

Key inspection report

Care homes for older people

Name:	Parkside
Address:	Olive Grove Forest Town Mansfield Notts NG19 0AR

The quality rating for this care home is:	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.

Lead inspector:	Date:
Stephen Benson	2 7 0 4 2 0 1 0

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

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

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

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

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

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

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

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

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

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

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Parkside
Address:	Olive Grove Forest Town Mansfield Notts NG19 0AR
Telephone number:	01623655341
Fax number:	01623633509
Email address:	
Provider web address:	

Name of registered provider(s):	Monarch Consultants Ltd
Name of registered manager (if applicable)	
Type of registration:	care home
Number of places registered:	50

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	50	0
old age, not falling within any other category	0	50
Additional conditions:		
The maximum number of service users who can be accommodated is 50		
The registered person may provide the following category of service only Care Home with Nursing N To service users of the following gender Both, Whose primary care needs on admission to the home are within the following categories Old age, not falling within any other category Code OP Dementia Code DE		
Date of last inspection		
Brief description of the care home		
Parkside Care Home provides up to 50 places for older people, who may have dementia, requiring nursing of social care. The home was purchased by Monarch Consultants Ltd in 2009.		

Brief description of the care home

The home is purpose built and is situated in a residential area close to the amenities of Forest Town, Mansfield. There are well appointed gardens with seating areas and a sensory garden is under construction.

The manager said on 27/04/2010 that the fees for the service range from £419 - £604 per week depending on dependency needs. There are additional charges for hairdressing and chiropody.

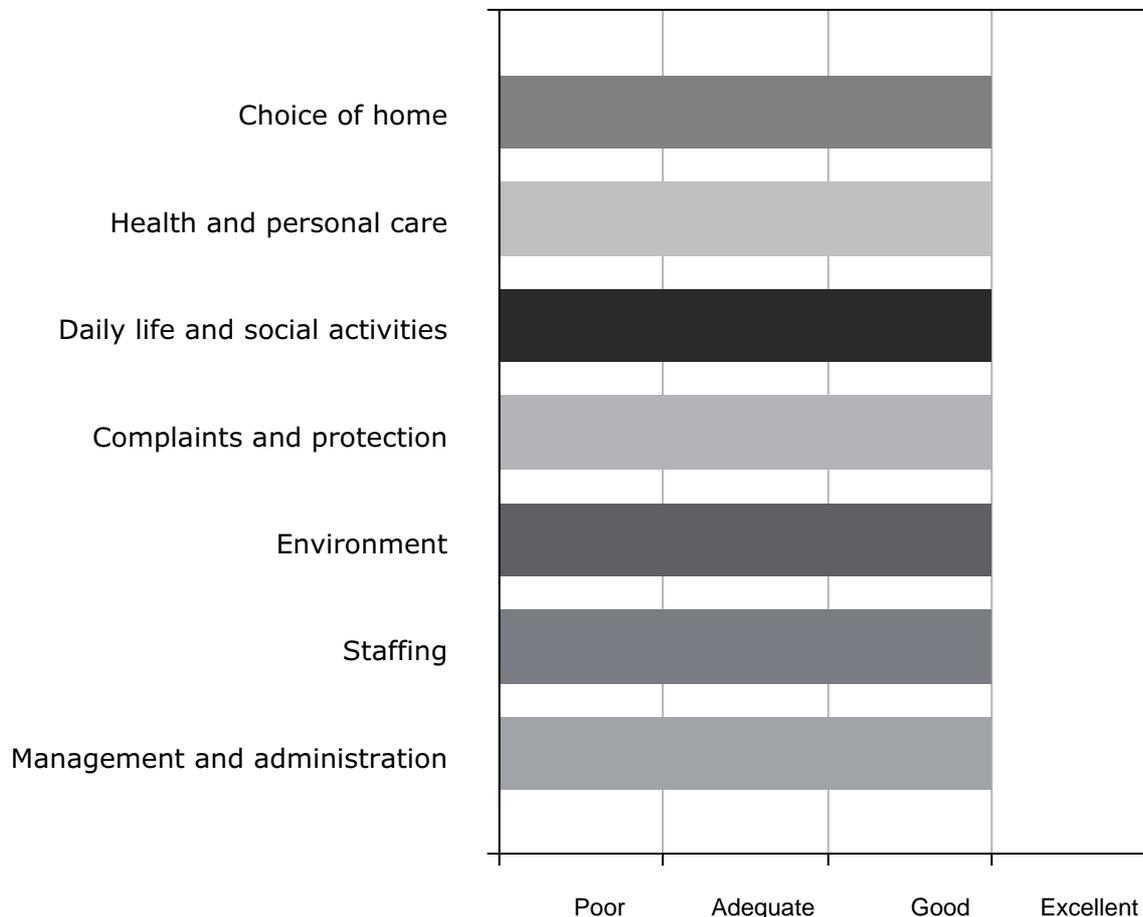
Summary

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 the Care Quality Commission is upon outcomes for people accommodated and their views on the service provided. This process considers the provider's capacity to meet regulatory requirements, minimum standards of practice; and focuses on aspects of service provision that need further development.

This was our first visit to the home since 1st April 2010. This inspection involved one inspector; it was unannounced and took place in the daytime, including lunchtime.

Prior to the visit an analysis of the home was undertaken from information gathered since their registration including that from the Annual Quality Assurance Assessment they completed. We sent survey forms entitled 'Have your say about...' to a sample of service users and staff and responses from those returned have been considered.

The main method of inspection used is called 'case tracking' which involved looking at

the quality of the care received by a number of people living at the home. We also used evidence from our observations; we spoke with them about their experience of living at the home; we looked at records and talked with staff about their understanding of the people's needs who they support. The premises were not inspected in detail but various areas of the home were visited as part of the inspection.

What the care home does well:

Anyone new wanting to come to the home is assessed beforehand to identify what the person's needs are and if the home is able to meet them. This information is then shared with staff so they know what they are expected to do. One person told us, "I spoke to someone before I came here".

Details of people's needs and how these will be met are recorded in a care plan, which includes information about their capacity to make decisions for themselves. Residents and/or their relatives are able to be involved in determining what care is required, and how this will be provided. One person said, "They know what help and support I want".

People have their healthcare needs met and are able to have medical support when they need it. One person said, "I think my health is looked after, I got two pairs of specs the other day". Arrangements for the safe storage, administration and recording of medicines are well managed and staff make sure they see people take their medication. A resident said, "I take a lot, they give it to me and watch to make sure I take it. I open my mouth to make sure its gone".

People are treated with respect and dignity. One person told us, "I think I am respected, I get more than my privacy".

An activities coordinator is employed who organises group activities and arranges for entertainers to come to the home. A new idea of a wishing tree is helping residents to choose something they would like to do, which is then arranged. A resident said, "It was lovely to see all my grandchildren together". Another resident commented on a survey form, 'plenty of activities for the residents'.

Visitors are welcome to come and see their friends and relatives. Regular church services are held and trips out of the home are arranged. People are able to make choices about their daily routines where they are able, and staff will use knowledge they have about their preferences when this is not possible.

People are happy with the food they receive and have a choice at each meal. Comments made about the food included, "I get what I want. If I don't like what is on the menu I order an omelette" and "I chose gammon and chips today, they asked me what I wanted at breakfast."

People are given information about how to complain if they are not happy about anything. Everyone who completed our survey forms said they knew how to make a complaint. A resident told us, "If I am not being treated right I can tell them". Staff know how to protect people in the event of any allegation and people told us they feel safe in the home.

Some communal areas and bedrooms have been decorated and new furniture purchased. A resident told us, "They are doing a lot of decorating, my room has been done".

There are suitable arrangements for the disposal of waste products and good practices are followed to prevent the spread of any infection.

Some staff have a professional qualification and other staff are working towards one. Staff receive regular training and new staff undergo an induction once they have completed the pre employment checks.

There is a suitably qualified and experienced manager in post and people are encouraged to comment on how the home is run. The required health and safety checks and tests to the building and equipment are carried out.

What has improved since the last inspection?

This is the first inspection since the new provider was registered.

What they could do better:

Following the home's registration to a new provider there has been an increase in the services being provided to people with dementia. The home needs to develop the environment and practices used to meet these changes.

There were opposing views expressed about staffing levels in the home and these need to be closely monitored to ensure there are sufficient staff on duty at all times.

Ensure unnecessary risks to people's health and safety are identified and eliminated.

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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Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Assessments are obtained before people move into the home which are being used by staff to learn about the person's needs.

Evidence:

We were told in the assessment they completed that, 'All service users have their needs assessed prior to offer of a placement to ensure needs can be met and the place is suitable to meet them ensuring that on the day of admission everything is in place.

Full use is made of the social worker/care managers assessment and health needs assessment to ensure the placement is appropriate.'

A sample of four care files were seen, two belonging to people who have been admitted to the home since the change of ownership. All included a pre admission assessment completed by the manager and an assessment completed by the Local

Evidence:

Authority.

Staff were aware of the assessment process and said they are always told prior to anyone new moving into the home. Staff said they are given as much information as is available, and the assessment forms are available for them to see. Staff said they can ask for clarification on anything they are not sure about.

A resident told us, "I spoke to someone before I came here".

Health and personal care

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

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

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

This is what people staying in this care home experience:

Judgement:

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

People's health, personal and social needs are met by care practices in the home in a manner that promotes their privacy and dignity

Evidence:

We were told in the assessment they completed that, 'We work closely with Social Services to ensure reviews are held and when issues arise these are dealt with promptly to achieve a resolution.

Care plans and risk assessments in place prior to admission for all acute needs so they can be immediately accessed and implemented by nurses/carers. These are expanded on during the next 7 days in a more personal way or where other needs become evident.

Care plans are audited monthly.'

A sample of care plans were seen which provided clear information about people's needs and how these are to be met. There was evidence seen where care plans were

Evidence:

updated and changed due to changing needs and they were being reviewed monthly.

Care plans included reference to the Mental Capacity Act and assessments were seen assessing people's capacity. There is one person who has had a Deprivation of Liberty order agreed.

The manager said that it is intended that the home will change its care planning system to one used by other homes belonging to the new provider, and showed the documentation that will be used.

The manager also said that plans are to be developed so they provide greater information about people with dementia and how they are to be supported.

A recently appointed member of staff said that she had not looked at the care plans until her induction course had required her to, and she found them helpful so will continue to refer to them.

In our resident survey forms 5 people said they always receive the care and support they need and 2 said they usually do.

A resident told us, "They know what help and support I want".

There were records made in the care files that showed residents have regular healthcare checks and appointments. It was stated in the assessment, 'Service users health needs are closely monitored and promptly dealt with by working closely with members of multi disciplinary team to minimise risk and improve health benefits for service users.'

Staff spoke about monitoring people's health and reporting any concerns to the nurse on duty.

In our resident survey forms everyone said they receive the medical support they need.

A resident told us, "I think my health is looked after, I got two pairs of specs the other day".

Part of the lunchtime medication round was observed and medicines were seen being administered in a safe manner. Records were properly maintained following the administration and records seen were all up to date. In the assessment they

Evidence:

completed they wrote, 'Medication audits are carried out at least monthly.'

A pharmacy visit took place on 14/04/2010 and found everything to be in order apart from one cream not dated when opened. Records and storage arrangements seen were found to be in order.

A resident said, "I take a lot, they give it to me and watch to make sure I take it. I open my mouth to make sure its gone".

Staff were aware of good practices for promoting people's privacy and dignity and a recently appointed member of staff said promoting privacy and dignity had been included in her induction. A resident said, "I think I am respected, I get more than my privacy".

The manager is currently the home's Dignity Champion, however she said that she was considering passing this responsibility onto another member of staff.

Daily life and social activities

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

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

People have opportunities to choose and take part in activities in the home. There are opportunities for people to exercise choice in their lives and they are provided with a varied and wholesome diet.

Evidence:

We were told in the assessment they completed that, 'Feedback we get from our service users and other visitors to the home reflects that the home provides a varied and regular social activity calendar.

We have two activity organisers. - Both organisers have now had training in providing activities specific to service users with dementia to improve their orientation and enrich their daily lives.'

A record is made in the care file when people take part in any organised activities. These records showed that there are regular opportunities for people to take part in differing activities. In our residents survey forms people said there are activities arranged by the home they can take part in. One person commented, 'plenty of activities for the residents'. Another person wrote they would like more bingo.

Evidence:

The home employs two activities coordinators who are responsible for arranging in house activities, visiting entertainers and trips out of the home. A new venture called 'The Wishing Tree' where residents choose something they would like to do, and this is then arranged. One person wanted to go out for a meal with his wife, which was arranged and another wanted to have all her family visit together, which was arranged at the weekend, and the resident said, "It was lovely to see all my grandchildren together".

The manager said that it is intended to provide more activities suitable for people with dementia. Staff spoke of finding differing things some of the people with dementia like to do.

During the visit there were movement to music and craft work sessions taking place. Residents on either floor can attend any activity and staff were seen telling residents what was happening.

There are regular religious services held within the home and trips out of the home are arranged.

Staff spoke of promoting choices for residents and were seen asking them for their preferences over such things as where they wanted to sit, whether they wanted to join in an activity and what they would like to drink. Staff spoke of using information from families, care files and photographs to inform them of people's preferences when they are unable to express these for themselves.

We were told in the assessment they completed that, 'Mealtimes can be flexible to suit specific needs and there are several choices available daily. There are always snacks, fresh fruit and drinks available to service users in the lounge areas and specific dietary needs are catered for as identified.' and 'We have introduced staggered mealtimes to allow more assistance to be given to those service users who take longer and need help to eat.'

In our residents survey forms people said they like the meals at the home.

A resident told us, "I get what I want. If I don't like what is on the menu I order an omelette". Other residents said they had enjoyed their lunch and that they were asked to choose what they wanted during the morning. One person said, "I chose gammon and chips today, they asked me what I wanted at breakfast."

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 systems in place for people to raise any concerns and staff know how to safeguard people.

Evidence:

We were told in the assessment they completed that, 'We maintain an open attitude towards complaints and concerns and take all concerns seriously no matter how small. All new service users are given information within the service user guide about how to make a complaint. Where service users are unable to do so their representatives are also given this information.'

There has been one complaint since the new provider purchased the home made by a relative who wanted to be able to wash their relatives clothes. Appropriate action was taken to enable this to happen.

Staff were aware of the complaints procedure and said that they would report any complaint to the nurse on duty or manager. A resident told us, "If something is not right I tell someone".

in our survey forms everyone said they knew how to make a complaint and had someone they could talk to. A resident told us "If I am not being treated right I can tell them".

Evidence:

We were told in the assessment they completed that, 'Staff have had current safeguarding adults training and new staff are given support in this area and encouraged to recognise and report any concerns without fear of reprisal. Staff are encouraged to alert senior members of staff to all forms of abuse and to follow the whistleblowing policy.'

A member of staff spoke of a recent incident between two residents that she had reported to the manager. This had then been reported to the Local Authority as a safeguarding alert. Records showed appropriate action had been taken to prevent a recurrence of the incident and the correct procedures had been followed.

A resident told us, "The only risk I face is to myself, and they help me manage that".

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 comfortable and well maintained environment but people with dementia have few visual aids to assist them.

Evidence:

The new provider has started a programme of improving the decor and furnishings in the home. Staff said the home is looking a lot better following the recent decorating that has been done. A resident told us, "They are doing a lot of decorating, my room has been done".

Residents were seen discussing a sensory garden with a waterfall that is under construction and saying they are looking forward to being able to sit in it when the warmer weather arrives.

The manager said there are a number of more improvements planned and they are currently considering how the environment can be improved to make it more suitable for people with dementia.

We were told in the assessment they completed that, 'Infection control policies and procedures are in place and implemented'. Areas of the home seen were clean, tidy and fresh in odour.

Evidence:

Staff said they always use protective clothing and one said that she had been reprimanded once for not wearing a plastic apron.

There are systems in place for washing soiled laundry and for the disposal of clinical waste.

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 usually sufficient staff available to meet people's needs and they are provided with the training they require to do this. People are protected by recruitment practices in the home.

Evidence:

Staff said there were sufficient staff on duty to see to people's needs, but not always to spend time talking with people.

In our resident survey forms 4 people said there are always staff available when they need them, 2 people said there usually are and one person said there sometimes is. One person commented, 'There are always plenty of staff around' but another said, 'Sometimes there seems a shortage of staff to help'.

In our staff survey forms 3 people said there enough staff to meet the individual needs of all the people who use the service and 2 people said there sometimes are. One person said it would be better if there were 'more staff so we can talk and play with residents and have more time with them'.

A resident told us, "Sometimes when there are only three people on they can be hard to find".

Evidence:

The manager said she is able to adjust staffing levels in line with people's assessed needs, using dependency profiles, and she had just put on an extra staff member in the day.

We were told in the assessment they completed that, 'All staff are commenced on an induction package, following an initial induction, care staff are guided through the Skills for Care induction by a senior member of staff.' It was also stated that the home has 'recently implemented a procedure for involving residents in the interview process.'

There has been one new member of staff appointed since the change of ownership and her file showed that the correct recruitment procedures have been followed. The member of staff is working through the Skills for Care 'Common Induction Standards' and said that she is finding this very useful.

Staff who were not on duty were present in the home for a training course, however this did not go ahead as the training provider did not turn up. The manager said the course will be re booked with another provider.

Staff said they are provided with regular training but would like further courses on working with people with dementia.

Staff training records showed that regular training is provided and there is a plan for future training. We were told there is a staff training programme and more than half the staff have got a professional qualification.

In our survey forms staff said they are given training that is relevant to their role, and helps them understand people's needs.

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 suitable management arrangements in the home to ensure the home is run in the best interests of people living there. People can face some unnecessary risks to their health and safety.

Evidence:

We were told in the assessment they completed that the manager has, 'a commitment to providing a personalised service and an ethos of leading by example.'

The registered manager has managed the home for over 4 years having been manager for the previous provider and whilst the home was in administration, prior to being purchased by the current provider.

the manager commented that it was good to be able to get on and develop the home after a difficult period, and that she valued the support available from the new provider.

Evidence:

One person commented in our staff survey forms, 'I think Parkside is run well with regular staff training. Support and running of the home is excellent in my opinion.'

In our staff survey forms staff said the manager gives them enough support and meets with them to discuss how they are working.

There was information collated from a residents and relatives survey carried out in February 2010 displayed by the front door. The manager said there are regular residents meetings, although the minutes of the most recent one were not available.

A resident told us, "All in all they are good people, I've got no complaints. I don't go to residents meetings, I know what I want and I tell them, they listen to me, so whats the point."

The assessment we ask the provider to complete and send back to us was returned on time. The information contained in this was detailed and included the views of people living there, and reflected what we saw when we visited.

A system is in place to help people manage their personal allowances. This requires a record to be made of all transactions which is witnessed by another person. A check of a sample of records showed this being operated correctly.

We were told in the assessment they completed that equipment is serviced or tested as recommended by the manufacturer or other regulatory body. Dates were provided showing this to be the case.

Staff said they did not have any concerns about health and safety within the home, however there were some practices observed which could pose a health and safety risk. These included a cleaning trolley in a corridor used by residents being out of sight of a member of staff and a table being lifted over the head of residents.

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	19	26	Develop the building so that it more suitable for people with dementia. This will assist people with dementia to orientate themselves.	01/09/2010
2	38	13	Ensure unnecessary risks to people's health and safety are identified. This will ensure that people do not have avoidable accidents	01/06/2010

Recommendations

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

No	Refer to Standard	Good Practice Recommendations
1	27	Ensure staffing levels are closely monitored to ensure there are sufficient staff on duty at all times.

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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