

## Key inspection report

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

<b>Name:</b>	Pentrich Residential Home
<b>Address:</b>	13 Vernon Road Bridlington East Yorkshire YO15 2HQ

**The quality rating for this care home is:**

zero star poor service

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

<b>Lead inspector:</b>	<b>Date:</b>
Beverly Hill	2   8   0   9   2   0   0   9

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

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

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

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

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

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

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

**Outcome area (for example Choice of home)**

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

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

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

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

Judgement:

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

Evidence:

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

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

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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

## Reader Information

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## Information about the care home

Name of care home:	Pentrich Residential Home
Address:	13 Vernon Road Bridlington East Yorkshire YO15 2HQ
Telephone number:	01262674010
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	Mr Olu Femiola
Type of registration:	care home
Number of places registered:	13

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
mental disorder, excluding learning disability or dementia	13	0
Additional conditions:		
The maximum number of service users who can be accommodated is: 13		
The registered person may provide the following category of service only: Care Home only - Code PC, To service users of the following gender: Either, Whose primary care needs on admission to the home are within the following category: Mental Disorder, excluding Learning Disability or Dementia - Code MD, maximum number of places 13		

Date of last inspection	2	9	0	5	2	0	0	9
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Brief description of the care home
<p>Pentrich is registered to provide accommodation and personal care for a maximum of thirteen adults who have a mental health problem. Nursing care is not provided. Should such care be required on a short-term basis then it will be provided by the community health services.</p> <p>Pentrich is a linked double fronted property situated in a residential area of Bridlington and is conveniently located for all of the main community facilities including the public transport network. A parking area is available at the front of the property. There is also restricted on-road parking.</p>

## Brief description of the care home

The property has three floors. The accommodation consists of three shared bedrooms and five single rooms, two of which have en-suite facilities. Bathing/toilet facilities are available on each floor of the property. A dining room and two lounges, one designated for the use of people who smoke, are located on the ground floor. The property does not have a passenger lift so is only suitable for people who are able to use the stairs.

On 29 May 2009 the manager said that the weekly fees are £283.69. People pay extra for chiropody, hairdressing, transport and toiletries.

Information about the home is available in the Statement of Purpose if people want to see it. The most recent inspection report is available on request.

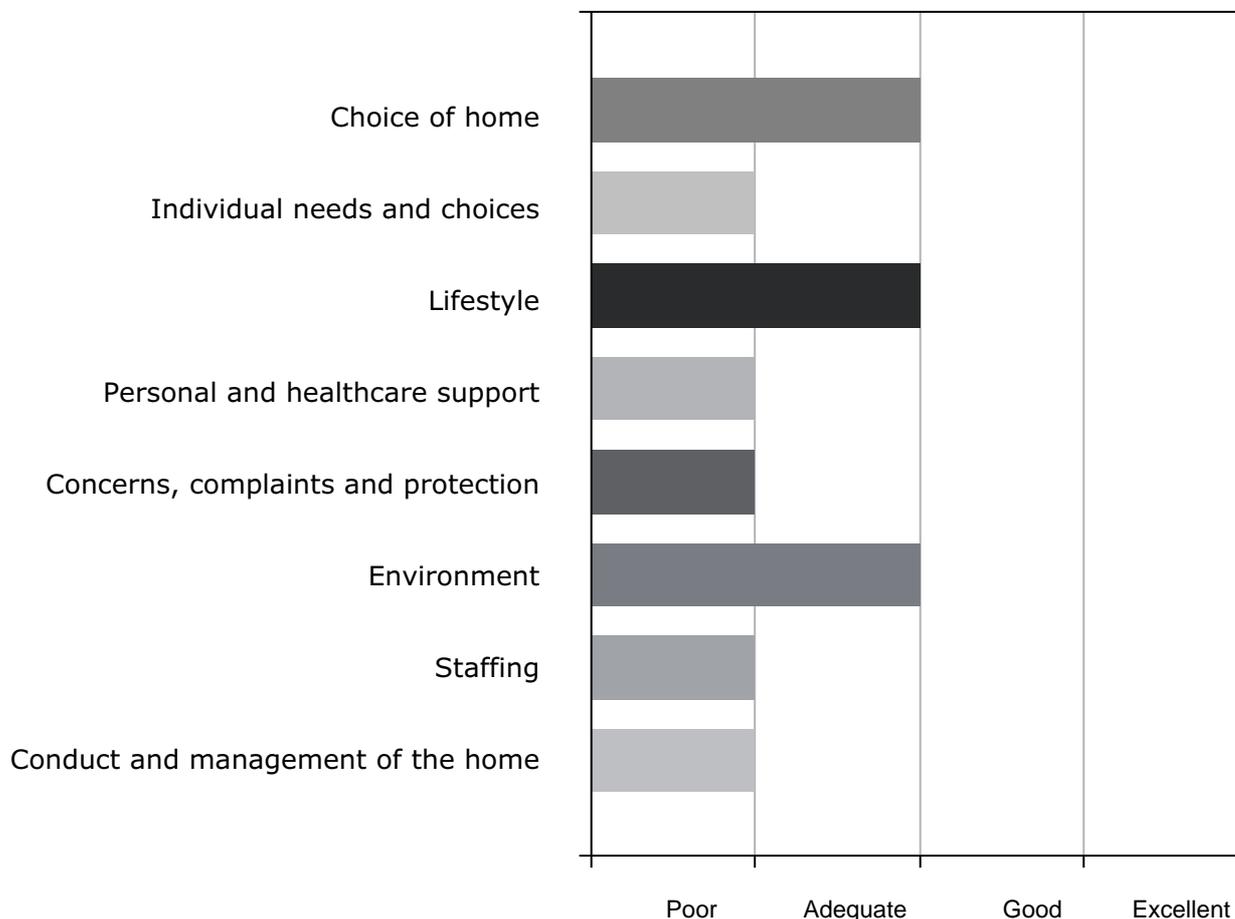
## Summary

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

The quality rating for this care home is:

zero star poor service

### Our judgement for each outcome:



### How we did our inspection:

The quality rating for this service is 0 star. This means that the people that use this service experience poor quality outcomes.

This inspection report is based on information received by the Care Quality Commission (CQC) since the last key unannounced inspection on 29th May 2009 and a site visit to the home. There had been some concerns raised with us about how the staff had managed a safeguarding of adults incident and also how they were managing medication. In light of the concerns we decided to alter our inspection schedule and complete another key unannounced inspection. The site visit was completed over two days; the 25th of September from 9am until 2pm and 28th of September, 9am until 4pm. The inspection was carried out by a pharmacist inspector Steve Baker, an enforcement inspector Chris Taylor and the regulatory inspector for the home, Bev Hill.

We explained to the manager that we had received concerns and that the visit would

entail collecting evidence under the police and criminal evidence act (PACE) that could be used for enforcement action against the home if regulations continued to be breached. We ensured the manager was fully aware of the procedure and gave him a list of all the documents we copied.

The manager and staff team were helpful and provided us with the documentation we required. We spoke with the provider after the inspection and we were assured that he wanted to work with the Commission and improve the service for the residents. This is a positive response and we have advised that we will monitor progress closely.

Throughout the days we spoke to people that lived in the home to gain a picture of what life was like at Pentrich. We also had discussions with the manager, staff members and a social care professional. We spoke to a health professional on the phone. Comments from the discussions have been used in the report.

We looked at assessments of need made before people were admitted to the home, and the home's care plans to see how those needs were met while they were living there. Also examined were, medication practices, risk management, activities and leisure pursuits organised, nutrition, complaints management, staffing levels, staff training, induction and supervision, how the home monitored the quality of the service it provided and how the home was managed overall.

We also checked to see how residents were included in how the home was run and how privacy and dignity was maintained. We also wanted to be sure that people could make choices about aspects of their lives and that the home ensured they were protected and safe in a clean environment. We observed the way staff spoke to people and supported them.

The provider had returned their annual quality assurance assessment (AQAA) within the required timescale. The AQAA is a self-assessment that focuses on how well outcomes are being met for people using the service. It also gave us some numerical information about the service.

We would like to thank the people that live in Pentrich, the staff team and management for their hospitality during the visit, and also thank the people who had discussions with us.

We have 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 services are not being put at significant risk of harm. In future if a requirement is repeated it is likely that enforcement action will be taken.

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

The provider has installed Sky television into the main lounge. This enables people to have access to a much wider range of television programmes.

One resident has been assisted to find employment and volunteer work and others have been supported to continue previous leisure pursuits.

The residents spoken with liked the staff and the manager and said, 'they look after us well', 'the staff are brilliant' and, 'Roger (the manager) is kind'.

The manager made a record of any complaints received.

Residents have access to a lounge in which they can smoke. This enables them to continue with this life choice in comfort.

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

Staff records stated that staff only start work on their first shift when the full criminal record bureau check has been returned.

A new bedroom has been completed on the ground floor. It is nicely decorated and has an en-suite room with a shower, sink and toilet. The resident occupying the room is very pleased with it. The room has been checked by the fire department to ensure it meets requirements.

Some areas of the home have been decorated and tables and chairs have been purchased for the courtyard. The smoke lounge and dining room have new curtains, although these were for decoration only and could not be closed.

Blanket restrictions on people visiting the home have been lifted.

A deputy manager has been appointed. This will help to free up the manager so he can complete management tasks and will mean there is an extra staff member on each shift Monday to Friday during the day.

Checks are now being carried out on fire safety equipment and drills are being held.

Gas appliances have been checked.

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

Assessments completed by local authority staff should be obtained prior to any admission, care plans need to be up to date and include all assessed needs, and the staff need to evidence that residents have participated in their formulation and agree with the content. Staff also need to ensure that care plans are read and understood and followed.

The way the staff assess risk and put in plans to minimise risk needs to be improved. This will enable people to take acceptable risks in their daily lives but also to be protected from harm.

People could be consulted more about the running of their home and be encouraged to make decisions and have more choices. There should be facilities accessible so residents can make themselves a hot or cold drink when they choose.

Recording of care must be improved so staff keep to factual issues and do not write subjective comments.

Residents social needs could be better assessed so that activities and occupations could be tailored more to suit their needs and wishes.

Staff need to make sure that residents have health plans in place that cover all aspects of their mental and physical needs. This will assist staff to support them more effectively and ensure that care is not missed. Staff could also be more proactive in seeking professional help quickly.

Sufficient quantities of all medicines needed must always be available. Storage arrangements should be improved to ensure all medicines are kept securely at temperatures recommended by the manufacturer and to reduce the risk of loss or diversion. Accurate records of the use of all medication should be made. Staff training and assessments should ensure all staff know how to handle and administer medication safely and correctly.

The home should try to ensure a consistent staff team. There has been a large turnover of staff in the last year which can affect relationships, key worker allocations, staff training and skills and overall staff morale.

The home needs to plan and implement a better training programme so that staff have the right skills and knowledge for their role and feel confident in supporting people with mental health needs. The training plan must cover mandatory training such as health and safety, basic food hygiene, first aid, infection control, fire safety and medication. Some staff have had fire safety training this year but the staff turnover has affected training records.

Staff and management need have full knowledge of the safeguarding policies and procedures and use them to alert the local authority to any incidents in the home. This will ensure that any incidents are investigated by the correct agency and any measures required to safeguard people can be put in place quickly.

Although the manager records any complaints and how he has resolved them, he could make sure that the complaint form indicates that the complainant is satisfied with the outcome by having it signed as agreed by the complainant.

The building is an old house and it is acknowledged that there is always work to be completed for its upkeep. However, there must be a redecoration and refurbishment plan with timescales for long and short term goals and action. This will enable the manager, provider and us to check progress. The floor in the downstairs toilet must be replaced to ensure it is hygienic. Some other areas of the home need attention to ensure that they are safe, clean and tidy and, to prevent the spread of infection hand paper towels are required in communal toilets and bathrooms.

Care staff must have full recruitment checks in place, such as two written references,

prior to the start of employment and any skills for care induction completed should be signed off by management when staff reach competence levels.

Care staff members should receive a minimum of six supervision sessions per year and staff meetings should be held at least every two months. This will give staff an opportunity to share information and for their work to be monitored.

The way the quality of the service is monitored and managed must be improved so that the shortfalls we picked up during the visits will be picked up routinely by staff and management. Some records were not up to date and the manager needs to address any shortfall as part of an improvement plan. Correct and up to date records will enable the manager and staff to have the information required to support residents and run the home effectively.

The manager must apply for registration with the Commission so that his fitness to manage can be tested.

The home must be more proactive in reporting to the Commission, any incidents that affect the wellbeing of residents. This is so we can monitor the home, and how well staff are managing the incidents.

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

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto: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.

How the home assesses the needs of new residents could not be fully tested, as there had not been any new admissions since the last inspection in May 2009. However, some assessment information was not available, which means that care could be missed.

Evidence:

There had not been any new admissions to the home since the last inspection in May 2009 but the manager described the admissions process. This involved ensuring assessments were obtained to assist in deciding whether the home was the most appropriate place to meet the persons' needs. Visits to the home would take place to ensure the person was introduced to other residents. The home had in-house assessment documentation to use alongside those assessments obtained from the local authority. The manager stated that that this would be completed for any new resident.

We looked at three care files during the visit, two of which were for people that had been admitted to home several years ago. One person had been admitted last year

Evidence:

and their care file had been examined at the key unannounced inspection carried out in May 2009. It was noted then that assessment information could not be located. However, we saw a risk management and relapse plan for the resident dated the day they were admitted, which would have provided the home with important information.

Despite a lack of assessment information, all three care files had up to date care plans produced by the local authority. Care staff also commented on any assessment changes in a six-monthly update.

To improve the manager should request the local authority provides the home with copies of the assessments completed by care management prior to the admission of residents, or as an update to peoples' needs.

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

There was a shortfall in care planning and risk management, which meant that care could be missed and risk not addressed in a comprehensive way.

Residents were not fully involved in decision-making in the home. This could affect their independence and self-esteem.

Evidence:

We looked at three care files in detail to ensure that needs highlighted at the assessment stage had been planned for. Each care file had a plan in place but to improve they need to be much more comprehensive with details about how the person prefers to be supported, the level of their independence, their likes and dislikes, and they need to have clear guidance for staff so that care is not missed. Some needs identified at the assessment stage had been overlooked. For example two people had particularly vulnerable behaviour when out and about in the community but this was not planned for fully. One persons' care plan stated that staff need to support them with managing finances and whenever they go shopping and that they need to be

## Evidence:

supervised when out of the house. This did not happen in practice. Either the care plan needs to be updated or it needs to be followed by staff.

Staff were good at recording monthly updates but the changes in need they noted each month, were not transferred back to the care plan. Any new staff member would have to look at all the monthly updates to see the changes rather than just being able to read the care plan. The care plans also need to be signed by the person formulating them and by the residents to evidence they have participated in their formulation and that they agree to the contents.

The care plans identified short and long term goals for each resident but had no real plan of how they were to be met and how progress was to be monitored. The identification of goals is good practice but needs to be accompanied by clear plans as to how staff are to support residents especially with activities of daily living skills and improving independence.

There were several risk areas affecting some residents noted during the inspection but these had not been planned for sufficiently. The home had a basic risk assessment tool but on examination there needed to be a much more comprehensive analysis of the risk involved in particular activities or behaviours and what action the staff need to take to minimise the risk. There was evidence of a risk management and relapse plan for one resident, which had been produced by the community mental health team supporting the resident and this gave staff some guidance.

Reviews of care took place with the local authority and records of the discussion were provided by care management teams. When examined, the information in the review document did not match what happened in practice for one of the residents. The review described the residents actions during the day and what action staff took to manage this, and that the person enjoyed all their meals. However, we were told the resident rarely ate their meals preferring just to eat sandwiches and was often out of the house all day. Daily and monthly recording confirmed that they left the home early and did not return until early evening. The information provided to local authority reviewing officers needs to be up to date. The review document produced by the local authority stated, 'key worker not present. No risk assessments or provider report sent beforehand'. It did state that the manager was present, shared the residents file and offered feedback. To improve the review process, they need to be planned more effectively so up to date information about the resident is available.

The wording of some of the daily/monthly recording by staff was subjective, for example, 'sneaking out seems to have got worse this month' and 'still obsessed with

## Evidence:

hygiene'. Staff need to record the residents actions, i.e leaves the building without telling anyone rather than using the term, 'sneaking'.

We saw one file of a service user that required bed rails for their safety. The bed provided had integrated rails that reduced risk, however the risk assessment needed to be much more comprehensive in line with the medicines and healthcare products regulations authority (MHRA) guidelines. This looks at the weight and size of the resident (to prevent entrapment in the rails or between the rails and the mattress) and any behaviour that might make the rails more of a risk, for example climbing over the sides. The particular resident has since left the home but the risk assessment process will need to be in place for any resident that requires bed rails in the future.

There was evidence that staff ensured residents made some choices and decisions about their lives, for example, the times they rise and retire, what they spend their money on and when they go out. However, this could be improved further. For example residents were unable to make a drink for themselves. Whilst it is acknowledged that people going in and out of the kitchen during the preparation of meals could affect food hygiene, other means of ensuring independence when preparing drinks could be put in place. For example equipment set up in the dining room or people could have their own kettles etc in their bedrooms. This was especially important for one resident who mentioned it to us during the visit.

There was little evidence that residents could participate in the day to day running of the home. This was an area that could be improved so residents are included in decision-making, for example with staff recruitment and any new residents that may share the home.

## Lifestyle

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

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

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

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

Judgement:

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

Some people enjoy activities of their choice, but by planning ahead, activities in the community could be enjoyed by more people.

Better planning and more support for residents regarding their activities of daily living will help them to maintain existing skills and develop new ones.

Evidence:

Some residents continue to attend a range of activities relating to their social interests. One person enjoys part time and voluntary work, another attends drama and dance classes and follows their chosen religion and a third person attends a college training course. Staff told us, 'a lot of residents are so independent they go out alone'. Four residents attend weekly bingo sessions at a MIND centre. Social activities take place inside the home, such as weekly bingo, karaoke and themed nights. Some residents also take occasional walks along the beach.

## Evidence:

Social assessments of peoples' likes, dislikes, past interests and current interests, and abilities, would help staff to identify more clearly how to support people and to tailor occupational stimulation to suit their needs and wishes. Recording who participates in activities and whether they have enjoyed them would help staff with future planning.

The staff could be more proactive in supporting people with their independent living skills, such as housekeeping, washing and ironing, budgeting, preparing meals and tidying their bedrooms. These could be discussed with residents and be part of their care plan activity. This will assist people to maintain existing skills and support them in developing new ones.

At the last inspection in May 2009 it was noted that, 'people have enjoyed a holiday at the seaside and further holidays were planned for the summer'. Staff provided barbecues at the home during the summer months.

Some people have bought their own television and other entertainment such as DVD players, which they can keep in their room. The provider has also installed Sky television in the lounge to increase the range of programmes available to residents. People were pleased with this and told us they got a lot of enjoyment out of it. One resident has a pet rabbit and the home has a canary. Some residents choose to spend their time at the home, and do not partake in regular activities. However, they go out to the shops, and visit the leisure amenities that Bridlington offers.

The care plans we examined for two of the residents did not reflect in practice what happened on a daily basis regarding their routines. The care plans for both people indicated that they are supported by staff when out and about outdoors due to particular vulnerable behaviour but in practice both residents were out of the house unescorted for long periods. One of the care plans also states the staff assist the person with budgeting but the expenditure noted over a five day period did not reflect this. The care plans are provided to give staff guidance on how to support people so the plans and risk assessments will need to be updated if risk or circumstances have changed. These issues will need to be discussed with the care management teams supporting the people.

Until very recently there have been two staff on duty. Therefore, events away from the home which involve staff need to be planned well ahead. However, a staff member was clear that the manager provides extra staff so that these planned events can happen. A new deputy manager has been employed, which, as well as freeing the manager so they can complete management tasks, means that there will now be three

## Evidence:

people on duty (including the manager) during the day. This means there may be more staff available to support people in the community. The manager should look at how the staffing arrangements can be made more flexible so that there are more of them available for these events to happen more often.

The manager has now altered the restricted visiting times and people can receive visitors at any time.

Since the last inspection, people have been made more aware that the more rigid routines applied in the past have been relaxed. This is good, for example, people were no longer discouraged from coming downstairs and requesting a drink during the night. People can have a key for their room, which they can lock when they are not using it. We have also discussed with the manager about arranging equipment so people can be independent when making hot drinks.

Most people spoken with told us they liked the meals prepared at the home, although one resident said, 'its not good'. There were choices of cereals and toast for breakfast and twice a week something hot like bacon and tomato or scrambled egg was prepared. There was no alternative advertised to the main lunch time menu, although the cook states alternatives would be available if required. The cook bakes most days, so there is a supply of freshly baked produce and she knows when people have specific dietary needs. If people are out and miss their main meal at lunchtime it is plated up for them to have on their return. It was suggested that the food could be left in containers with the gravy separate so the staff or residents could serve it when it is required.

One resident is, by choice, currently only eating sandwiches but does also like specific food such as sausages. Staff were worried that this will affect the persons' health. Their diet needs to be checked out with a dietician and discussed with the resident to try to offer as much variety as possible within the limits of their choices and wishes.

Care staff prepare the evening meal and a light supper is also offered, usually comprising of biscuits or cake. The kitchen is open during the night, so staff can make people something to eat if they wake up feeling hungry.

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

Although people had access to health and social care professionals, their health could be placed at risk by poor medication management and shortfalls in staffs understanding of mental health needs.

#### Evidence:

We examined three care files in detail during the day to check how peoples' health care needs were identified and addressed. There was evidence that the three residents had access to a range of health and social care professionals, for example, GP's, community psychiatric nurses, mental health social workers, opticians, a dietician for one person and a hospital consultant. There was no health plan to support people with annual health checks, medication reviews and dental checks. One persons' monthly update record stated they were having difficulty hearing and that staff were to organise a hearing test. We were unsure if this had been followed up, as it was not detailed on any of the following updates.

We spoke with two health and social care professionals and they were both concerned that staff lacked a comprehensive knowledge about mental health in order for them to recognise the early signs of a particular residents' deteriorating mental health state.

## Evidence:

Comments were, 'most of the daytime staff are very pleasant and welcoming, I just feel that the limited mental health knowledge means they find it difficult to manage residents when they show any signs of relapse' and 'limited mental health knowledge and at times this results in situations that could easily be resolved but they result in crises'. However, they acknowledged that staff were good at communicating with them. There was also an incident when staff had given one resident more medication than they were prescribed and an occasion when a visiting health professional had to step in and diffuse a very difficult situation. The manager told us that they were also involved in helping to diffuse the situation.

The records of one resident stated the staff needed to speak to the professional worker as, 'staff think they may be self-harming'. There was no mention of this in the persons' care plan or risk assessment and there was no follow up recording of any outcome from a discussion with the professionals involved.

People spoken with told us that staff supported them and promoted their privacy. Most people were independent with personal hygiene tasks. Some people required prompts only and general supervision to ensure that clothes were clean. There was evidence that routines such as rising and retiring were flexible and some daily recording spoke about residents accessing the visiting hairdresser.

Each resident was allocated a key worker that was responsible for building up a relationship, writing plans of care and risk assessments, and day to day support. Some residents had consistent key workers but staff turnover had affected some of the residents and one person in particular had had several key workers in the last year. This made it especially important that all documentation was up to date.

The pharmacist inspector observed medicines being given to people at lunchtime and spoke to staff about how people take their medicines when not present in the home. He also examined the home's medication record-keeping and storage arrangements.

The administration and recording of medicines taken by people when away from the home does not follow best practice guidance. The medication records of four people do not clearly show whether these medicines are taken correctly or not. We found many gaps on seven medication administration records (MARs) indicating that people may not always receive their prescribed medicines as expected. Three MARs contained records showing that the home did not always have sufficient quantities of medicines available to meet people's needs. Six MARs contained hand written entries or amendments which lacked the necessary information for staff to be able to follow the changes safely, as very little information about when and why the changes were made

## Evidence:

could be found. The MARs of two people were so unclear that the dose of some medicines had to be clarified by telephoning the doctor during the visit for up to date instructions. Two other MARs contained inadequate records for the use of skincare products. Insufficient written information about medicines prescribed, 'as directed' or 'when required' could be found. This means staff may not give these medicines consistently as the doctor intended.

The medication storage arrangements mean that unauthorised staff have access to the area where medication is kept. The temperature of this area was not checked so staff can not be sure that medication was always kept at the temperature recommended by the manufacturer. All medication must be stored securely at the recommended temperature so that staff know it is safe to use when needed. The quantity of medication brought forward from the previous month was not consistently recorded on the new MAR. This makes it difficult to know whether medicines are given correctly and whether the correct amounts remain each month.

Staff spoken with during the visit had not been made aware of current professional best practice guidance documents for the safe handling and administration of medicines. All authorised staff should receive additional training in the safe handling of medication and their understanding and competency should be assessed by someone suitably qualified to do so. This will help to make sure that staff know what is expected of them when looking after people's medicines.

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

The shortfalls in recruitment processes, risk assessment and analysis, and in the staff teams understanding about alerting and referring safeguarding incidents, means that residents are not fully protected in the home.

Evidence:

The home had a complaints policy and procedure, which was displayed in the home. The manager made basic details of complaints received and the action taken to address them. There were four recorded complaints since the last inspection in May 2009 and all had been resolved. The manager could keep a short log of complaints as quick reference and the records could detail if the complainant was satisfied with the outcome of the actions taken.

Staff spoken with were aware of what to do should any complaints or concerns be raised with them and residents told us they would see the manager or named particular staff they would talk to if they were unhappy.

The homes annual quality assurance assessment (AQAA) states that staff have completed training in how to safeguard vulnerable adults from abuse. The manager had also completed more in depth training with the local authority regarding management responsibilities when referring any allegations of abuse to safeguarding of adults teams in the community. There have been delays in completing safeguarding alerts to the local authority regarding incidents between residents and the staff team

Evidence:

are not fully aware of the alerting and referring procedures. These were explained to the manager so he has a better understanding of the process and so that he can cascade the information again throughout the whole team. It is important the local authority have full information quickly so they can decide whether to initiate an investigation.

The homes AQAA stated that satisfactory pre-employment checks were in place for all new staff that have started work in the last twelve months. When we checked the recruitment files of new staff we found that not all checks were in place. See the section on recruitment.

Risk assessments were also not completed with sufficient information for staff in order for them to help minimise risk associated with specific behaviour.

Shortfalls in safeguarding knowledge, recruitment and risk analysis could affect the safety and wellbeing of residents.

## 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.

Further refurbishment to the property would improve the environment for those who live there.

Evidence:

The home is situated close to the centre of Bridlington. It provides two sitting areas, one of which is a smoking lounge, and a separate dining area. The smoking lounge is ventilated by opening the window and would be improved by the installation of an extractor fan fitted to the external wall. There is a small enclosed patio area to the rear of the property, which has two tables and chairs and space to house one of the residents' pet rabbit.

The home has five shared bedrooms and three single rooms. One of the single bedrooms is new and has an en-suite shower, sink and toilet. It looks smart and is nicely decorated and carpeted. All the bedrooms have privacy locks to the doors and some people have keys. The locks are the kind that if the key remains in the door on the inside, staff would not be able to access in any emergency. This needs to be addressed. The shared bedrooms do not have any privacy screens and only three of the bedrooms have a lockable facility for people to store personal items securely. The manager stated he had checked out if residents wanted screens and lockable facilities and they had declined. This should be recorded but also installed as standard when

## Evidence:

any of the rooms become vacant.

There are two non-assisted bathrooms on the first floor, and a shower on the top floor for more ambulant people, as there is a step up into it. There is a sufficient number of toilets throughout the home. Bathrooms and toilets had communal towels, which can be a source of infection. To improve the home needs to install paper towels in communal hand washing areas.

Staff have access to a shower room and toilet on the ground floor. There is only one office, which is currently used by the manager and deputy manager. The majority of records are stored here in lockable filing cabinets. Care staff use a small area outside the kitchen to work from and care plans are stored here in secure cabinets.

The premises were reasonably clean and tidy, although some areas were in need of attention, decoration and refurbishment. The lounge carpet was in need of cleaning or replacement, especially in one corner and the manager advised that the dining room required new floor covering. The flooring to the downstairs toilet was still in a poor state. This was mentioned at the last inspection in May 2009 and has not been attended to yet. Some pillows in bedrooms were stained and in need of replacement. Some items in the kitchen need cleaning, for example, cruet sets, cutlery trays and sauce containers, and other areas need closer attention. For example, meat in the freezers needs the date of entry into the home, shelf-limited containers in the fridge need the date of opening and sugar needs to be stored in a sealed container. The kitchen window needs a fly screen and chipped crockery needs replacement. Regular deep cleaning of the kitchen needs to be added to the domestic rota.

Some residents needed support to maintain their bedrooms. One person had items piled up on the floor and spilling out of wardrobes and staff advised they supported them periodically to sort and recycle their clothes. Some residents had toothbrushes that were in need of replacement. Support to maintain residents independence or to develop new skills with activities of daily living could be planned more effectively.

There are areas of the environment that have been improved since the last visit. For instance, the new bedroom downstairs has been finished. The inspection report from the visit in May 2009 highlighted that some of the bedrooms had been redecorated and the dining room was, 'in the process of being painted, after which it will have new floor covering'. Although the dining room had been painted it had not been finished off and the flooring was still to be completed.

The records showed that the registered provider visits regularly. We met with the

Evidence:

provider after the last inspection visit to discuss progress with the homes' improvement plan. This told us that a fence had been erected at the top of the wall surrounding the patio area to make it more secure. The laundry room had been moved and was accessed from the patio area and new curtains and an electric heater had been purchased for the smokers lounge. The manager advised that the kitchen was due for a full refurbishment but there was no timescale for this. One of the bedrooms had been cleared ready for redecorating. A more proactive plan for the future refurbishment and improvement of the home could be devised so that slippage does not occur. This would help to make sure that future work was budgeted for, and was carried out, according to set timescales.

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

Shortfalls in staff recruitment, induction, training and supervision mean that not all staff are equipped with the skills and knowledge they need to meet peoples' needs. This could mean that residents are put at risk of care being missed.

Evidence:

Two care staff were provided throughout the day. At night there were also two staff, one of which sleeps on the premises, but is available if needed. A cook works five days a week for five hours each day and domestic cover is three hours a day Monday to Friday. Care staff complete catering tasks at the weekend. The manager has, until recently, acted as one of the two care staff several days a week. A deputy manager has been recruited to fulfill this role and allow the manager to be supernumerary. This will improve staffing levels and is a response to comments made by people at the last inspection that staffing levels could be better. This shows us that the provider is responsive to requests and may help residents access more activities and facilities in the community.

Residents spoken with liked the staff that supported them. Comments were, 'they are ok', 'the staff support us when we need them', 'the staff are brilliant' and 'they are good to us'. Health and social care professionals described the staff as caring and helpful but insufficiently trained in mental health needs.

## Evidence:

Recruitment records for four new staff were examined. The start date for three of the staff members was recorded as the date the criminal record bureau check was returned. The fourth person started two months after the CRB's return. It was noticed that not all application forms were fully completed. Information about referees, present and previous employment and supporting information was missing from some of them. One of the application forms wasn't signed by the applicant and the two references in place did not identify who they were from. Another staff member had only one reference on file and it did not correspond to their work history details. There was no reference from their last employer. The current recruitment process was not sufficiently robust to ensure only suitable people worked with vulnerable adults. Full checks must be in place prior to the start of employment.

The home AQAA stated that staff turnover was very high with thirty-nine staff having left in the last twelve months. The manager rechecked the figures and found that nine staff had left in the last year. This is still high given that the home has only eight care staff. Discussions with staff when they decide to leave may help to find out the reasons so these can be addressed.

There were some records of training completed for some staff, for example, four staff had watched a video and completed a questionnaire on how to manage challenging behaviour, six people (including the proprietor) had completed fire safety training, two people had completed health and safety training via distance learning and others had completed basic food hygiene. One staff member spoken with had completed a palliative care course and sensory impairment awareness. Some staff had completed first aid but we were unsure if this was now out of date. The registered provider sleeps there as the second member of staff when he visits. He must satisfy himself that he also has up to date training to meet the needs of people living in the home.

Two of the eight care staff had completed a National Vocational Qualification (NVQ) in care at level 2 and others were progressing through the courses at level 2 and 3.

The staff training records need to be much more organised and a training plan needs to be produced. This will enable the manager to audit the mandatory training shortfalls and plan to meet them. Those courses out of date will need to be addressed. A new staff member had not worked in the care industry before and therefore basic training was essential. Also staff need to complete mental health training to equip them with the skills and knowledge required to support this vulnerable service user group. One resident had needs associated with his learning disability but staff had not completed any training in this area. The manager advised that medication training was

Evidence:

planned for this coming December.

The manager advised that new staff had an induction period and were supernumerary for a week. He explained they were orientated to the way the home worked and received a pack with a summary of residents needs in order that they could get to know the residents. Access to full and up to date care plans would ensure new staff had the knowledge they would need to fully support the residents. The induction programme needs to reflect skills for care standards. The manager said this was in place but we were unable to see any completed documents to confirm this. Some new staff would have completed their skills for care induction and the manager needs to evidence that he has signed off their competence when the work books have been completed.

Records indicated that care staff were not receiving formal staff supervision. The manager had a supervision form to use when the system was implemented. Some records indicated that four staff had had a discussion with the manager in November 2008. However these were not signed by the staff members. Care staff should receive a minimum of six supervision sessions a year, which should be documented and signed by the supervisor and supervisee. This will give them the opportunity to discuss issues of concern and their key worker role, and also highlight any training and development needs. It will also enable the supervisor to monitor their practice, share information and check out the persons' knowledge and skills.

There were no annual staff appraisals taking place.

There had been two staff meetings since January, although there were no dates on the minutes and in places they were difficult to read and understand. This may in part be due to the managers' first language not being English. He needs to ensure staff understand the content and sign to say they have read them and understood them.

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

The managers' fitness to manage cannot be fully tested until the registration process with the Care Quality Commission has been completed.

There are shortfalls in management systems that could mean care is missed and risk not managed sufficiently, and staff not recruited, trained and supervised as robustly as required.

Evidence:

The manager has been in post for sixteen months and has previously been the registered manager of another residential home in the company, in Wales. He recently submitted an application for registration but information was incomplete and the delay has caused the CRB check to lapse. He is currently gathering information together to re-apply. It is a requirement of the Care Standards Act 2000 that managers of residential homes must be registered. His fitness to manage Pentrich cannot be tested until the process of registration is complete. The manager completed his NVQ Level 4 in management and leadership in July 2009.

## Evidence:

Staff spoken with described the manager as, 'approachable and relaxed' and, 'he will try to help if there are problems'. They confirmed that formal staff supervision did not take place but stated that they could contact the manager at any time. They also confirmed that the proprietor was supportive and available to see them when he visited, which was usually every couple of week or more.

A new deputy manager has been appointed and was in her second week of employment at the time of the inspection visit. Her appointment will ensure the manager has time to complete some of the management tasks highlighted as shortfalls in this report. For example, ensuring full staff recruitment checks, auditing training, developing a training plan, supervising staff formally, monitoring the quality of documentation and monitoring the quality of the service provided overall. It is acknowledged that he has had limited time to complete management tasks but he should have discussed these more fully with the provider during his visits.

All the residents knew the managers' name and told us they would see him if they were worried about anything. One resident described the manager as, 'a kind man'.

There was a limited quality assurance system in place. There was some evidence that residents were asked to complete questionnaires about the service they received but there was no planned system to monitor the quality of the service provided overall. The home needs to have a process in place that audits management systems and gains the views of residents, their family and friends, staff and professional visitors. The results of audits and questionnaires need to be analysed and action plans produced to meet any shortfalls.

The manager had completed an annual quality assurance assessment (AQAA) requested by the Commission. This is a self-assessment regarding what the home does well and what needs to be improved.

Some records required for the running of the home were not up to date or in place. For example recruitment records, medication records, risk assessments and care plans. There was also one residents' bank details and personal identification number for their bank card kept in her main file and accessible to all staff. This should be kept elsewhere and secure.

Fire alarm checks and drills were now completed to ensure staff had knowledge of emergency procedures. There were still gaps in mandatory training as discussed in the previous section. The manager needs to audit this quickly and ensure training and updates are completed so staff have the skills and knowledge required to promote

Evidence:

health and safety in the workplace. To improve, there should also be a staff member trained in first aid on each shift and the first aid box in the kitchen needs to be replenished. It was noted during a tour of the premises that bleach was accessible in one of the residents bathrooms. This needs to be made secure.

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	6	12	<p>Staff must follow guidance and instructions written down in care plans.</p> <p>This will ensure that peoples' needs are being met in line with their assessed needs.</p>	30/11/2009
2	6	15	<p>Peoples' assessed needs must be fully identified in plans of care with clear guidance for staff in how to support people.</p> <p>This will ensure that staff know how to support people and avoid care being missed.</p>	30/11/2009
3	9	13	<p>Risk assessments must be completed fully for areas of risk in daily living activities. This must have detailed actions required by staff to help minimise the risks.</p> <p>This will ensure that staff are fully informed of any risks, know what they must</p>	30/11/2009

## 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
			do to support people to minimise the risks, and will help to safeguard residents and staff from harm.	
4	19	12	<p>A health plan for each resident must be produced that clearly identifies any physical or mental health needs and how these are going to be met, for example with dates for appointments and follow up checks.</p> <p>This will ensure health care needs are not missed.</p>	30/11/2009
5	19	12	<p>The dieticians advice and guidance must be sought regarding the limited diet one particular resident chooses to take.</p> <p>This will give staff dietary ideas and ensure professional involvement in managing any perceived risk to the residents health and wellbeing.</p>	30/11/2009
6	20	13	<p>All medicines must be stored correctly at temperatures recommended by the manufacturer.</p> <p>Staff will then know that these medicines are safe to use when needed.</p>	13/11/2009

## 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
7	20	13	<p>Medication, including skin preparations and those medicines prescribed as and when needed, must be given as prescribed and an accurate record must be made at the time that it is given.</p> <p>This will make sure that people receive their medicines correctly and the treatment of their medical condition is not affected.</p>	13/11/2009
8	20	12	<p>Arrangements must be in place to ensure that sufficient quantities of medicines are available in the home so that all medication can be administered as prescribed.</p> <p>This will make sure that people receive their medication correctly when needed.</p>	13/11/2009
9	23	13	<p>The manager and staff team must familiarise themselves with, and use, the multi-agency safeguarding of adults policies and procedures.</p> <p>This will ensure that the local authority, which is the lead agency for any investigations of abuse, is</p>	13/11/2009

## 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
			made aware swiftly of any issues and can decide whether they need to be investigated. Appropriate use of the procedure will help to safeguard residents and promote their wellbeing.	
10	24	23	There must be a redecoration and refurbishment plan produced with clear timescales for short and long term work.  This will enable work to be planned in line with budgets and give clear information about targets and whether these are met.	30/11/2009
11	27	23	The floor in the downstairs toilet must be repaired.  This will prevent it from becoming a health hazard to people that use it.	30/11/2009
12	30	16	There must be a system of deep cleaning the kitchen included in the domestic rota.  This will ensure areas of the kitchen are cleaned thoroughly.	30/11/2009
13	34	19	New staff members must have full checks in place prior to the start of employment.	13/11/2009

## 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
			<p>This will help to ensure that only suitable people are employed to work with vulnerable adults and will help promote their safety and wellbeing.</p>	
14	35	18	<p>Staff working in the home must be supervised by their line manager.</p> <p>This will ensure that their work is monitored and management is confident that residents needs are being met as per their care plans.</p>	13/11/2009
15	35	18	<p>Staff must have up to date mandatory training and receive service specific training in line with the identified physical, mental health and in one case learning disability needs of the residents living in the home. The training must be identified and planned by the timescale required.</p> <p>This will ensure that staff have the right skills and knowledge about the needs of the people they support, will help them to identify quickly when peoples' mental health needs start to deteriorate and will help</p>	30/11/2009

## 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
			them to be confident in their role.	
16	41	17	Documentation required for the running of the home such as recruitment, medication, assessments, care plans, risk management, and staff training and supervision must in place and be up to date.  This is to ensure that we can be confident the home is being managed appropriately.	30/11/2009
17	42	37	Any incident affecting the wellbeing of residents must be reported to the Care Quality Commission.  This will enable us to monitor incidents and check that the home is managing them well.	13/11/2009

## 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	2	The manager should request the local authority provides the home with copies of the assessments completed by care management prior to the admission of residents, or as an update to peoples' needs when they change significantly.
2	6	Care plans should be individualised to include personal

## 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
		preferences, what the person is able to do for themselves to maintain their independence, and reflect how identified short and long term goals are to be met. This will provide staff with detailed information about how people prefer to be supported and enable them to monitor progress with achieving goals.
3	6	Care plans should be signed by the person formulating them and by the resident to evidence they have read them and have agreed the contents reflect their needs and preferences for support.
4	7	Staff should ensure peoples' decisions about what they want to eat and when they want to have a drink are respected within the limitations of any assessment outcome. Any restrictions should be clearly documented with reasons why.
5	8	Staff should develop ways in which residents can be consulted on, and can participate in, the running of the home. For example, in smaller decisions like choosing the colour schemes of decoration to more important decisions about staff recruitment, key worker allocation and new people they may share the home with.
6	13	There should be more opportunity and flexibility in the staffing arrangements so that people who would like to attend events in the community more regularly can do so.
7	14	Residents social needs should be checked out to establish previous and current interests and hobbies and their ability to participate in them now. This will enable staff to tailor the activities and occupations they provide more in line with peoples' wishes and needs.
8	16	Residents should be encouraged to plan their daily routines and be supported to maintain existing skills and develop new ones with regards to their activities of daily living. For example, housekeeping, washing and ironing, budgeting, preparing meals and tidying their bedrooms.
9	17	Staff should discuss with a particular resident what options are available to vary his diet. Ensure choices are clearly detailed in his care plan so all care and catering staff are aware of his decisions.
10	17	Facilities for making hot and cold drinks should be made available for residents to use when they choose. This will

## 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
		promote independence and choice.
11	18	The manager should try to ensure there is consistency of keyworkers to provide continuity of care and enable the development of key worker/resident relationships.
12	20	Handwritten entries and changes to MAR charts should be accurately recorded and contain details such as the original date and authorisation for the change.
13	20	The medication policy and procedures should be updated in line with current professional guidance so that all staff understand how to handle, record and administer medicines safely.
14	20	The prescriber or community pharmacist should be asked to provide information when medication is asked to be given 'as directed' or 'when required'. This makes sure that the medication is given correctly.
15	20	The supplying pharmacy should be advised of all medication no longer in use and be asked to provide up to date MARs. This makes sure people are only getting medication that is currently needed.
16	22	The manager could keep a short log of complaints as quick reference and the records could detail if the complainant was satisfied with the outcome of the actions taken.
17	26	Privacy locks to bedroom doors should be of the type to enable staff to gain access in emergency situations. The current system of a lock that requires a key to be inserted, could pose a problem if the resident left it in the lock.
18	28	There should be an extractor fan fitted in the lounge used for smoking. This will enable smoke to be cleared quickly.
19	30	Communal bathrooms and toilets should have hand paper towels instead of towelling ones to help prevent the spread of infection.
20	32	Staff should continue to progress with national vocational qualifications in care at level 2 or 3 to ensure a target of at least 50 percent of care staff are trained to this level.
21	33	There should be a consistent staff team to support the people living in the home. The manager should find out why there is a high turnover of staff and put in place measures to reduce the number of staff leaving.

## 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
22	33	There should be a minimum of six staff meetings per year to ensure information is exchanged and provide an opportunity for staff to make suggestions about the running of the home. Staff should sign the minutes to evidence they have read and understood them.
23	34	Application forms for potential new staff should be checked to ensure they are fully completed and signed by the applicant.
24	35	When new staff complete skills for care induction booklets, the care staff member should be signed off as competent by the manager or supervisor. Records of this should be maintained in the person's staff development file.
25	35	An audit should be carried out on the training needs of staff in the home and a training plan produced for the coming year. This should also detail when mandatory training updates are required.
26	36	Care staff should receive a minimum of six formal supervision sessions per year. These should include, translation of the homes' philosophy and aims into work with individuals, monitoring of work with individual residents, support and guidance and identification of training and development needs.
27	37	The manager should complete an application to the Care Quality Commission. This will enable the Commission to test his fitness to become registered as the manager of the home.
28	38	The whole staff team should look at ways in which their practice can enable residents to be more included in the way the home is run.
29	39	There should be a system in place of reviewing and improving the quality of care provided in the home. This will ensure that continual consultation takes place to check that people are happy with the service and audits will highlight shortfalls that can be addressed quickly.
30	39	The views of people connected with the home should be sought as part of the whole quality monitoring process. This includes the residents, their visitors, staff, and health and social care professionals involved with the residents care and support.

## 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
31	41	Financial information and bank details should be kept separate from the main files and held securely. This is to enable restricted access and to safeguard residents finances from misuse.
32	42	There should be a first aider on duty in the home on each shift. This is to ensure that there is someone with specific first aid skills and knowledge that can deal with any initial medical emergencies.

## Helpline:

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