

Key inspection report

CARE HOME ADULTS 18-65

Gregory Court Care Home

**Noel Street
Hyson Green
Nottingham
NG7 6AJ**

Lead Inspector
Meryl Bailey

Key Unannounced Inspection
18th June 2009 10:30

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 home adults 18-65 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.

Reader Information

Document Purpose	Inspection Report
Author	Care Quality Commission
Audience	General Public
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Internet address	www.cqc.org.uk

SERVICE INFORMATION

Name of service	Gregory Court Care Home
Address	Noel Street Hyson Green Nottingham NG7 6AJ
Telephone number	01159 790 750
Fax number	01159 704 930
Email address	
Provider Web address	www.birt.co.uk
Name of registered provider(s)/company (if applicable)	The Disabilities Trust
Name of registered manager (if applicable)	Miss Gaynor Heather Smart-McCann
Type of registration	Care Home
No. of places registered (if applicable)	10
Category(ies) of registration, with number of places	Physical disability (10)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following categories 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 categories:
Physical Disability - Code PD
2. The maximum number of service users who can be accommodated is 10

Date of last inspection

This is the first report since change of provider

Brief Description of the Service:

Gregory Court Care Home is purpose built and provides 24-hour care for 10 adults with a physical disability. It was registered by the Disabilities Trust in January 2009. The accommodation consists of individual bedsits, each providing a bathroom and kitchenette. There are additional communal facilities of lounge, dining room and kitchen. The home employs catering staff and all meals are provided. It is situated close to Hyson Green shops and close to the tram route to Nottingham city centre. There is a maintained garden, which is accessible to people living at Gregory Court.

A copy of the most recent inspection report is held in the main reception for tenants and visitors to read. The fees vary according to specific needs.

SUMMARY

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

The quality rating for this service is **2 star**. This means the people who use this service experience **good** quality outcomes.

The focus of inspections undertaken by the Care Quality Commission is upon outcomes for people and their views on the service provided. This process considers the provider's capacity to meet regulatory requirements and minimum standards of practice and it focuses on aspects of service provision that need further development. We reviewed all of the information we have received about the home since the registration of the new providers (Disabilities Trust) in January 2009. We used questionnaires to allow and staff to make comments anonymously and we spoke to people living at the service during an inspection visit.

We did the inspection visit with one inspector. It was unannounced and took place on one day during the daytime. The main method of inspection we used is called 'case tracking' which involves us choosing a sample of people and looking at the quality of the care they receive by speaking to them, observation, reading their records and asking staff about their needs. We looked at three people's records.

A partial tour of the premises included mainly communal areas in use and a sample of individual accommodation. We also looked at recruitment records to find out if checks were carried out before new staff started working at the home and other records to see if staff were appropriately trained, supervised and supported.

What the service does well:

People's needs are assessed in detail before they move into the home so that they can be assured that the home can meet their needs. We found detail of individual's preferences, some social history as well as needs relating to medical conditions. The assessments of needs and risks provided a great deal of information for care to be planned.

There are good arrangements for making sure people retain their independence as far as possible. Some people said they made all their own decisions and some said they liked to have support from staff.

We found that people are supported to engage in some appropriate activities. One person told us about going to a computer class and staff informed us that another person was doing a Life Skills course. Some people told us they book their own taxis independently and go out when they want to. Within the home

staff assisted people to join in activities. People told us they enjoyed playing dominoes, watching videos, pizza making, flower arranging and musical bingo.

We saw evidence that people had formulated their "Service Users' House Rights" and these were on the main notice board, drawing attention to respect for one another and respect from staff.

There was always a choice of main meal and people had a choice of sitting in the dining room or their own room for their meals. Some made their own snacks and drinks.

People receive appropriate support to meet their personal and healthcare needs. Some people told us: "Staff are very helpful" "They ask me what help I need." We saw that medication was well managed.

Concerns and complaints are taken seriously and acted on to keep people satisfied with their care and safeguarded from abuse.

All communal areas and the sample of individual rooms that we saw were clean and decorated to a satisfactory standard.

Staff had received appropriate training.

Overall, we found the home was well run in the best interests of the people that live there and promotes health and safety.

What has improved since the last inspection?

Since registration of the new provider, more staff have been recruited to commence soon and policies and procedures have been developed.

What they could do better:

In order to fully meet the Care Home Regulations they must:

1. Provide each person with an up to date Service Users Guide to the home. This is so that everyone has clear information about the service provided by The Disabilities Trust at the home.
2. Agree with each person a full clear support plan so that everyone receives all the support they need to suit their own preferences.

We also made the following recommendations for improvement:

1. Provide people with a minimum of seven days on holiday outside the home, which people should help to choose and plan for themselves.

2. Empty clinical waste bins each day in order to fully control any possible infection.
3. Calculate staff numbers/hours so that they are always sufficient to meet the assessed holistic needs of each person living in the home.
4. Make arrangements for each staff member to have recorded supervision meetings at least six times a year.

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 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

The Commission consider Standard 2 the key standard to be inspected.

This is what people staying in this care home experience:

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

2

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

People are assured their needs can be met at the home through the assessment process, but they do not have full, up to date information about the service and new provider.

EVIDENCE:

The Statement of Purpose and Service User Guide were being updated at the time of this inspection. The manager submitted a copy of the Statement of Purpose to the Commission when it was completed. We found that it contains appropriate information about the services provided at Gregory Court. Some people told us that visits had been made prior to moving in so that they knew what it was like there, but none of them had a copy of a Service User Guide. Some people told us they knew the home was now run by the Disabilities Trust as they had been told in house meetings.

We looked at the files of three people and one of these had moved into the home recently. There was an assessment that covered all areas of care and

gave an indication of the support people needed, but did not lead to agreed Support Plans (see next section).

Individual Needs and Choices

The intended outcomes for Standards 6 – 10 are:

6. Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
7. Service users make decisions about their lives with assistance as needed.
8. Service users are consulted on, and participate in, all aspects of life in the home.
9. Service users are supported to take risks as part of an independent lifestyle.
10. Service users know that information about them is handled appropriately, and that their confidences are kept.

The Commission considers Standards 6, 7 and 9 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):

6, 7 and 9

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

There are good arrangements for making sure people retain their independence as far as possible, but the absence of clear support plans means people may not receive all the support they need.

EVIDENCE:

The three care files we looked at contained a great deal of assessment information and this gave an indication of what support people would need, but for two of the three there were no clear, agreed support plans. The third file contained an old out of date care plan. Following the inspection visit, the registered manager submitted a blank support plan document that, if

completed with each person, would provide a clear plan of the support people need in each area.

Risk assessments were comprehensively recorded on the files and covered various subjects such as smoking, mobility and making hot drinks. Some people went out unaccompanied each day and told us that they always informed staff. "I go out whenever I want." One person said staff had discussed with her about going out alone or with someone for support to reduce risks. Another person wanted to go out, but did not know there was a choice to do so. This person had no support plan and choice would be better demonstrated within the new type of support plan that the manager was introducing. Staff had attended training about the Mental Capacity Act and there was evidence that assessments had been made about people's mental capacity. Some people said they made all their own decisions and some said they liked to have support from staff.

Lifestyle

The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users' rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.

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

This is what people staying in this care home experience:

12, 13, 14, 15, 16 and 17

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

People are supported to engage in some appropriate activities to enable them to enjoy their lifestyles. Healthy nutritious meals are offered.

EVIDENCE:

Some people were supported by staff to go out to activities and groups. One person attended the lunch club for Deaf people once each week, two people attended the local authority day centre on some days and others went to other local groups. Some people told us they book their own taxis independently and go out when they want to. One person told us about going to a computer class and staff informed us that another person was doing a Life Skills course. Within the home staff assisted people to join in activities. People told us they enjoyed playing dominoes, watching videos, pizza making, flower arranging and musical bingo. There was a photographic record of people involved in

activities, including making Easter bonnets, enjoying barbecues and parties. Some people enjoyed gardening.

The home was well established in the local community. Some people said they regularly used the local supermarket. The day centre and Deaf club were both close by. One person told us of a self funded holiday arranged without support and two people had been to Skegness for a day, but the manager confirmed that none of the people living there had been provided with a holiday by the providers.

We saw evidence that people had formulated their "Service Users' House Rights" and these were on the main notice board, drawing attention to respect for one another and respect from staff.

A cook was available from 8am to 2pm on some days and 11am to 5.30pm on other days. Most people told us they enjoyed their food, but some said, "It varies and some days its not so good." The manager was carrying out a meals survey in order to improve the meals available. There was always a choice of main meal and people had a choice of sitting in the dining room or their own room for their meals. Some made their own snacks and drinks. The cooks kept records of food eaten and these showed that a balanced diet was offered.

Personal and Healthcare Support

The intended outcomes for Standards 18 - 21 are:

- 18.** Service users receive personal support in the way they prefer and require.
- 19.** Service users' physical and emotional health needs are met.
- 20.** Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
- 21.** The ageing, illness and death of a service user are handled with respect and as the individual would wish.

The Commission considers Standards 18, 19, and 20 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):

18, 19 and 20

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

People receive appropriate support to meet their personal and healthcare needs.

EVIDENCE:

The care files contained a lot of assessment information about the personal care each person required and those we spoke with told us: "Staff are very helpful" "They ask me what help I need." The Annual Quality Assurance Assessment form sent to us by the manager stated "We currently have 1 waking night staff and 1 sleep-over staff which requires all service users needing to be hoisted to be in bed by 9.30pm." People we spoke with told us they went to bed at a "reasonable time". (See staffing section).

There were records of visits from nurses and to doctors' surgeries. Hospital appointments were also recorded. During the inspection visit a staff member accompanied one person for dental treatment.

There was a new medication policy that was dated 27 April 2009. We observed one of the staff administering some medication and appropriate procedures were followed. There were clear records of medication and storage was secure.

Concerns, Complaints and Protection

The intended outcomes for Standards 22 – 23 are:

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

The Commission considers Standards 22, and 23 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):

22 and 23

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

Concerns and complaints are taken seriously and acted on to keep people satisfied with their care and safeguarded from abuse.

EVIDENCE:

Some people told us they expressed their views in house meetings. Most people told us they would speak to the manager or senior support worker if they had any concerns or wanted to make a complaint, but the Complaints Procedure was not on the notice board. One person was not aware of the procedure at all. Following the inspection visit the manager sent us a copy of the full procedure together with an easy read version and a further copy using a pictorial format that had been given to people as appropriate. These stated that the Disabilities Trust will always listen to complaints. The manager told us on the Annual Quality Assurance Assessment form that there had been three complaints in the last 12 months and these had all been investigated and upheld.

There was a copy of the local area safeguarding adults procedures in the office and the manager had used these appropriately to refer to social workers to investigate allegations. Investigations had resulted in staff disciplinary action in some cases so that people were safeguarded. We saw evidence of new staff currently being recruited and all appropriate checks were being carried out

before they could commence work. Existing staff had received training in Safeguarding Adults.

Environment

The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

The Commission considers Standards 24, and 30 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):

24, 29 and 30

People using the 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 premises are well maintained and action is taken to continually improve the environment for the people living there.

EVIDENCE:

All communal areas and the sample of individual rooms that we saw were clean and decorated to a satisfactory standard. Individuals had additional equipment in their rooms, such as hoist tracking systems and other adaptations to meet their individual needs. All doors were wide enough for wheelchair users and dining tables were raised for use with wheel chairs. People told us they had been given the equipment they needed, but we found that one person was unable to use a call system during the inspection as it had been removed for repair to the neck strap. The manager repaired this and returned it to the person. The manager informed us that a quote was being pursued for

updating the call alarm system and also for an electronic security system at the rear gate. The garden was well laid out with some raised flower beds.

The laundry had two washing machines and two dryers, though one dryer was temporarily out of order. Infection control processes were in place, though we found one clinical waste bin was full and the record showed that it had not been emptied for four days.

Staffing

The intended outcomes for Standards 31 – 36 are:

- 31.** Service users benefit from clarity of staff roles and responsibilities.
- 32.** Service users are supported by competent and qualified staff.
- 33.** Service users are supported by an effective staff team.
- 34.** Service users are supported and protected by the home's recruitment policy and practices.
- 35.** Service users' individual and joint needs are met by appropriately trained staff.
- 36.** Service users benefit from well supported and supervised staff.

The Commission considers Standards 32, 34 and 35 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):

32, 33, 34, 35 and 36

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

Current recruitment practices and training of staff ensures people are safe and looked after by competent staff, but there are not always enough staff to consistently meet people's holistic needs.

EVIDENCE:

The staffing rota showed there were three care support staff each morning from 7am, two for the afternoon and evening until 9.30pm and then one awake and one sleeping in. The regular cook worked from 8am to 2pm, but when an agency covered that role it was from 11am to 5.30pm. There was a domestic worker on duty two hours each day and four additional hours two days each week to ensure a thorough clean. There was also an administrator available for 10 hours per week. Staff told us that they felt there was a need for more care staff so that they could work as a team to meet needs. There were ten people living at the home, though one was currently in hospital. Four people required the help of two staff for transferring and personal care. There

was no formula used to work out how many staff were required to meet assessed needs, but the manager agreed that there had been staffing shortages and only one permanent night worker was currently available. This meant that an agency was used to supply night workers on some nights. The manager said that there was a need to have two waking staff at night due to the needs of people living there. This would enable them to meet the needs of those who required the help of two people late at night instead of having to provide care prior to 9.30pm. In general, the manager felt more staff were also needed during the day and was recruiting seven new staff altogether. The manager stated in the Annual Quality Assurance Assessment (AQAA) form, "Once we have a full compliment of staff this will enable more quality time to be spent with individual service users." In discussion during the inspection, the manager said that some people require more one to one attention to enable them to access the community and lead more fulfilling lives, but current staffing levels were meeting basic care needs.

We checked some current staffing records and found evidence of two written references and a criminal record bureau (CRB) check had been obtained before each of the staff members commenced employment. Current recruitment files also demonstrated good robust recruitment practices.

We saw records that demonstrated that existing staff members had undertaken an intensive induction process, which was in line with Skills for Care Common Induction Standards. The manager told us that the Disabilities Trust have their own Induction Programme and all new staff will do two weeks shadowing existing staff before they take on their full roles. The shadowing period would be extended if needed. All permanent care workers had attained at least Level 2 National Vocational Qualification (NVQ) Social Care. Training records showed a variety of courses that staff members had attended, including Multiple Sclerosis, Deaf Awareness, Cerebral Palsy care and the Mental Capacity Act.

We saw some records of staff supervision and the manager stated on the AQAA that supervision meetings are held every eight weeks with each staff member. In practice it had not always been possible due to staff sickness in some cases and other staff shortages. The Senior Care Worker was responsible for supervising staff, but also had to cover shifts. The staff told us that they "sometimes" received support and supervision.

Conduct and Management of the Home

The intended outcomes for Standards 37 – 43 are:

- 37.** Service users benefit from a well run home.
- 38.** Service users benefit from the ethos, leadership and management approach of the home.
- 39.** Service users are confident their views underpin all self-monitoring, review and development by the home.
- 40.** Service users' rights and best interests are safeguarded by the home's policies and procedures.
- 41.** Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- 42.** The health, safety and welfare of service users are promoted and protected.
- 43.** Service users benefit from competent and accountable management of the service.

The Commission considers Standards 37, 39, and 42 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):

37, 39 and 42

People using the 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 overall conduct and management of the home ensures the home is run in the best interests of the people that live there and promotes their health and safety.

EVIDENCE:

The manager was assessed as fit and registered with the Commission prior to the registration of the Disabilities Trust as new provider and has continued as manager on behalf of the new organisation. She was responsible for managing the process of change during the transfer of ownership. A representative from the Disabilities Trust had been visiting each month to review the service.

We received the latest Annual Quality Assurance Assessment (AQAA) form from the manager just prior to the inspection visit and this has been helpful in completing an assessment of the quality of the service. Within this form the manager told us:

“We hold regular house meetings where service users are encouraged to attend and participate in decision making. We have a suggestion box in our lounge. We carry out surveys periodically to obtain feedback on a particular area of service delivery. We ask our service users to complete occasional questionnaires.”

During the inspection people told us about the house meetings and we saw the suggestions box. People also told us that they had recently been asked about the quality of meals and times of meals were being changed to meet people’s needs.

All current staff had recent updated training in Moving and Handling on 1 June 2009 and other health and safety training was given at regular intervals. The AQAA gave details of the dates of servicing and testing on equipment and all dates were within the last year. The manager was arranging to have the call alarm system updated and a new electronic security system was being fitted at the rear gate. There were further plans to install external closed circuit television cameras for additional security. There were fire safety records showing that fire alarm tests and drills were undertaken regularly in accordance with health and safety requirements.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 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	
<i>Standard No</i>	<i>Score</i>
1	2
2	3
3	X
4	X
5	X

INDIVIDUAL NEEDS AND CHOICES	
<i>Standard No</i>	<i>Score</i>
6	2
7	3
8	X
9	3
10	X

LIFESTYLES	
<i>Standard No</i>	<i>Score</i>
11	X
12	3
13	3
14	2
15	3
16	3
17	3

PERSONAL AND HEALTHCARE SUPPORT	
<i>Standard No</i>	<i>Score</i>
18	3
19	3
20	3
21	X

CONCERNS AND COMPLAINTS	
<i>Standard No</i>	<i>Score</i>
22	3
23	3

ENVIRONMENT	
<i>Standard No</i>	<i>Score</i>
24	3
25	X
26	X
27	X
28	X
29	3
30	2

STAFFING	
<i>Standard No</i>	<i>Score</i>
31	X
32	3
33	2
34	3
35	3
36	2

CONDUCT AND MANAGEMENT OF THE HOME	
<i>Standard No</i>	<i>Score</i>
37	3
38	X
39	3
40	X
41	X
42	3
43	X

Are there any outstanding requirements from the last inspection?

This is the first inspection since the change of provider.

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.

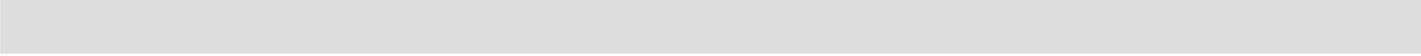
No.	Standard	Regulation	Requirement	Timescale for action
1.	YA1	5	Provide each person living at the home with an up to date Service Users Guide to the home. This is so that everyone has clear information about the service provided by The Disabilities Trust at the home.	31/08/09
2.	YA6	15	Agree with each person a full clear support plan so that everyone receives the support they need to suit their own preferences.	31/08/09

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.	YA14	Provide people with a minimum of seven days on holiday outside the home, which they help to choose and plan.
2.	YA30	Empty clinical waste bins each day in order to fully control any possible infection.
3.	YA33	Calculate staff numbers/hours so that they are always sufficient to meet the assessed holistic needs of each person living in the home.

4.	YA36	Make arrangements for each staff member to have recorded supervision meetings at least six times a year.
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Care Quality Commission

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