



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Beachcomber Care Home with Nursing
Address:	12 North Road Seaham Durham SR7 7AA

The quality rating for this care home is:

one star adequate service

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

Lead inspector:	Date:
Elaine Charlton	1 7 0 3 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. 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.

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 Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Beachcomber Care Home with Nursing
Address:	12 North Road Seaham Durham SR7 7AA
Telephone number:	01915819451
Fax number:	
Email address:	nye.thomas@btconnect.com
Provider web address:	

Name of registered provider(s):	A Charles Thomas (Care) Limited
Type of registration:	care home
Number of places registered:	52

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	52
physical disability	5	0
Additional conditions:		
The maximum number of service users who can be accommodated is: 52		
The registered person may provide the following category of service only: Care home with nursing - Code N To service users of the following gender: Either Whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category - Code OP, maximum number of places: 52 Physical Disability - Code PD, maximum number of places: 5		

Date of last inspection									
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Brief description of the care home
Beachcomber Care Home with Nursing is a registered care home that provides nursing, personal, and social care for older people. The home can have up to 52 residents. Most people live there permanently but Beachcomber does have a small number of respite and day care places for people still living in their own homes. Beachcomber is owned by A Charles Thomas Care Ltd, and Mr Thomas takes a close interest in the day to day life of the home. Beachcomber is located on the sea front at Seaham, County Durham, near the town centre. There are lovely views of the sea from the front of the home, and residents have the use of two quiet garden areas. The home is part newly built

Brief description of the care home

and part adapted two storey building. All bedrooms are used as singles. These are large rooms, and the majority now have en suite toilet facilities. The home has passenger lifts to the first floors. Fees range between £417.00 and £437.50. Where a placement is assessed as continuing care the fee is £608.98 per week. The home's terms and conditions give a detailed breakdown of these charges, the services received for them, and of arrangements for paying and adjusting fees. The home has a service user guide to give people who might want to move into the home information about what they can expect, there is also a CD rom that gives people a 'virtual' tour of the home. Copies of the Commission for Social Care Inspection (CSCI) reports are available for people to read.

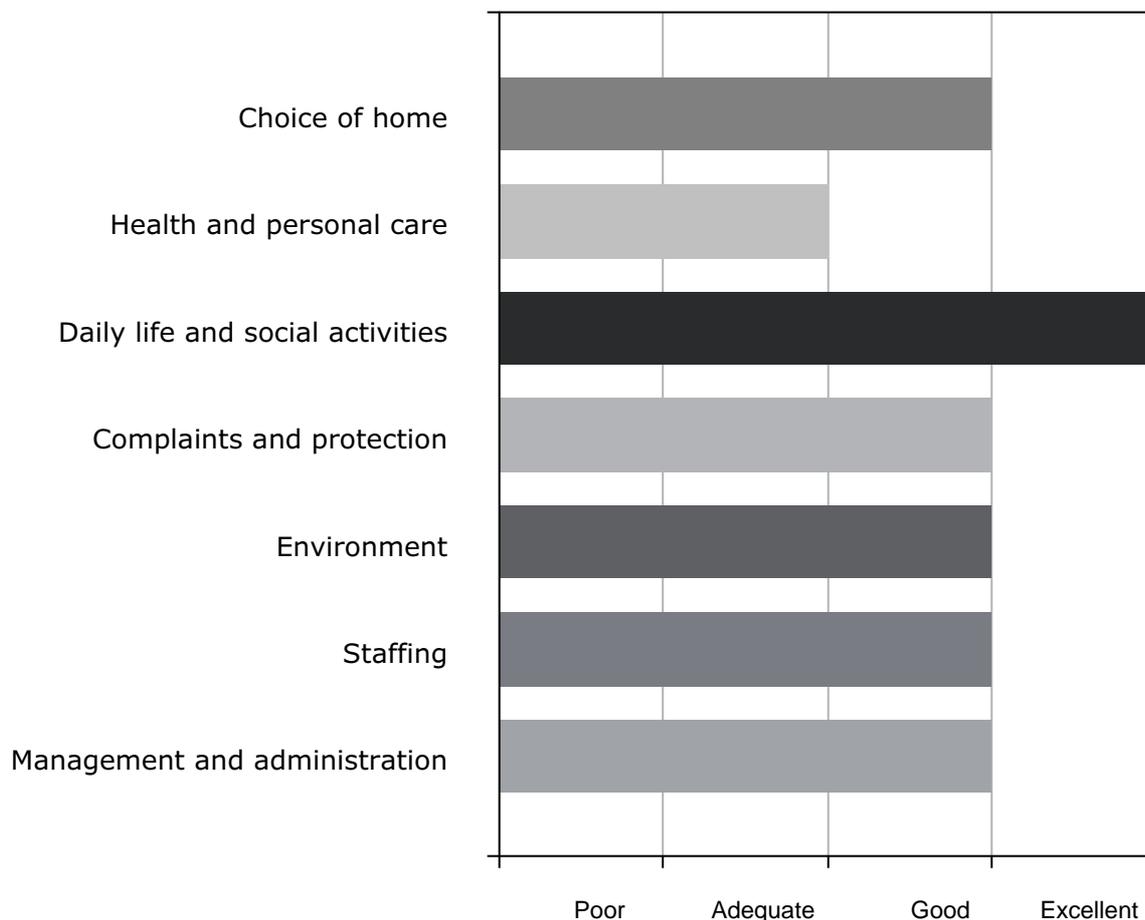
Summary

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

The quality rating for this care home is:

one star adequate service

Our judgement for each outcome:



How we did our inspection:

An unannounced visit was made on the 17 March 2009. A total of six and a half hours were spent in the service. The senior person on duty and the company secretary took part in, and were present throughout, the inspection. We also spoke to the manager by telephone at a later date.

Before the visit we looked at -

Information we have received since the last visit on the 13 March 2007. The Annual Quality Assurance Assessment (AQAA) that gives CSCI evidence to support what the service says it does well, and gives them an opportunity to say what they feel they could do better and what their future plans are. How the service has dealt with any

complaints and concerns since our last visit. The providers view of how well they care for people, and the views of people who use the service, their relatives, staff and other professionals who visit the service.

We have also reviewed our practice when making requirements, to improve national consistency. Some requirements from previous inspection reports may have been deleted or carried forward into this report as recommendations, but only when it is considered that people who use the service are not put at significant risk of harm.

In future, if a requirement is repeated, it is likely that enforcement action will be taken.

During the visit we -

Talked with people who use the service, staff and the manager. Looked at information about the people who use the service and how well their needs are met. Other records which must be kept. Checked that staff had the knowledge, skills and training to meet the needs of the people they care for. We looked around the building/parts of the building to make sure it was clean, safe and comfortable. Checked what improvements had been made since our last visit.

We told staff what we found.

What the care home does well:

Gets good information about peoples care and support needs before they move into the home so that everyone is sure they can be met.

Provides people with sensitive care and support and encourages them to keep in touch with family and friends.

Provides people with stimulating and varied opportunities to enjoy activities and social events inside and outside the home.

Makes sure that staff are properly recruited and have not been registered as being unfit to work with vulnerable people.

Provides the people who live in the home with a warm and comfortable environment where they can have their own bedroom and personalise it in a way they choose.

What has improved since the last inspection?

The premises have been extended and improved to the benefit of the people who live and work there.

The home has been re-assessed for and has kept its Investors in People status.

New equipment and furnishings have been provided for the comfort of the residents.

A new fire escape has been installed at the front of the building for the safety of people who live and work in the home.

What they could do better:

Consider how they can promote the home's single identity instead of having different systems and arrangements for residential and nursing residents and staff.

Carry out its own identified improvements for the comfort and benefit of the people who live and work there, look at the replacement of the bathroom floor identified during the inspection and replace waste bins with foot operated ones to promote infection control.

Ensure that nurses registrations are kept up to date.

Promote the safe ordering, storage, dispensing and disposing of medication in the home, helping to keep the people who live there safe and well.

Put care plans and body maps in place to record and promote problems with tissue viability.

Regularly carry out and record care plan evaluations in a person centred way so that people can see the benefits residents have received from the care provided for them.

Introduce a training matrix so that it is easy to see what training staff have had and

might need to help them to do their job.

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 set out 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.

People have their differing and varied care and support needs properly assessed before they move into the home so that everyone is sure they can be fully and properly met.

Evidence:

People who want to move into the home are able to get, or see, information in different ways. There is a computer web site that people can visit and a DVD that people can watch to see a tour of the home.

Everyone who moves into the home is given a service user pack that is full of information to settle in and know what to expect.

The organisation has said that they intend to provide pre-admission documents in large print and on audio tape to help people who may have a problem with their sight or hearing.

Evidence:

In the files we looked at we saw copies of professional assessments. We were told that the home does not carry out its own assessment when someone moves in but uses the care management assessment to provide the care and support needed.

In the residential records we looked at there was evidence of a form being used to record new information that was not included in the original assessment. This is good practice.

There are some problems with different documents being used by the residential and nursing staff since the two homes merged in 2007, and the manager confirmed this when we spoke to her on the 6 April.

The home needs to adopt a single identity and standardise records that all staff will use.

The home does not provide intermediate care.

Health and personal care

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

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

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

This is what people staying in this care home experience:

Judgement:

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

People who live in the home receive care and support in a way they choose and from who they choose but the records that support this are not always in place or up to date and may place people at risk.

Evidence:

We looked at the records for four people who live in or use the home's services. These all included a copy of an assessment carried out by a healthcare professional.

We were told that people who use the home's respite care service do so as part of a regular programme of visits, usually in preparation for them making a permanent move to the home. For this group of people staff are also aware of, and have information about, any input from other specialist teams, for example the Sensory Impairment Team.

Not all the files we saw included a photograph of the resident and not all records are kept in the same way.

Evidence:

The records we saw included evidence of care plan reviews and multi-disciplinary team meetings where a persons needs require this.

Each person had a care plan document in their records that lists the areas of care and support they need and how this should be provided. We were told that these are reviewed but the evaluations are not recorded in a person centred way and do not detail the benefits a person has received.

For one person we saw that their care plan showed they should receive an 'adequate calorie intake', but what 'adequate' meant was not recorded. Care plans should be clear and precise about food and fluid intake so that staff know what they should be measuring and how this should be done.

We were also told that support with skin care and identified pressure areas is not recorded in a care plan, or supported by a body map, but some details can be found in the daily records where we also saw dated photographs of pressure areas and skin tears.

During the tour of the premises we saw people who were receiving good care and support with pressure areas, and who had been provided with equipment and protection to promote healing.

We also saw some nice, sensitive recordings in individual files such as 'ensure needs are expressed, heard and listened to', and 'preserve identity'.

We saw relatives who were visiting someone who was very poorly getting support from staff, staff telephoning relatives to talk about discharges and whether relative wanted to be involved in collecting the person from hospital. Collecting their relative from hospital was going to be difficult for one person who had their own medical appointment. The nurse took time to re-assured them and said she would make arrangements to get their relative home and they could then just visit in their own time.

The nurse who assisted with the inspection was extremely helpful to everyone who came to her through out the day event though she was very busy, and was regularly checking on one person in particular who was very unwell.

We carried out a brief/random check of medicines being held in the home. Two systems are currently in operation, one for residents receiving nursing care and one for those who occupy a residential bed.

Evidence:

Medication for residential residents is ordered and delivered on a monthly basis and is dispensed from a blister pack system. For residents receiving nursing care there is a weekly order and are then dispensed from their original containers. This medication is kept in plastic boxes, one for each resident.

Both storage cupboards are on the ground floor and were seen to be cramped and cluttered. Since the inspection we have been told that the home's pharmacist has ordered a larger storage cabinet for 'stock' medicines.

During our random check we quickly identified the following issues:-

There were no photographs of residents with their Medication Administration Record (MAR) so that staff could identify the person they were giving medication to.

Handwritten entries were not double signed to show that they and the dispensing instructions had been properly copied from the original container/instruction.

For one resident who had been started on amitriptylene, mid-cycle, the tablets had not been signed in, the date the dispensing started was not recorded and the number of tablets signed for as administered did not agree with those left in stock. For this same resident medication had been signed for as administered but remained in the blister pack.

We also saw lots of gaps on the MAR sheets and it was not possible to check whether these were for medication administered but not signed for, whether they had been refused by a resident but no code had been entered, or whether there was another reason for the gap.

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

People who live in the home lead varied lives and can choose to join in a range of activities and events or to go out and about in the local community when they want. Visitors are welcome and play an active part in events at the home. This helps people to live an interesting and stimulating life.

Evidence:

The home maintains strong links with the local community, families and friends of residents and people who visit the home for day or respite care.

The home has a full time activities organiser. Unfortunately she was not available on the day of the inspection as she was attending a course on 'sociable exercise' that was being run by the County Durham Primary Care Trust (PCT).

A monthly church service takes place.

There are lots of social events at the home and family involvement is encouraged. We spoke to visitors throughout the day including one lady who told us how they support events in the home and help by bringing in gifts for raffles. The same lady told us

Evidence:

about a recent social evening that she had attended and really enjoyed.

Residents we spoke to as we walked around the home told us about the things they enjoyed doing, what was going on in the home, and how they were supported to keep in touch with relatives and friends. One person told us about the daily visits he got from his family and really looked forward to.

Residents enjoyed an outing to Beamish last year and this year have said they have said they would like to have a trip on a Ferry.

New flat screen televisions have been purchased for residents to enjoy and they also have a Nintendo Wi that some people like to use.

People can bring in their own furnishings with them provided that they do not compromise the care they need. For example, they might want to bring in a divan bed when a specialist profile bed is needed.

One lady told us that she would like a 'big black miaowing cat'.

Kitchen staff told us that at breakfast time people can have what they want and that there is always a cooked choice, prepared to individual residents wishes.

On the day of the inspection the lunchtime menu choice was savoury mince pie, potatoes, green beans and carrots or chicken soup. One person who wanted something different had a fried egg sandwich. Puddings were fruit and custard or ice cream.

At teatime there was a cornbeef hash or salmon sandwiches followed by ice cream. We also saw nice, fresh sandwiches that had been prepared and left for supper.

Kitchen staff are on duty until 6pm.

As we walked around the home we saw that residents had easy access to jugs of juice or water in their bedrooms that they could easily access. Some people also had their own refrigerators where they could keep drinks and snacks cool.

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.

The views of people who live in the home are listened to and they are protected from harm through policies, procedures and staff training.

Evidence:

The home has a clear procedure for people to follow if they have a concern or wish to make a complaint. It also sets out the timescale for dealing with the complaint and when people can expect to receive a response.

No complaints had been received by the home or CSCI since the last inspection.

We were told that the home assumes that every resident has the capacity to make their own decisions unless proved otherwise.

They have also identified the need to improve their knowledge and use of the Mental Health Capacity Act and the use of IMCAs (Independent Mental Capacity Advocates) to make sure that a person's capacity to make decisions is properly assessed and documented.

All staff been trained in the Protection of Vulnerable Adults (POVA) and are encouraged to tell someone if they see any incidents of poor practice. The home has a whistle blowing policy to support and encourage this.

Evidence:

Many residents use the postal voting system at election times or can be helped to go to a Voting Station if they wish.

All staff are required to have a Criminal Records Bureau check at an enhanced level to make sure they are able to work with vulnerable people.

Care staff are employed in accordance with the General Social Care Council Code of Conduct and nurses have to provide evidence that their registration with the Nursing and Midwifery Council (NMC) is up to date.

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 warm, comfortable and well maintained and that gives them the space to spend time privately if they wish or in a variety of communal areas.

Evidence:

The home was extended to provide nursing and residential care on one site in 2007. The old part of the building looks directly over the sea, and some people enjoy the benefit of bedrooms with large bay windows and lovely sea views.

Rooms in the older part of the building are large and some residents have been able to include extra furniture like comfortable chairs, and in one case a small dining table and chairs, in them.

These bedrooms do not have en-suite facilities but all have bathroom and toilet facilities close by. There is also a first floor lounge in this part of the building that overlooks the sea and can be used by families and residents as a quiet area, or a place where they can hold small events.

The new extension, to the rear of the building, provides people with en-suite facilities. Seventy five per cent of bedrooms in the home now have these. Assisted and adapted showers and baths are also close by.

Evidence:

One bathroom near to the lounge has cork tiles that are in need of some repair. We were told that this facility is not often used.

Waste bins seen throughout the building that were of a 'swing style' and should be replaced with foot operated ones to promote infection control.

The laundry is in the new part of building but staff also have access to an 'ironing room' in old part.

The home has now adopted a no smoking policy, but has provided a smoking shelter in an enclosed patio area at the side of the dining room corridor for people to use.

All 35 new bedrooms and corridors have been re-decorated. Twelve new easy chairs have been purchased as well as a new dishwasher for the kitchen. One bathroom has been re-equipped and decorated and a new fire escape has been installed to the front of the building.

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.

People who live in the home are protected through recruitment and selection procedures that are properly followed and staff training.

Evidence:

The home has policies and procedures in place to support the proper recruitment of staff. The evidence we saw showed that these procedures are regularly and properly followed.

We looked at the records for three people most recently recruited to work in the home. Records are kept in a standard way and include application forms, evidence of identification checks, references, health questionnaires and Criminal Record Bureau checks.

We were told that random checks are carried out to make sure that the person providing a reference is the person named on the application form.

All staff receive a contract of employment and copies of these were seen in their files.

Care staff are employed in accordance with the General Social Care Council (GSCC) Code of Conduct and nurses working in the home are registered with the Nursing and

Evidence:

Midwifery council (NMC). The company secretary is able to use the computer system to check that the nurses registrations are up to date.

We looked at the checks she had carried out. Two registrations were not up to date and should have been renewed in January and February this year.

Seventy per cent of care staff have achieved a National Vocational Qualification (NVQ) at a minimum of level 2. Two employees have also signed up for a Leadership and Management course, this has replaced the Registered Managers Award.

There are training files in place for each member of staff but these are not kept in a very organised way.

We were told that all staff have received up to date mandatory training but it was not easy to check this as there is no overall training matrix.

As well as the in-house refresher training staff must receive accredited training in health and safety, first aid, fire safety, moving and transferring and safeguarding adults. These training courses can be run in-house provided the trainer has complete a training the trainers course on each subject.

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.

People live in a home that is run in their best interests, in an open and inclusive way, keeping them safe and well.

Evidence:

The home provided us with their Annual Quality Assurance Assessment (AQAA) when we asked for it. The manager is qualified and experienced to run the home.

Comprehensive policies and procedures are in place and are regularly updated. Staff can easily access these within the home.

The home carries out an annual satisfaction survey to see what people who live in the home and their relatives think about the premises, and the care and support being provided.

The company secretary or provider carry out and record Regulation 26 visits. We were

Evidence:

able to see copies of the records made. They were clear and up to date.

The home has been re-assessed for and has retained their Investors in People Award.

We were also able to see a file of letters and cards of compliments received from people who have used the homes services. These were all very complimentary about the level of care and support that staff gave to both residents and their relatives.

The home's fire risk assessment has been updated to meet the requirements of the new Fire Authority Legislation.

Servicing and maintenance contracts and health and safety arrangements were examined and found to be up to date and in order.

Residents have access to equipment to help them with their mobility issues and to make life easier for them. The home has also purchased a large number of profile beds for the comfort of residents and to promote their wellbeing.

We saw oxygen in use in the home where residents had diagnosed breathing problems. This will be supported by warning notices and guidance on the safe use of oxygen.

Moving and handling assessments are in place and include some general information about using hoists is available but this is not personalised to each resident.

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
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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
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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	7	16	<p>Care plans about food and fluid intake must be specific and detail clear amounts that residents should receive.</p> <p>This will mean that people who live in the home receive the right amount of nourishment and will help to keep them well.</p>	17/06/2009
2	7	16	<p>Care plans and body maps must be in place when a resident is identified as needing pressure area care.</p> <p>This will mean that staff know that exact problem and what care they should be providing.</p>	17/05/2009
3	9	12	<p>Staff must regularly follow the organisation policies and procedures for the administration of medication.</p> <p>This will mean that records are kept up to date, and</p>	17/05/2009

			that people receive their medication when they need helping to keep them safe and well.	
4	29	19	Nurse registration checks must be regularly carried out and kept up to date. This will help to keep people who live in the home safe.	17/04/2009

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	3	The documents used to record peoples needs when they move into the home should be standardised for residential and nursing residents. This will mean that people are clear about what they should record and where they can find information to make sure that individual needs are properly met.
2	7	The service use plan for each resident should include an up to date photograph to help staff provide the right care and support to the right person.
3	7	Care plan evaluations should be regularly carried out and recorded in a person centred way to promote the wellbeing and safety of people who live in the home.
4	19	Consideration should be given to replacing the cork floor tiles in the bathroom close to the dining room/lounge area. This will mean that the area is easier to keep clean and hygienic.
5	24	Waste bins throughout the home should be replaced by foot operated ones to promote good infection control that will help to keep people who live in the home safe and well.
6	30	Consideration should be given to establishing a training matrix so that people can be sure what training people have received and easily demonstrate this. This will mean that staff get the training they need and will help to keep people who live in the home safe and well.
7	38	Risk assessments and moving and handling guidance should be expanded and individualised to the needs of each resident. This will help to keep people who live and work in

		the home safe.
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Helpline:

Telephone: 03000 616161 or

Textphone: or

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

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