



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for adults (18-65 years)

Name:	Charles Court
Address:	Northfields Strensall York YO32 5XP

The quality rating for this care home is:	one star adequate service
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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:
Stevie Allerton	2 6 0 6 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 Adults (18-65 years) 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:	Charles Court
Address:	Northfields Strensall York YO32 5XP
Telephone number:	01904491589
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	Joseph Rowntree Housing Trust
Type of registration:	care home
Number of places registered:	15

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	15	3
Additional conditions:		
The category LD (E) is only for use by current service users who have reached 65 and above whose needs can still be met by the home.		
The number of service users over the age of 65 should not exceed 3 at any one time.		

Date of last inspection								
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Brief description of the care home

Charles Court is a purpose built single storey care home jointly managed by the Joseph Rowntree Housing Trust and the York Mencap Hostels Association, which provides long-term residential care for fifteen people with learning disabilities who may be over 65. The home also provides two places for short term respite care.

The home is situated in the large village of Strensall, five miles north of York, and is within easy walking distance of a range of facilities, which include shops, pubs and community centres. A regular bus service operates between the village and York city centre.

The standard fees charged by the home range from 332 to 879 pounds per week. Toiletries, taxi fares, hairdressing and activities outside of the home are not included in the fees. This information was provided by the registered manager for the Annual

Brief description of the care home

Service Review in July 2008. The last Key Inspection of this service took place on 26/06/07.

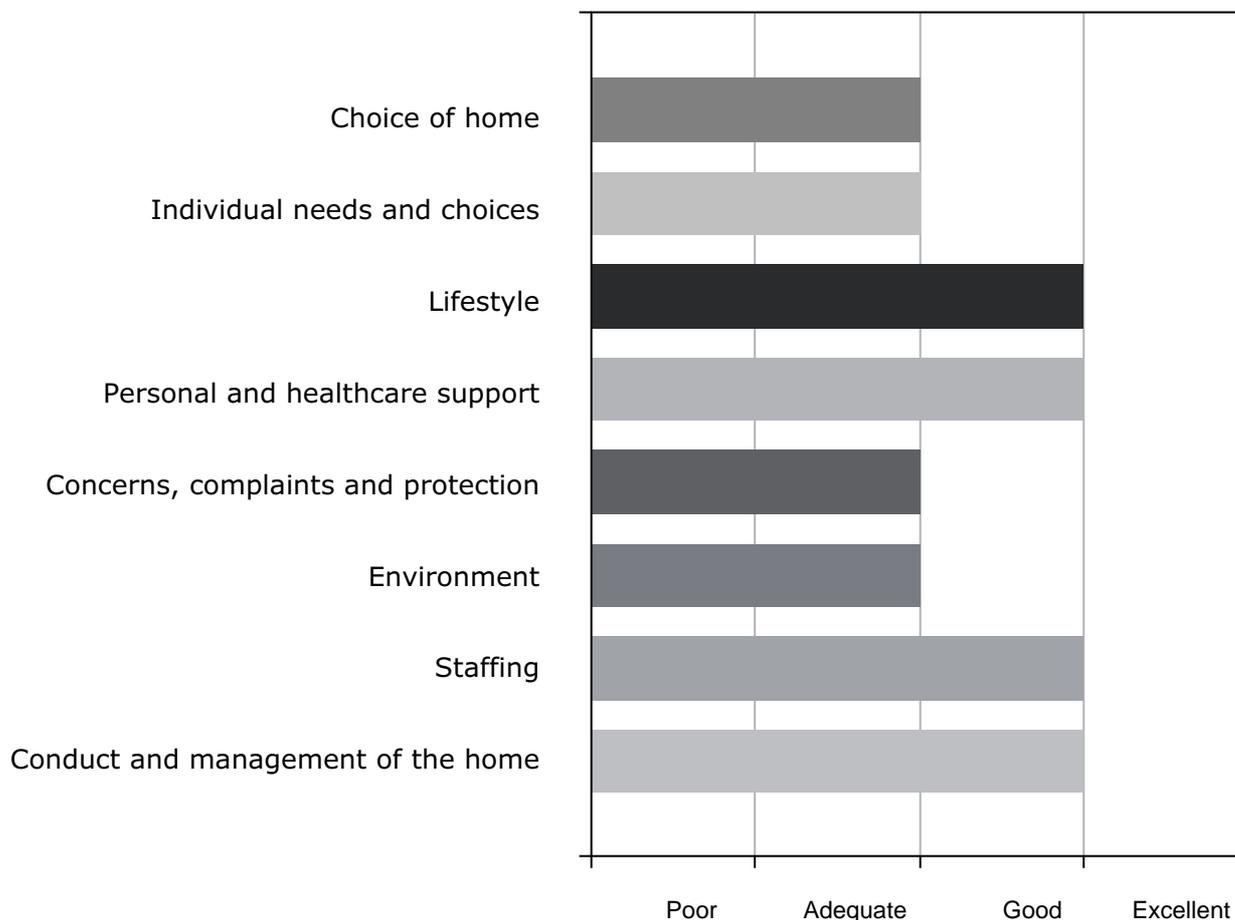
Summary

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:

This was a surprise inspection and nobody at the home knew when we were coming. We looked at the information that the Manager had sent us, which helped us to plan how to do the inspection.

We spent an afternoon there, speaking to people who live at the home and some of the staff who work there. We looked round the house and also looked at some records. We went back the next day to meet the Manager and look at some more records.

We sent surveys out to 11 people living at the home and to some of the Doctors and Care Managers who know people. None had come back by the time this report was written.

What the care home does well:

People live in a nice home and everyone has their own room. Some people can come for respite care, which means that they live somewhere else and come here for short breaks.

People who are disabled are helped by having good equipment in the home. There are special beds, hoists and chairs, and also a special car that takes wheelchairs. This means that they are comfortable in bed, or having a bath, and can join in everything going on in the home or in the community.

Staff help people to stay well, by having good food, making sure they see a Doctor if they are ill, and making sure they get their tablets at the right times.

People get support from a good team of staff, who help them to do the things they want to do. They go out and do interesting things, go away on holidays and take part in sports. Some people have jobs.

Staff are properly checked to make sure they are suitable and get good training to help them do their job. This helps to make sure that people are safe and will be looked after properly.

People say they are happy living at Charles Court and they like the staff who support them. There is a good atmosphere and people seem to get on well together.

What has improved since the last inspection?

Some people have already been helped to move out into smaller shared houses and some more people are planning to do this in the near future.

There is better equipment to help with looking after people with disabilities. There are also more staff at the right times that people need help.

The way that people's money is looked after has been improved, so that it is kept safe.

Work has been done to make sure that the home and the people are protected if a fire happens.

What they could do better:

There is written information about the home, which tells people how it runs, the "house rules", and how to complain about something. But this is difficult for most people to understand.

Information could be written in a simple way and include pictures, then more people could understand what it means, whether or not they are good at reading.

People have care plans, which help the staff to know what support they need and how to do that. They are not all up to date and could mean that staff are not supporting someone in the best way.

Care plans could also include pictures, which would really help people to be more involved in saying what they want to do and what they need support with.

The staff need to have up to date written guidance on how to keep people safe from abuse, so that they all know what to do if anything like that happens.

The floors in the bathrooms and toilets are very old and worn and need to be replaced. Staff need more help to keep the kitchen clean.

Staff could find ways that people can learn the new skills they will need, for when they move on to their own houses.

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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Choice of home

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

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.

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

This is what people staying in this care home experience:

Judgement:

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

This service is going through radical change and has an uncertain future. This is making it difficult for the manager and the staff team to plan. Everyone living there has either been through or is currently going through comprehensive assessment, which will ensure that people are offered the right service for them.

The quality of information available to people about the service is not presented in a very accessible format. This means that people with learning disabilities may find it hard to understand the written information and exclude them from the decision-making process about where they live.

Evidence:

Records showed the process of assessment for suitability for moving into Charles Court. People living at the service who were spoken to said they knew they would be moving out in the near future and spoke about the sort of places they would like to live in and who they would like to share with. One man spoken to was on emergency respite care, due to the breakdown of a previous placement.

Evidence:

People have license agreements in place in the files, signed by them wherever possible, but these were not in a very accessible format for people with learning disabilities. There was also very little information about the service in an accessible format. Those people who had recently moved from another service within the organisation had copies of that service's Statement of Purpose within their files but nothing from Charles Court, and there was no evidence that any information about Charles Court had been provided to people in a way they could understand.

The manager said there had been no decision yet about the future of the service at Charles Court.

Individual needs and choices

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Some of the care planning documentation seen was very good, unique to the individual and reflecting their assessed needs and personal goals. However, some of the written information was not in sufficient detail to make sure that members of staff all support individuals in the same way. Some of the risk assessments referred to were not present in the files, or some of those that were are no longer applicable. This could mean that people are either placed in unnecessarily risky situations, or have their independence limited. The production of care plans in alternative formats, such as pictorial, would reflect the diverse needs of people living there and make sure that the care planning process is fully inclusive.

Evidence:

Four people were case tracked, their care records verified by observation or speaking to the people where possible about their support. Individual support plans reflected the unique needs of each person and there was detailed information in some files about people's preferences and what they wanted to achieve in life.

Evidence:

It was noted that some people's support plans referred to risk assessments but these were not readily available for staff to access. Some risk assessments that were present were out of date; practice had changed but the written assessments had not been updated or removed.

Some people have been assessed under the new Deprivation of Liberty Standards, providing evidence that people are getting the appropriate support they need to make decisions.

Some of the people spoken to said that they had been having reviews. They had been helped by their key workers to prepare for the meetings and been able to say what they wanted. Care plans are generally not fully accessible to the people using the service, very few examples of documents being produced in a format that is easier to understand by people with learning disabilities.

Lifestyle

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

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

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

This is what people staying in this care home experience:

Judgement:

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

People are assisted to take part in social and leisure activities in the community, which promotes their inclusion, no matter what their level of disability is. People could have more opportunity to develop their independent living skills, which will help them to achieve their goal of moving to smaller, more independent services.

Evidence:

People are involved in a variety of activities in the community, including daycare services, paid employment and inclusive sports. The service has achieved some extra hours to enable people with high care needs to have one-to-one support to access the community.

People spoken to were happy to talk about their lives, what they were interested in and what they were doing in the near future, including going on holiday. One person

Evidence:

said he needs support to go to church regularly and that sometimes staff can take him but he would like to be able to go more frequently. The service has two accessible vehicles to enable people with all kinds of physical disabilities to get out.

Within the house, there was not much evidence that people are involved in developing independent living skills, other than taking part in washing-up, setting the tables on a rota basis and being assisted to look after their own rooms and laundry. People are still cooked for communally and served by the staff.

The quality, quantity and variety of choice of food was good and the home gets good quality meat from their supplying butcher. Liquidised meals are presented in an appetising fashion, with each item presented separately.

Personal and healthcare support

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

People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way.

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

This is what people staying in this care home experience:

Judgement:

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

People's personal support and healthcare needs are met and the staff react promptly when issues arise. However, there is currently no established system in place to assess someone's likely health needs and take preventative action before problems occur. Medication is managed properly, which helps people to get the treatment they need at the right times. There is room for staff to work with people to arrange their own medical appointments and manage their own medication, which would give them more independence. Staff should make sure, when assisting people to eat, that they sit down on the same level as the person, in order to preserve their dignity.

Evidence:

The service is well equipped to meet the care needs of people with a high degree of dependency, currently only one person requiring this level of care. People also have additional one to one support where this has been identified to meet their needs, including the use of regular agency staff at set times, to assist the staff team in providing care to individuals.

Care plans outline how people want to be supported. Staff were seen to vary in their

Evidence:

approach to supporting someone with high personal care needs to eat, one staff member standing up to feed the person, and later on another staff member sitting down on the same level as the person at the dining table, much better practice. It was also observed that no drinks were given to this person over a 5 hour period between lunch and tea.

People's physical and health needs are met through local GP practices, and opticians, chiropodists and dentists in the locality. The service does not use such documents as the "OK Health Check" as part of care planning, which helps to identify areas where preventative action could be taken and makes sure that people are referred to the appropriate professionals. This is contrary to recommended practice for learning disability services. Mobility equipment is in place and staff have had training in how to use it.

Medication is stored, administered and recorded in accordance with the home's policies.

Concerns, complaints and protection

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

If people have concerns with their care, they or people close to them, know how to complain. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

The written complaints policy is not user friendly and people with learning disabilities would not be able to access it easily; this could mean that people do not complain because they don't know how to. The policy on safeguarding people from abuse is also out of date (both of these policies date from 2004) and would not provide staff with the correct guidance, possibly putting people at risk.

Evidence:

Procedures are in place for keeping people's personal finances safe, which have been strengthened following a thorough review by the provider organisation's finance department.

The service's written complaints procedure was seen. This is not in a format that could be easily accessed by people with learning disabilities. The written policy on protecting vulnerable people from abuse was written in 2004 and does not refer to the local authority's current guidance at all. Staff would struggle to use this, should an abusive situation take place. Staff were said to have received safeguarding training, although the content of this was not seen.

Environment

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

People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. People have enough privacy when using toilets and bathrooms.

This is what people staying in this care home experience:

Judgement:

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

The home is safe, comfortable, bright and cheerful and has the right adaptations and equipment needed to meet people's mobility and personal care needs. Attention to cleanliness in particular areas needs to be improved, in order to maintain good hygiene and safety practice and make sure that people are not placed at risk. Bathroom and toilet floors are very worn and shabby and appear to be difficult to maintain in a hygienic condition; these need to be renewed in order to maintain good standards for the people living there.

Evidence:

A tour of the building, observing the general health and safety, maintenance and standard of the environment was carried out, cross-referenced with associated records and procedures. Mobility equipment and other equipment that people need to meet their needs was seen in place and appropriately used.

The house along with the independent bungalows on the same site is 16 years old and laid out as a traditional residential care home - bedrooms and bathrooms in 2 wings and a central communal area providing kitchen, dining room, sitting room, conservatory, activity room, offices and laundry.

Evidence:

The home is furnished well and people are encouraged to personalise their own bedrooms as they wish. The communal areas allow for different activities to take place at the same time without impinging on others, eg, TV, pool table, quieter pursuits.

Bathroom and toilet provision meets the standards in terms of numbers and location, but the floors are extremely shabby and need to be renewed. The records showed that this had been brought to the attention of the registered provider by the Manager in 2004. It was also noted that there was a very dusty ventilation fan in a shower room. The home does not have domestic help and the cleaning tasks are carried out by the support staff along with their other duties.

The kitchen is set up as a catering kitchen, with equipment that people living there would not find in the kitchen in their own tenancy. There is a standard domestic electric cooker in one corner, but the staff say that this has rarely been used. The kitchen would benefit from a thorough deep cleaning. There is a cleaning schedule for the support staff with various tasks to be carried out daily/weekly/monthly, which appear to be followed. However, there are areas that appeared to have not been cleaned for a long time - the legs of the kitchen shelving and the items stored on the bottom shelves of the units were splashed with liquids that had not been wiped clean, the area behind the taps of the hand wash basin was dirty, grouting between the wall tiles was dirty and inside the canopy above the cooking range was coated with grease. These tasks did not appear on the cleaning schedules, and the Manager reported that the cleaning of the canopy was done under contract with specialist cleaners, which he would chase up.

General food hygiene practice and food storage was good, with left over items, or items that had been opened, appropriately covered and dated. However, the meat from the butchers had no dates on and it was difficult to track back when it had been delivered.

General health and safety around the building was good. The most recent fire officer's report had identified requirements, which the Manager said had all been actioned. Records showed that the fire fighting equipment had been serviced in Jan 2009.

Staffing

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

People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

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

This is what people staying in this care home experience:

Judgement:

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

People are supported by a staff team that are well trained to deliver good outcomes for them. People have confidence that the staff will support and care for them and help them to do the things that they want. Recruitment procedures are sound, and checks are done to make sure staff are suitable, which protects people.

Evidence:

Staff at various levels in the service were seen and spoken to during the two visits to the site. The staff rotas showed that there were sufficient staff at the times that people needed most support, including the use of regular agency workers providing 1:1 care at set times.

The people living at the service are involved in the recruitment of new staff. There is a Person Centred Co-ordinator within the organisation, who apart from organising the person centred reviews and working to engage family members, also organises and supports representatives to sit on interview panels.

A new worker had started that week. He had been a regular agency worker and had a good working knowledge of the service through supporting the existing staff. He had completed a 5 day induction with the organisation, but no induction to the service

Evidence:

itself. There was no apparant mechanism in place to ensure that he knew the fire safety drills and other things particular to that service, although he may have been familiar with some of the home's routines. A new cook was said to be starting work in the very near future.

All staff do NVQs (National Vocational Qualifications) after their formal induction training, with almost 100% of staff having achieved levels 2 or above. The organisation publishes a quarterly training plan and it could be seen from the records that the staff apply for a variety of courses. The mandatory training includes Safeguarding. Some staff had recently been on a training day about Person Centred Care. Some in-house training has been arranged for the staff on Dementia Care and there is Fire Safety training booked for September. All staff have completed a Medication course, through distance learning.

Supervision is in place; the Manager supervises the 3 Seniors and they supervise the rest of the staff team between them. We discussed ways of developing supervision, perhaps linking it with the keyworker role, so that the staff become more familiar with maintaining and updating the care plans.

People spoke positively about the staff supporting them and were able to say who their key workers were. Good rapport was observed between staff and the people living at the home.

Conduct and management of the home

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

People have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

This is what people staying in this care home experience:

Judgement:

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

People have confidence in the way the home is run, because it is well managed. Health and safety practices are good, which means the staff try to make sure the home is safe for people, but the shabby condition of bathroom and toilet floors may start to become hazardous. The home's written policies could be produced in a better format so that people living there can understand them. Also, many of them had not been reviewed for a few years, which creates a risk that they might be out of date with current practice. A system for quality review would pick this up.

Evidence:

Records and policies were looked at and discussions took place with the registered manager and the line manager for the service. The Manager did not provide any evidence of a Quality Assurance system in place for measuring the effectiveness of the service. Regulatory and operational records that were seen included: care plans and daily care records, menus, medication, complaints, fire safety, staff files, training records, staff rotas, minutes of staff meetings, minutes of residents' meetings, financial records and records relating to health and safety. All were readily available

Evidence:

and appeared to be up to date and accurate.

The residents' monthly meetings are led by the staff, not the Manager. The minutes of these showed that there is a structured approach to getting peoples' feedback about the home, the staff, the menus, the kitchen rota, things to do, places to go, etc.

The service notifies us about things that occur, through Reg 37 notices. The Manager's quarterly reports to the organisation regarding issues with the building, have already highlighted the condition of the bathroom and toilet floors. This was first noted in an Occupational Therapist report in April 2004 - "The bathroom/shower/toilet floors were all worn and in need of updating".

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
1	39	24	A quality assurance system based on the views of people living at the home and their representatives must be put in place so that the service can be improved to the benefit of those living there.	30/09/2007

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	1	5	<p>The service must provide an up-to-date statement of purpose and service user guide, which is presented in a clear and accessible format for the target audience.</p> <p>This is so that prospective service users have the information they need to make an informed choice about where to live.</p>	14/10/2009
2	5	5	<p>The service must develop a contract or license agreement in a format that is appropriate to each person's needs.</p> <p>This is so that people can understand what is to be provided and what their own responsibilities are.</p>	14/10/2009
3	9	13	<p>Risk assessments must be in place, outlining what action is being taken to minimise identified risks and hazards.</p>	14/10/2009

			<p>This is so that all staff know how to support someone safely without limiting their independence.</p>	
4	22	22	<p>The complaints procedure must be appropriate to the needs of the client group.</p> <p>This is so that people with learning disabilities can more easily understand how to make a complaint.</p>	14/10/2009
5	23	13	<p>The written policy on safeguarding vulnerable people must be updated and reflect the current local authority guidance.</p> <p>This is so that staff have up to date guidance to work with in order to protect people.</p>	28/08/2009
6	39	24	<p>The provider must put in place a system for regularly evaluating and improving the quality of care at the home, based on seeking the views of the people living there.</p> <p>This is so that there is continuous improvement of care and people know that their views matter.</p>	14/10/2009
7	42	23	<p>All new staff must receive fire safety instruction during their induction to the home</p> <p>This is so that all staff know the procedure to be adopted if a fire occurs.</p>	28/08/2009

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	6	Care plans should be made available in a format that each person can understand, eg, visual, graphic, or simple printed English.
2	17	People could be actively supported to plan, prepare and serve meals, rather than relying on the staff team to do this.
3	19	The inclusion of an established health assessment, such as the "OK Health Check", could improve health care for people by identifying issues where preventative action can be taken and making sure that existing areas of concern are followed up.
4	20	As part of helping people to prepare for living more independently, the service could work with people to start to arrange their own medical appointments and manage some parts of their medication.
5	40	Written policies should be reviewed and amended or updated regularly; procedures could be produced in a way that more people living at the home could understand.

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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