

Key inspection report

CARE HOMES FOR OLDER PEOPLE

Acorn Nursing Home

**46-48 All Saints Road
Bradford
BD5 0NJ**

Lead Inspector
Bridgit Stockton

Key Unannounced Inspection
12th May 2009 09:00

This report is a review of the 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.

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

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

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

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

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SERVICE INFORMATION

Name of service	Acorn Nursing Home
Address	46-48 All Saints Road Bradford BD5 0NJ
Telephone number	01274 734004
Fax number	01274 740859
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Regency Healthcare (UK) Limited
Name of registered manager (if applicable)	
Type of registration	Care Home
No. of places registered (if applicable)	34
Category(ies) of registration, with number of places	Old age, not falling within any other category (34), Physical disability (34)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category of service only: Care home with nursing - Code N, to service users of the following gender: Either, whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category - Code OP and Physical disability - Code PD.
2. The maximum number of service users who can be accommodated is: 34

Date of last inspection 19th May 2008

Brief Description of the Service:

Acorn Nursing Home is a thirty-four bedded care home, which provides both residential and nursing care. The home was formerly a vicarage and it is conveniently situated less than one mile from Bradford City centre and close to St Luke's Hospital. The home is well served by public transport and there is adequate parking to the front of the property.

There are double and single rooms situated on the ground and first floor of the building, with two having en-suite facilities. There is level access to the main door and a passenger lift is available. The communal areas are situated on the ground floor, comprising of two lounges and a dining room. There are communal bathroom and toilet facilities located throughout the building. There are gardens and a patio area for the people to use and enjoy when the weather permits.

SUMMARY

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

The quality rating for this service is **0 stars**. This means the people who use this service experience **poor** quality outcomes.

The purpose of this inspection was to assess the quality of the care and support received by the people who live at the care home.

The methods we used to gather information included a visit to the home, conversations with the people who live there, their relatives, healthcare professionals and the staff. We looked in detail at the care and records of three people, examined other records and looked around the home.

The area manager also completed some paperwork for us called an Annual Quality Assurance Assessment (AQAA). This provides valuable information to help us form a judgement about the quality of service offered at the home.

What the service does well:

People are properly assessed before being offered a place at Acorn Nursing Home. The manager said that she visits people either in hospital or else at home to introduce herself, assess the person to see their needs can be met within the nursing home and complete paperwork. People are also invited to the home to have a look around before reaching a decision.

People told us that they really enjoy the activities that were provided at the home and the activities organiser makes sure that people pursue their own interests and hobbies. During the inspection some people were taking part in an organised quiz and one person was being supported by staff to go out for lunch.

We were told that the food that was provided at the home was 'very good' and 'beautifully cooked'. One person said 'we get extremely well fed here; I have put a few pounds on since I came to live here'

People told us that the staff were very caring, one relative said that the staff were 'very helpful and kind' to their relative.

What has improved since the last inspection?

At the last inspection the homes statement of purpose needed review, this has now been done and amendments have been made. In addition, all of the people who live at the home have been given a new service user's guide for their own reference.

A damp area on the ceiling in the conservatory area that was identified during the last inspection has been repaired and repainted. The newly appointed maintenance man has started a program of redecoration and refurbishment.

One of the lounge areas has been made into a communal dining area. Tea and coffee making facilities are also available in this area for residents and visitors to make drinks.

What they could do better:

Disappointingly, very little progress has been made in meeting with the requirements set in the previous inspection of the service and there have been numerous requirements made from this inspection.

Care plans are not written in sufficient detail to ensure assessed needs are met properly and the way in which people's medication is administered puts some people who live at the home at risk.

Staff have had little or no training in fire prevention, safeguarding vulnerable people, controlling infection, first aid and moving and handling, this means that they are not fully trained or updated in how to care for people safely.

There was no evidence to suggest that newly appointed staff are recruited properly and the staff files were in disarray making them difficult to audit.

Certificates to ensure that equipment had been maintained and was safe to use were not available for inspection.

Peoples choice in how they wish to bathe is compromised, currently there is only one assisted shower working at the home.

The newly appointed manager is working very hard to rectify some of the issues that were fed back to her at this inspection. The provider now is required to support her in meeting the requirements that have been made at this inspection in order to make people who use the service safe.

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

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

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

1,3&6

People using the service experience **good** quality outcomes in this area.

People can be assured that they are properly assessed prior to admission to the home.

We have made this judgement using a range of evidence, including a visit to this service.

EVIDENCE:

The care plans I looked at showed that pre-admission assessments had been carried out before offering someone a place. This is to make sure that the home can meet the person's needs. A senior member of staff usually the manager visits the person at home or in hospital to discuss their care needs. Social Services assessments are also used to determine this as well; these were also available to look at.

During the inspection a relative came to view the home, they were shown around the home and the manager took time to talk with the relative and answer any questions they had about the home and what it offered.

At the last inspection the homes statement of purpose needed review, this has now been done and amendments have been made. In addition, all of the people who live at the home have been given a new service user's guide for their own reference.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

7,8,9 & 10.

People using the service experience **poor** quality outcomes in this area.

Lack of detail in people's care plans coupled with poor practice in the administration of medication could potentially put some people's health and welfare at risk.

We have made this judgement using a range of evidence, including a visit to this service.

EVIDENCE:

I looked at two care plans in depth and sampled several others. They were not written in sufficient detail to ensure that people's identified needs were being met fully. For example, I looked at the nutritional screening document that had been completed in one of the plans. This person was an insulin controlled diabetic, the screening tool did not document this, and no action plan from this

had been compiled for staff to follow regarding what type of specialist diet and nutrition this person required.

Some assessments in care plans had not been signed or dated, and in one care plan that was inspected the persons dependency level had not been reviewed for over a year, despite some recording of increased frailty and alterations in their health and wellbeing.

In some peoples bedrooms there was documentation for completion by staff when care tasks had been carried out. For example a 'carer's medication record' and 'air bed pressure checks,' these had not been completed. The air bed pressure record was left blank despite the person having an air mattress on the bed.

I looked at how medication was administered at the home. It was evident that poor practice was taking place. Medication was not stored correctly; a bottle of eye drops was left on top of the medication trolley, which should have been stored in the fridge, the bottle did not contain a label for whom it was prescribed for, and a date of opening had not been written on the bottle. The daily temperature of the drug fridge had not been recorded. The staff nurse on duty said that it had not been recorded for as long as she had worked at the home (three months) because the thermometer was broken. She had highlighted this to the new manager who has now ordered a new one.

Two tablets were found in a medicine pot on the top of the drugs trolley, the staff nurse said they were for destruction, but this had not been done. Although I did not observe tablets being crushed, a used tablet crusher was on top of the trolley. The nurse told me that this was not in use at the home but had been left by a person who was on 'short stay' in the home some time ago and had not been returned to them.

Insulin and used insulin syringes were found on a tray on top of the drugs fridge. The insulin should have been locked away after use and the syringes disposed of properly.

There is inconsistency in the recording of the quantity of medication supplied and the date received. In some instances the quantity of medication from one monthly cycle to another is not recorded on the new MAR. This means it is difficult to have a complete record of medication within the home and to check if medication is being administered correctly.

The new manager had done a recent audit of medication and had found other errors associated with the ordering, storage and administration of peoples medication, and had already started to address her findings, to try and put things right in order to keep people safe.

Staff were seen to be treating people with respect and dignity, they knocked on bedroom doors and were respectful and sensitive towards people when they were carrying out care duties. On inspection of people's bedrooms several of them did not have a pull cord to activate the call bell. The manager said that they did not have enough pull cords for all of the bedrooms. This means that some people would not be able to summon help when they required it, leaving some people vulnerable.

The call system was activated on the upper middle floor of the home. The alarm was very quiet and could not be heard in the downstairs area of the home. The call bell could also be switched off at an external point from the room, meaning that staff did not have to enter the room to cancel the alarm. Some people told me that they sometimes had to wait a 'little time' before the buzzer was answered. During the inspection I heard a gentleman trying to attract the attention of a member of staff from the front lounge area. This person was asking for a drink, and the only way of getting attention was by shouting as he did not have access to the call bell which was located on the other side of the room.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

12,13,14,&15

People using the service experience **good** quality outcomes in this area.

People's social and recreational needs are well catered for. Choice and Independence is promoted whenever possible.

We have made this judgement using a range of evidence, including a visit to this service.

EVIDENCE:

The home had a very warm and welcoming atmosphere. Visitors were in the home throughout the inspection. They all said how friendly the staff were and that they were always made to feel welcome.

The home employs an activities organiser and people really enjoyed taking part in the social events that were planned. A varied program of activities was displayed. During the inspection some people were taking part in an organised quiz and one person was being supported by staff to go out for lunch. The activities co-ordinator told me about the hobbies and interests of some of the

people at the home and how she manages to enable people to pursue what interests them. Religious services are held regularly at the home.

Everyone said the food was lovely one person said 'I really like the puddings they are really nice'. A relative told me that they thought the food always looked lovely and that they are always offered a hot drink when they visited the home. The lunch time meal was observed. It was a roast lamb dinner with trifle for dessert. People could either take their meals in the newly appointed communal dining area, sat in the lounge area or else in the privacy of there own rooms. Staff were available over the lunchtime period to assist people where necessary.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

16&18

People using the service experience **adequate** quality outcomes in this area.

Peoples concerns and complaints are listened to and acted upon however; people are left vulnerable due to lack of staff training and knowledge in safe guarding procedures.

We have made this judgement using a range of evidence, including a visit to this service.

EVIDENCE:

There are adequate written policies and procedures in place to deal with complaints and the care staff spoken to confirm they were aware of these. Staff knowledge of these help ensure that they were able to address any issues or anxieties of the residents, relatives and visitors to the home. The new manager said that she had not received any complaints since she had been in post.

People who live at the home told me they would speak to any of the staff if they had any concerns or complaints. One person said ' I had some concerns about my mother's bedroom. I spoke to the manager, and sorted things out straight away. If I had any other problems I would not hesitate in speaking with her again'.

Staff told me that training has taken place in the protection of vulnerable adults in abuse 'a long time ago' and were not clear on what procedure to follow should they suspect that a vulnerable person was being abused. Training needs to be given to all staff to make sure that people are protected and that staff are aware of their responsibilities if an abuse situation arises.

Environment

The intended outcomes for Standards 19 – 26 are:

- 19.** Service users live in a safe, well-maintained environment.
- 20.** Service users have access to safe and comfortable indoor and outdoor communal facilities.
- 21.** Service users have sufficient and suitable lavatories and washing facilities.
- 22.** Service users have the specialist equipment they require to maximise their independence.
- 23.** Service users' own rooms suit their needs.
- 24.** Service users live in safe, comfortable bedrooms with their own possessions around them.
- 25.** Service users live in safe, comfortable surroundings.
- 26.** The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

19&26

People using the service experience **adequate** quality outcomes in this area.

Whilst people live in a clean and comfortable home, maintenance and repairs to equipment are not carried out in a timely manner putting people health and well being at risk.

We have made this judgement using a range of evidence, including a visit to this service.

EVIDENCE:

The home was clean and there were domestic staff on duty cleaning communal areas and people's bedrooms during the inspection. The manger said that there was enough domestic staff on duty to keep the home clean. People told

me that their bedrooms were dusted and vacuumed and thought the home was 'clean and tidy'.

A maintenance man has just been appointed and has started to redecorate some corridors and repaint bedroom doors.

During the inspection it was identified that only one assisted shower facility was working throughout the home. The bath hoist in the ground floor bathroom was out of order and had been dismantled and all other bathing and shower facilities at the home were not assisted. This leads to those with limited physical ability or more individual needs being disadvantaged due to the lack of assisted bathing facilities. The manager said that she had notified the provider that the assisted bathing facilities were not functional and was awaiting a response. It would appear that the assisted bathroom has not been functional for sometime. Staff were unable to tell me when they last used this facility.

The bathroom on the middle floor that houses the assisted shower needed repairs carrying out on the ceiling, and the toilets on the ground floor are in need of upgrading and redecoration.

The Garden area at the rear of the home was really nice, and people told me that in the finer weather they enjoy sitting outside in the sunshine.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

27,28,29&30

People using the service experience **poor** quality outcomes in this area.

Whilst staff are on duty in sufficient numbers, recruitment procedures are not adhered to, this coupled with the lack of training and supervision of staff puts people at risk of harm.

We have made this judgement using a range of evidence, including a visit to this service.

EVIDENCE:

During the day the staffing levels at the home are one trained nurse, three care assistants and an activities coordinator. The homes manager is supernumerary. During the night there is one trained nurse and two care assistants on duty. People told me that they thought that there was enough care staff on duty and that they always got the care and attention they needed when they required it.

I looked at a selection of staff files. Some contained references and criminal bureau checks, but the files were disorganised and it was not clear if each person working at the home had all the relevant information and checks needed to make sure that they were safe to work with vulnerable people. I

asked to look at the most recently appointed person's personnel file. The new manager said that this file was not at the home and that the area manager who appointed this person had it. This is unacceptable as there was no evidence available regarding this person's suitability to work with vulnerable people at the home. This person was working in the home during the inspection.

There was no evidence of staff receiving induction or skills for care training. One member of staff told me that they had received skills for care training but had undertaken this themselves at the local collage.

The new manager was unable to produce a current list of staff that had attended any recent training; certificates in staff files regarding training were out of date. However posted on the staff notice board was some training in health related topics that had been organised for staff to attend. I asked staff what training they had received One person said 'no I have never had moving and handling training and I have been here over a year'. Another member of staff said 'it is well over a year since I attended a fire talk'. There was no evidence that staff had received any formal supervision. One member of staff said 'I have worked here three years and never had any supervision. This wouldn't stop me saying anything if I thought things were wrong.'

Management and Administration

The intended outcomes for Standards 31 – 38 are:

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

31,33,35&38

People using the service experience **poor** quality outcomes in this area.

Poor support for the newly appointed manager coupled with lack of sufficient action regarding health welfare and safety exposes people who live and work at the home to significant risk

We have made this judgement using a range of evidence, including a visit to this service.

EVIDENCE:

There is a new manager in post at the home who at the time of the inspection had only been in post three weeks. Already she has realised that some areas within the home need improvement. So far she has audited the way in which

peoples medication is looked after and decided to change the pharmacy who supplies the tablets because they are not getting a good service. She has started to do an audit on peoples care plans to make sure they are properly written and staff are aware of the care people need, and house keeping audits to make sure that the home is clean and maintained properly. There was evidence that the manager had escalated some of her findings to the registered provider to deal with. Other than telephone conversations and a visit from the area support manager in the first week of employment it would appear that the new manager had received very little support.

The home does not manage any service users finances, but would enable them to seek external help and support should they require assistance in managing their finances.

Some valid certificates that are required to make sure that people live and work safely could not be found at the home during the inspection for example the gas land lord certificate and the electrical hard wiring certificate. In addition a letter was seen detailing work that was required to be done from December 08, regarding the inspection of the fire alarm and emergency lighting. Whilst it was thought that some repairs had been carried out in accordance with the letter the manager was unsure if all the work had been completed.

Staff had not had training in health and safety or basic first aid. Fire prevention training was out of date for staff, as was safe moving and handling. This means that due to lack of basic training people's health safety and welfare are put at risk.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	3
2	X
3	3
4	X
5	X
6	N/a

HEALTH AND PERSONAL CARE	
Standard No	Score
7	1
8	3
9	1
10	2
11	x

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	x
18	1

ENVIRONMENT	
Standard No	Score
19	1
20	X
21	X
22	2
23	X
24	X
25	X
26	2

STAFFING	
Standard No	Score
27	2
28	1
29	1
30	2

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	2
32	X
33	X
34	X
35	3
36	X
37	X
38	1

Are there any outstanding requirements from the last inspection? Yes

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1.	OP30	18(1)(c)	<p>The provider must make sure that staff receive appropriate training to help them to maintain the health, safety and well being of people living in the home and themselves.</p> <p>The provider must make sure that all new staff are enrolled on an induction training programme that meets the Skills for Care common induction standards when they start work.</p> <p>This requirement remains outstanding from the previous inspection 30/09/08</p>	01/07/09
2.	OP9	13 (2)	<p>Steps must be taken to make sure that the systems for dealing with medications are safe. Accurate records must be kept of all medications received into the home and when they have been given to people. This will make sure that people receive their medications correctly and safely and the treatment of their medical condition is not affected.</p> <p>This requirement remains</p>	01/07/09

			outstanding from the previous inspection 30/06/08	
3.	OP18	13	Steps must be taken to make sure that all staff have received training around abuse awareness and adult protection. This will make sure staff will know how to recognise abuse and know what to do if they see or suspect it. This requirement remains outstanding from the previous inspection 30/09/08	01/07/09
4	OP7	15	To ensure that people's care needs are met properly each person must have a clear and detailed plan of care, giving instruction to staff on how these needs are to be met.	01/09/09
5	OP9	13	Medication must be given as prescribed from a supply labelled by the pharmacy and a record must be made at the time that it is given. This will make sure that people receive their medications correctly and the treatment of their medical condition is not affected.	01/07/09
6	OP9	13	In order that people receive medication safely there needs to be a system that makes sure that medicines are stored at temperatures recommended by the manufacturer.	01/07/09
7	OP10	12	Unless risk assessment suggests otherwise people should have access to emergency pull cords, allowing them to activate the nurse call system when they require assistance.	01/07/09
8	OP19	23 & 13	In order to keep people safe repairs that are required to be carried out must be done promptly.	01/07/09
9	OP29	18	All staff files must be available for inspection at all times. To	01/07/09

			demonstrate that people have been recruited properly and all appropriate checks have been carried out in order to protect vulnerable people from risk of harm.	

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	OP31	The manager should make sure that she applies to become registered with CSCI so that people will know the home is being run and managed by somebody who fit to be in charge and able to discharge their responsibilities fully.
2.	OP9	A system should be in place to record all medication received in to the home and medication carried over from the previous month. This helps to confirm that medication is being given as prescribed and when checking stock levels.
3	OP36	Staff supervision should take place on a regular basis, and a written record kept of each supervision session



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