons are readily available for staff at all times. We spoke to staff during this

Evidence:

inspection who told us they had taken part in infection control training. People told us they were very satisfied with the laundering of their clothes. One person commented, "My clothes come back nicely pressed and the girls put them away for me."

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.

There are sufficient staff who are appropriately trained and recruited to meet people's needs and keep them safe.

Evidence:

There were 18 people living at the Old Rectory at the time of this visit. We were told that the current staffing arrangements for the home on a daily basis consists of three or four care assistants during the working day and two care assistants during the night. The manager works in a supernumerary capacity. The service also employs maintenance, catering and cleaning staff. Sufficient numbers of staff appeared to be on duty on day of inspection. Staff were seen to interact well with people and all people spoken to said that the staff were friendly, kind and helpful. Staff were seen to provide assistance quickly to those who requested help and were attentive to people's needs. People told us in their surveys or on the day of the inspection visit that staff were kind and attentive. Some comments include; "They treat you very well here." "All the girls are marvelous."

The AQAA records that 14 of the 16 staff have obtained a National Vocational Qualification (NVQ) in care at level two or above. This is commendable and should contribute to ensuring the staff team have an effective knowledge of social care.

We saw documentation which shows that new staff are provided with an induction

Evidence:

when they first start working at the home. The staff have also attended other training related to their job such as Food Hygiene, Infection Control and Moving and Handling.

We looked at the process used by the home to recruit two members of staff who have started working at the home since the last key inspection. The files contained evidence to demonstrate that appropriate pre-employment checks had been completed. A criminal records bureau (CRB) and protection of vulnerable adults (PoVA) check were available and two satisfactory references obtained before they started working in the Home. These robust recruitment procedures should safeguard vulnerable people using the service.

Management and administration

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

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

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

The manager ensures the home is run in a competent manner and in the best interests of people living there.

Evidence:

The registered manager has many years experience of managing both nursing and residential services for older people. She completes training courses to keep her knowledge up to date. This should ensure that she has the knowledge and qualifications to support staff and ensure the home is run in the best interests of the people who live there.

The Annual Quality Assurance Assessment (AQAA) completed by the manager was of a high standard. A range of information was provided as supporting evidence to tell us about what improvements have been made, any changes and areas that require action to be taken.

People living at the home, their relatives and visiting professionals are regularly

Evidence:

consulted in what they think about the service and any improvements that could be made. We saw evidence of feedback from questionnaires given to people to seek their views and an action plan that addresses areas of development. Feedback was generally very good and complimentary about the manager and staff. We saw a number of thank you cards from people who had contact with the home. Regular residents, relatives and staff meetings are held. This ensures people have an opportunity to voice any concerns or raise any ideas about how the home could improve.

We saw that the home has satisfactory systems in place for the safe keeping of people's money. The home does not act as appointee for any of the people living in the home and will only manage small amounts of money for people. Each person's money is stored securely in separate containers. Records are maintained of all transactions. We sampled the account of one person and found the balance to be correct, with receipts available for all expenditure.

We looked at the way the home promotes people's health and safety in the home. We saw evidence that staff training has improved since our last visit, ensuring that staff know and understand current best practice in relation to first aid, moving and handling, infection control and health and safety.

Records relating to the running of the home are maintained, organised and were easily accessible in the manager's office. The home had a recent inspection visit from the health and safety office of the local authority. We saw evidence that all issues raised at this inspection had been addressed. All safety certificates in relation to the building and the maintenance were up to date. For example, records demonstrated, and staff confirmed that they had recently had a fire drill.

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	9	Clear written guidelines should be available to staff informing them of the circumstances for when 'when required' (PRN) medication may be administered.
2	15	It is recommended that pureed foods are presented separately to enhance people's appreciation and enjoyment of their meals.

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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