

# Key inspection report

## Care homes for older people

<b>Name:</b>	Lyndhurst Nursing Home
<b>Address:</b>	238 Upton Road South Bexley Kent DA5 1QS

<b>The quality rating for this care home is:</b>	two star good service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

<b>Lead inspector:</b>	<b>Date:</b>
Maria Kinson	2   7   0   8   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 Older People 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.

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## Information about the care home

Name of care home:	Lyndhurst Nursing Home
Address:	238 Upton Road South Bexley Kent DA5 1QS
Telephone number:	01322523821
Fax number:	F/P01322523821
Email address:	richard.mahomed@hotmail.com
Provider web address:	

Name of registered provider(s):	Mrs Rookaya Mahomed, Mr Richard Mahomed
Type of registration:	care home
Number of places registered:	16

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	16
Additional conditions:		
The maximum number of service users who can be accommodated is: 16		
The registered person may provide the following category of service only: Care home with nursing (CRH - 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		

Date of last inspection									
Brief description of the care home									
This home is located in a residential area of Bexley, within walking distance of local shops, a railway station and bus routes.									
There are five double, one triple and three single bedrooms in the home. Communal space consists of a lounge/ dining room. This room has been extended to provide a large sunny space for residents to enjoy and participate in activities.									
At the rear of the property there is a spacious garden for residents use. Parking is									

Brief description of the care home

restricted in the roads surrounding the home and limited off street parking is provided on the driveway.

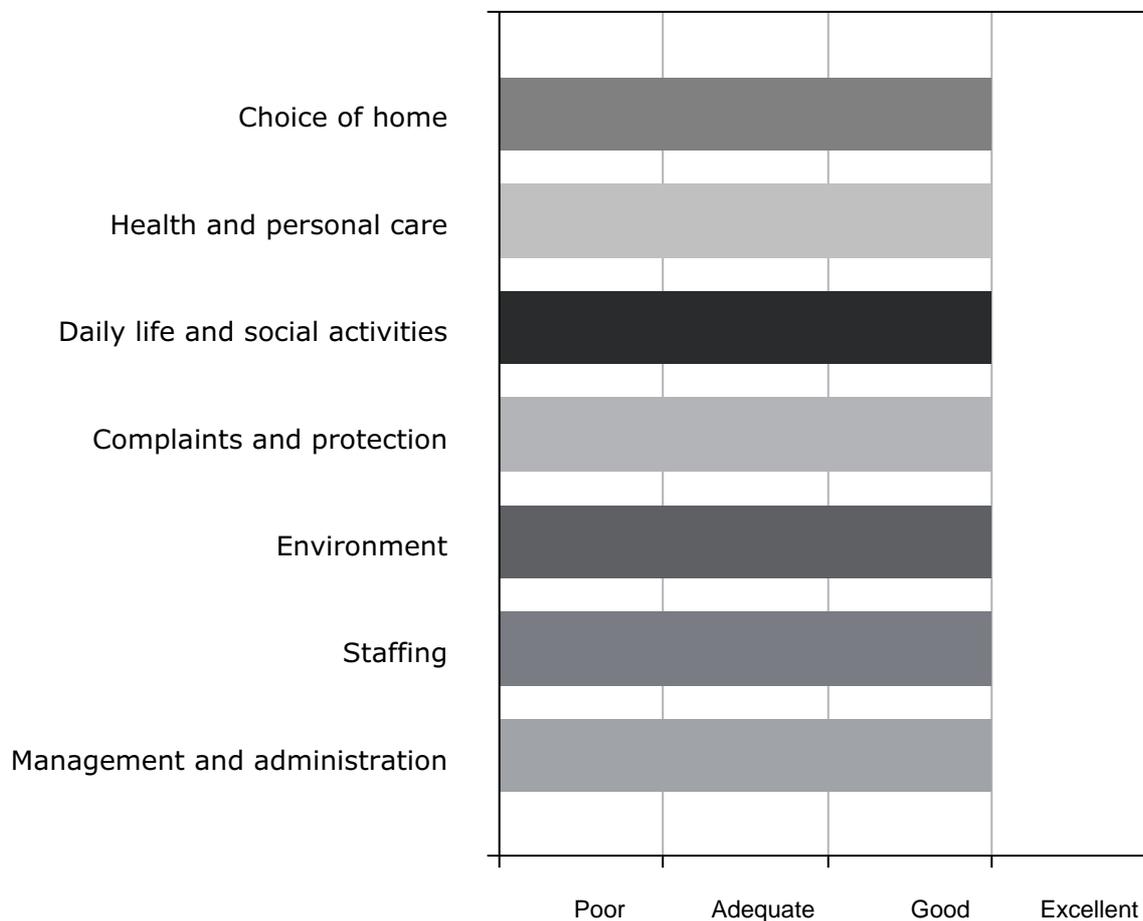
## Summary

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

The quality rating for this care home is:

two star good service

### Our judgement for each outcome:



### How we did our inspection:

The last key inspection on this service was completed on 22nd August 2007.

This inspection was carried out over two days in August 2009 and was unannounced. Prior to the visit we reviewed all of the information that we had received from, and about the service since the last inspection. This included notifications, letters and the annual quality assurance assessment form that homes complete and return to the commission once a year. This information helped us to plan how we would undertake the inspection and what issues we would focus on.

We sent surveys to four residents and relatives, five members of staff and four health care professionals that were in regular contact with the home. We received sixteen responses, four from residents, five from staff, three from health care professionals and four from relatives.

During the inspection we spoke to three residents, two members of staff and one visitor.

The comments that we received from residents, relatives, staff and health care professionals helped us to form a judgement about the home. Some of their comments are included in this report.

During the inspection we examined some of the records that were kept in the home and assessed the management of medicines. We observed staff supporting residents to eat and drink, move around the home and take their medicines. We visited all of the communal areas and viewed a selection of bedrooms on each floor.

There were fourteen people living in the home at the time of the inspection.

The fees charged by the home range from £557.40 to £705 per week. The fees do not include hairdressing, toiletries, activities in the community or newspapers.

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

There was written information about the service and people could visit the home to view the facilities.

Care plans were generally well written and were reviewed regularly.

Staff monitored residents health needs and communicated effectively with other professionals.

Staff respected residents privacy and dignity.

Relatives could visit at any time and were made comfortable.

People were supported to eat and drink and most of the people that we spoke with said they liked the food provided in the home.

Residents receive their medicines on time and records were kept to show how medicines were used in the home.

Staff knew they should report concerns and allegations to senior staff.

Records show low rates of staff turnover and low use of temporary staff.

The building was clean and tidy. The garden was well laid out and maintained.

Equipment was serviced regularly to ensure that it was in working order and was safe to use.

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

Staff had started to prepare night care plans for residents.

The medication procedure was reviewed and updated to include information about providing medication for residents that were going on leave.

The reception area and some of the bedrooms were redecorated and some new equipment and furniture was purchased. The triple room was used as a double room.

The off duty roster was up to date and staffing levels were satisfactory.

The number of staff with a recognised care qualification at level two or above had increased.

Staff that were waiting for a criminal record bureau disclosure (CRB) were supervised and records were kept to show how this was done.

A new induction training work book was introduced for care staff.

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**What they could do better:**

Information about the size of wounds should be recorded.

Risk management strategies must be developed, if residents are known to be at risk.

The list of homely remedy medicines should be reviewed and updated.

Work was in progress to ensure that residents had access to regular activities and occupation.

References for new staff should be obtained from a manager or personnel officer at the previous place of work.

All staff should receive a minimum of three days training a year and regular safeguarding training updates.

The home must implement an effective quality assurance system.

Hot water temperatures should be monitored.

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 and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

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

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

Judgement:

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

An assessment was carried out to establish if the home would be able to meet people's needs. Written information was provided and people that expressed an interest in the service could visit and spend time in the home.

Evidence:

The home had developed two information booklets about the service, a statement of purpose and service user guide. Both documents were updated regularly and provide useful information about the service. Residents were satisfied with the information that they received about the service.

Before people moved into the home a staff member visited the person to carry out an assessment. The assessment included a discussion with the prospective resident and their carer, if present and examination of any relevant paperwork. We examined the pre admission assessment forms for two residents that had moved into the home during the past year. Information was recorded about residents strengths, needs and

Evidence:

preferences.

All residents were admitted for a six week trial before the placement was made permanent. This provides an opportunity for the resident and their family to see if the service can meet their needs and expectations.

The manager said prospective residents were invited to visit the home prior to moving in. Some people requested a second visit so they could take another look at the home and ask questions. We spoke to one relative who visited the home before their family member moved in. The relative said staff were welcoming and were able to answer all of their questions.

## Health and personal care

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

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

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

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

Judgement:

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

A plan of care was developed to meet residents health and personal care needs but strategies to manage risks were not always recorded. Clear records were kept to show how medicines were used in the home and staff followed good practise guidelines. Residents said staff treated them with respect and maintained their privacy and dignity.

Evidence:

We examined two sets of care records, one for a resident who had lived in the home for many years and has high care needs and one for a person who was admitted to the home in 2009. The files included various assessments and risk assessments, care plans and daily care records. The plans that were in place were generally well written and provide adequate information for staff. However one assessment indicated a resident was at high risk of falls but there was no plan in place to show what staff should do to reduce the residents risk of falling. See requirement 1. Some of the guidance for staff was a little vague. For instance one plan stated "a regular pattern of commoding should be followed". The frequency of the toileting programme for this resident was unclear and could be interpreted in various ways by different members of

## Evidence:

staff. All of the plans were reviewed regularly but there was no written evidence that residents or their representatives were involved in this process. Wound care records included information about the location of the wound, the frequency of dressing changes and the type of dressing that staff should use. Wounds were redressed regularly and the care plan was followed. There was no information in the records about the size of the wound or photographs. See recommendation 1. This made it difficult for staff to evidence progress.

A local GP visits the home once a week and made additional visits when residents were unwell. All of the residents that we followed were registered with a GP and were supported by the homes staff to access other health care professionals such as a Chiropodist or Dentist. The GP's records were kept in the home and staff recorded information about other health care professional visits in the residents notes. Residents were satisfied with the support and medical care that they receive in the home.

We received written information from three health and social care professionals that were in regular contact with the home. They all commented positively about the service and about the care provided in the home. Comments included this is "a well run nursing home", they provide "a good standard of care delivery" and "I have never noticed any lapse in their standards of care". Health care professionals said staff always monitor residents health needs and follow their advice.

We looked at three medication charts. All medicines were in stock and good records were kept about the receipt and disposal of medicines. There were no gaps on the medication charts that we examined and the balance of medicines was correct.

The home kept a small supply of 'homely remedy' medicines such as paracetamol. These medicines were administered without a prescription. A list of the agreed homely remedy medicines was kept in the home and was signed by the GP in 2007. The manager should review and update the list. See recommendation 2.

The home did not have any controlled drugs. The office and medication cupboards were recently updated and a new controlled drug cupboard had been ordered.

The medication procedure was recently reviewed and updated. The new procedure includes information about the steps staff should take when they hand medication over to residents that are going on leave.

Medication profiles were completed for individual residents. This provides useful

Evidence:

information about the residents medication history and any problems that they have encountered with medicines.

We observed staff supporting and reassuring residents throughout the day. Staff responded promptly to requests for assistance and were kind and gentle in their approach. Most of the staff addressed residents by their preferred name and communicated effectively. Care was taken to protect residents privacy and dignity.

## Daily life and social activities

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

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

There are no additional outcomes.

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

Judgement:

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

The provision of activities had declined in recent months but efforts were being made to address this issue. Visiting times were flexible and relatives were welcomed by staff. Residents were able to choose where and what they ate and were satisfied with the food provided in the home.

Evidence:

The activity coordinator was on long term sick leave. The records indicated that prior to May 2009 there was a regular and varied programme of group and individual activities taking place in the home such as light exercises, floor games, sing-along, cooking and bingo sessions. The activity coordinator had arranged for some residents to join a local social club and prepared a regular newsletter for residents and relatives. The frequency of activities began to decline in April 2009 and there was no evidence that any activities had taken place in recent weeks. See recommendation 3. The manager arranged for one member of staff to work an extra hour, each week day to undertake activities with residents. We were told the date for the Christmas party was set and a local singing duo would entertain residents and relatives.

We spoke to one visitor during the inspection. The visitor said they could visit their family member at any time and were always made to feel welcome and offered a cup

## Evidence:

of tea. One health care professional said staff always welcome relatives and visiting professionals and put people at ease.

It was difficult to establish if residents were able to make decisions for themselves as some of the people that we spoke to were physically and mentally frail. However we did see staff offering residents alternative food and responding to one resident that wanted to return to their room. One resident that was able to comment said they could get up and go to bed when they wanted and could decide where and how they spent their time.

There was a good supply of fresh vegetables, fruit and salad in the home. The menu was changed to include seasonal dishes such as salads in the summer and casseroles in the winter. There were two lunchtime meal choices and residents could select a dish from the menu or request a lighter alternative. Some residents chose to eat at the dining table in the conservatory and some people chose to remain in the lounge. The meal was hot and looked appetising. Residents said they liked the meals provided in the home and two residents said food was one of the homes main strengths. Staff assisted people to eat and promoted peoples independence.

## Complaints and protection

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

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

People's legal rights are protected, including being able to vote in elections.

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

Judgement:

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

Guidance was provided for staff about managing complaints and allegations and reporting procedures. It was not clear when safeguarding training was provided for some members of staff.

Evidence:

The complaints procedure was displayed on the notice board and there was a summary in the statement of purpose and service user guide. Residents knew who to speak to if they were unhappy and how to make a complaint. The home had not received any complaints during the past year and we have not been made aware of any concerns about the service.

The home has its own safeguarding procedure and a copy of the local authority procedure was kept in the office. The home's procedure stated that the local authority, Police and CQC would be advised about allegations. Staff had a good understanding of abuse and knew what they should do if they witnessed or were told about an allegation of abuse. Some members of staff attended a safeguarding training session in 2008 and some staff said they completed this training with their previous employer. As the training records did not provide a full training history it was not possible to establish when some members of staff last attended a safeguarding training session. See recommendation 4.

## Environment

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

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

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

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

Judgement:

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

The home was well maintained overall and provides comfortable personal and communal space for residents and their visitors.

Evidence:

The building was maintained to a satisfactory standard. We identified a few maintenance issues during the inspection, all of which were addressed before we completed the inspection. A significant amount of work was carried out in the period since the last inspection to improve the appearance of the home and to make life more comfortable for residents. Some of the bedrooms and the reception area were redecorated, the office was refurbished and new bedroom furniture was purchased. A new large screen TV was purchased for the lounge, a fish pond was built in the garden, a new assisted bath was fitted in the ground floor bathroom and three pressure relieving air mattresses were purchased for residents use. The ground floor corridor carpet was due to be replaced in September 2009.

The home has one lounge and a large bright conservatory. The communal areas were pleasantly decorated and were made to feel homely by the addition of plants, pictures and ornaments.

All of the bedrooms that we visited were clean and tidy. Although some residents bought some of their own belongings into the home, very few people bought their own

Evidence:

furniture. This made some of the bedrooms look very similar. The manager and staff should encourage residents and relatives to make their room 'their own'.

The home has one triple room. In the period since the last inspection the provider had reduced the occupancy of this room. There were two residents occupying the room at the time of the inspection. The provider said he would only use the third bed space in the room in an emergency.

All areas were clean and tidy and residents said the home was usually fresh and clean. Hand washing facilities were provided throughout the home and clinical waste was stored appropriately.

## Staffing

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

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

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

Judgement:

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

The home has stable team of well qualified staff. Thorough checks were carried out prior to appointing new staff. Access to training was variable.

Evidence:

There were two care staff and one nurse on duty when we arrived in the home. The home has a stable team of staff so use of temporary staff was low. We examined the duty roster for the week of the inspection. The number and skill mix of staff was satisfactory and residents said staff were usually available when they required help.

The information provided by the manager indicated that 62.5% of care staff had a recognised care qualification at level two or above. This exceeds the standard set by the Department of Health.

We examined the recruitment records for three members of staff. The files contained all of the necessary documents and checks but both of the references for one applicant were from colleagues. See recommendation 5. Records were kept about the arrangements for supervising staff that had a Protection of Vulnerable Adults (POVA) check but were still waiting for a full criminal record bureau disclosure (CRB).

Training records were kept but the form did not include a training history. This made it difficult to establish if staff were receiving regular training updates. Some staff had

Evidence:

attended epilepsy, safeguarding, moving and handling, infection control and fire safety training sessions in recent years. The records for two members of staff indicated they did not receive any training in 2009. See recommendation 6.

Staff said induction training covered everything that they needed to know. The home had recently introduced an induction workbook for care staff. The course covers all of the common induction standards.

## Management and administration

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

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

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

Judgement:

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

The home was well organised and managed. Health and safety arrangements were satisfactory but the home did not have a robust quality assurance system.

Evidence:

The manager owns and manages the service. The manager is a registered nurse and completed the registered managers award in 2006.

Staff said the manager was approachable and supportive and remained in regular contact with them when he was off duty. One relative said the manager was "always friendly and helpful" and another person said there was "a nice atmosphere in the home" .

The provider had not addressed a previous requirement about quality assurance work. We sent the provider a warning letter about this issue. Some medication and health and safety audits were taking place but there were no other checks in place to ensure that staff were following company procedures. The manager had not requested any

## Evidence:

formal feedback about the service from residents or relatives. This work would help the manager to identify areas for improvement and develop the service. The manager said he was planning to appoint a company or individual to undertake quality assurance work in the home. See Outstanding Statutory Requirement 1.

The manager told us that the home does not store any personal money for residents.

We examined the service reports for the mains electrical installation, portable electrical appliances, the passenger lift, the nurse call system, gas appliances, weighing scales, and hoists. Equipment was inspected regularly to ensure that it met safety standards. The manager said all of the hot water outlets were fitted with thermostatic valves. There was no evidence that hot water temperatures were monitored to see if the valve was still working. See recommendation 7.

Regular checks and inspections were carried out to ensure that the fire detection system, fire fighting equipment and emergency lighting were working properly.

We saw staff helping people to move around the home using handling techniques and equipment. Wheelchairs were used appropriately and footplate's were used to support residents feet. All of the transfers that we saw were carried out in a caring and professional manner.

Are there any outstanding requirements from the last inspection?

Yes



No



## Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
1	33	24	The registered person must ensure the planned quality assurance system is developed and implemented.	19/10/2007

## Requirements and recommendations from this inspection:

### Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

### Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	7	15	Risk management strategies must be developed and recorded in the care plan.  To show what action you plan to take to maintain residents safety.	29/12/2009

### 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	7	Clear records or photographs should be kept to show the dimensions and size of wounds.
2	9	The manager should should review and update the homely remedy medicine list in consultation with the GP.
3	12	A regular programme of activities should be provided to satisfy residents social, cultural and religious needs.
4	18	All staff should attend regular safeguarding training updates.
5	29	References for new staff should be from a manager or personnel officer at the previous place of work, not a colleague.
6	30	All staff should receive a minimum of three paid training days per year. A robust training matrix system should be

## 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
		developed that will alert the manager if mandatory training is due.
7	38	Hot water temperatures should be monitored to reduce the risk of scalding.

## Helpline:

**Telephone:** 03000 616161

**Email:** [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

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