

# **Key inspection report**

**CARE HOME ADULTS 18-65**

**Berrywood Lodge**

**27-33 Berrywood Road  
Duston  
Northampton  
Northants  
NN5 6XA**

*Lead Inspector*  
**Keith Williamson**

*Key Unannounced Inspection*  
**6th July 2009 09:30**

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](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).

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

<b>Name of service</b>	Berrywood Lodge
<b>Address</b>	27-33 Berrywood Road Duston Northampton Northants NN5 6XA
<b>Telephone number</b>	01604 751676
<b>Fax number</b>	01604 583098
<b>Email address</b>	
<b>Provider Web address</b>	<a href="http://www.minstercaregroup.co.uk">www.minstercaregroup.co.uk</a>
<b>Name of registered provider(s)/company (if applicable)</b>	Minster Pathways Ltd
<b>Name of registered manager (if applicable)</b>	Vacant
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	30
<b>Category(ies) of registration, with number of places</b>	Learning disability (30), Mental disorder, excluding learning disability or dementia (30)

# SERVICE INFORMATION

## Conditions of registration:

1. The registered person may provide the following category of service only:  
Care Home Only - Code PC  
  
To service users of the following gender:  
  
Either  
  
Whose primary care needs on admission to the home are:  
  
Learning disability - Code LD  
Mental disorder - Code MD
2. The maximum number of service users who can be accommodated is 30.

## Date of last inspection

4th February 2009

## Brief Description of the Service:

Berrywood lodge is owned by a company called Minster Pathways Ltd who operate a number of other services for people with learning disabilities and mental health issues.

This home is located in the Duston area of Northampton and has a bus service to the town centre.

The home has been recently refurbished providing each side of the home with adjoined lounge, dining, laundry and kitchen facilities as well as separate staff offices. The garden area can be divided to enable people living in the home to live in two smaller groups.

The fees differ depending on the level of support needed and range from £350 to £850 per week. The fees include personal care, accommodation, meals and laundry.

A copy of the latest Inspection report is available from the acting manager.

# SUMMARY

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

When we spoke to people at the home they preferred to be known as Service Users, therefore the report has been written using this term.

The focus of inspection is on outcomes for Service Users and their views and experience of the service provided. The main method of inspection used was 'case tracking'. This involves selecting a sample number of clients and tracking the care they received through talking with them where possible, and looking at their records and accommodation, in this case two people living at Berrywood Lodge were case tracked.

This visit took place over one day, commencing at 9.30am and took six and one half hours to complete.

An opportunity was taken to see Service Users and talk to staff, look around the home, view records, policies and care plans. Information was obtained from the Annual Quality Assurance Assessment (AQAA), which gives information on the home. On this occasion this was filled in by the previous manager.

Ten Service Users were seen, three of whom were spoken with, as were two staff members and the acting manager.

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

## What the service does well:

Service Users care needs are assessed and a care plan is produced. These documents are being updated to provide people with a Person Centred Plan, which should give more detail to each person's plan.

Service User's time during the week is taken up by day centre or social care time. Meals are varied and the times served are flexible. Everyone spoken with agreed the catering was to their liking, and alternatives were provided, if they didn't want or like what was on menu. One person stated "he (the chef) goes out his way to please you".

Complaints information along with a complaint and compliment book is displayed in the home; this allows people to make comments on an anonymous basis.

The home is comfortable and clean, and staff were aware of cross contamination and cross infection issues. Staff carry out a number of health

and safety checks and, record the outcome of those. The acting manager is arranging for some areas to be wallpapered, as he stated the original paintwork "is a little cold looking".

Staff employed recently had all the necessary checks before they were allowed to work at the home. Staff have meetings on an individual and group basis, this assists with their training and development.

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

A planned programme of activities has been developed, and is posted in the home.

Guidelines on how to manage peoples' challenging behaviour have been introduced, along with guidelines on when to administer 'as required' (PRN) or occasional doses of medication.

Staff training and guidance has continued with courses in autism, dementia, epilepsy, health and safety, food hygiene and infection control being completed by staff. Proper provision for the safe storage of food has been made, and regular temperature monitoring introduced.

A system to record complaints has been put in place; this includes details of any investigation, action taken and outcome.

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

People must have a contract which informs them of the terms and conditions of their stay; this will ensure that their rights are protected.

Care plans must indicate to staff how to develop peoples' life skills. This will enhance peoples self help skills. Service Users must be able to sign and agree their plan of care. This will demonstrate that they agreed with how their care is to be delivered.

Staff must be made aware of how the "whistle blowing" procedure works; this will assist in the protection of those people living in the home.

Service User's finances must be accounted for appropriately, and a system put in place to enable all financial records to be checked easily. This will ensure that service users are not at risk of financial abuse.

Medication must be audited and a system put in place to ensure people have been given their appropriate doses. This would ensure any errors would be picked up promptly and dealt with.

Health and Safety must be monitored appropriately, and records must be well maintained and up to date. These records must be available for inspection.

Visits by the responsible person must take place and records of those visits made available at inspections. This will ensure that the home is managed appropriately.

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 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):**

1, 2, 4 & 5

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.

The absence of either a written statement of terms and conditions or a contract leaves people without information about the limits and extent of their stay and the care and support that will be provided.

### **EVIDENCE:**

The Statement of Purpose, which sets out the latest aims, objectives and philosophy of the home, about its services, facilities, and current staffing, was available for inspection on this occasion. Although this document has yet to be amended with the current staffing details, complaints information and the latest quality assurance information.

Service Users' needs are assessed prior to moving into the home. There have been no new admissions to the home since the last key inspection and none planned in the near future.

Neither of the Service Users case tracked had a contract on file; these are necessary to outline the terms and conditions of the stay, and would normally be signed by the person.

## 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 & 9

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.

Service Users are looked after well in respect of their personal care and areas of risk are assessed appropriately.

### EVIDENCE:

Care plans were examined for both Service Users these had been reviewed and changes made; this demonstrates the staff have the current information on which to base peoples' care. Neither plan was signed by the Service User, relative or representative, and no evidence is in place to indicate the plan was shared with the person. This is not good as people must be made aware how they are going to be cared for. There is scope for the involvement of a relative or an advocate in the care planning process. This would assist in the process of reviewing the care plan, where people are unable to understand the details of, or changes to their plan.

The Service Users' care plan inform the staff what self-care and practical life skills people have, but does not indicate what needs to be developed. Person Centred Plans (PCPs) are being developed. These plans could be far more detailed, than the original care plans, and would assist staff in providing more personalised care.

Risk assessments are included in the care plan; these have details of individual peoples' needs, and cover the areas mentioned in the plan.

Staff record what Service Users do on a daily basis. Some of the details recorded are necessary to protect the people living in the home.

# 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 & 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.

### EVIDENCE:

Several of the Service Users have work placements at a nearby day centre, and all assist in keeping their bedrooms tidy. The acting manager shared plans for the Service Users self help skills to be increased, with the facilities already present in the home. This would mean for those able, they would be encouraged to move to a more independent living environment.

No one was able to comment on visiting, but the acting manager stated this was unrestricted. There is little security to the front of the building, and main

door to the home is open during daylight hours. This issue has also been dealt with under the Environment section of this report.

Service Users have the choice of a bedroom door key; the acting manager stated these are offered following a risk assessment. Service Users indicated they felt safer having one. There are no front door keys, to enable Service Users to come and go as they please. This would in turn increase the security for all of those in the home.

Meals are varied and flexible; Service Users participate in menu selection by means of a likes and dislikes list, and personal preference at each meal. The menu has recently been amended by the newly appointed chef. This reflects the Service Users individual cultural and personal choices. The chef stated he is working toward a healthier choice meal system, though is meeting some resistance from Service Users.

All Service Users spoken with agreed the catering was to their liking, and alternatives were provided, if they didn't want / like what was on menu. One stated "he (the chef) goes out his way to please you".

Daily activities are planned in advance; the plan is displayed in the dining room at the home.

## 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 & 20

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.

People living in the home are at risk of not receiving the medication that they need.

### EVIDENCE:

Care plans outline the health care and support for Service Users. Evidence of the staff enabling Service Users to access community health care is in place. This offers Service Users valuable information, and assists in protecting them from risk. Staff record this information in the daily records, which is then an accurate record of such appointments. Service Users also stated they were able to visit their doctor unescorted.

Staff have commenced the Person Centred Planning process, by ascertaining peoples level of capacity. The term "capacity" refers to peoples' ability to make rational decisions regarding the life and personal security. This

demonstrates the acting manager has commenced the appropriate measures to assist people in taking calculated risks within their lives.

Medication is stored in a closed room; this is ventilated with an extractor fan. The temperature in this room was high, and steps are required to be taken to ensure medication is stored in line with guidance from the pharmacy authorities.

There is evidence of missed signatures in the Medication Administration Records (mar charts). The manager could not tell with certainty if these doses had been missed. The accounting for medicines kept from one medication month to another needs to be tightened up; this would assist in making the system more secure.

Personal and intimate healthcare is detailed in care plans. The manager is increasing the personal protection for people by arranging specialist healthcare staff to provide information for the self protection of Service Users.

## 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 & 23

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

Staff are unaware of how to use safeguarding principles, which does not provide protection to those living in the home.

### **EVIDENCE:**

A complaints procedure is in place, this is available in a number of formats that would assist people to make a complaint were it necessary. However this is not up to date and does not provide accurate details to enable someone to complete the process. There is a complaints and compliments book situated inside the main entrance to the home. There have been a number of complaints received by the staff at the home, and the Care Quality Commission (CQC) since the last inspection. These have been dealt with appropriately, though some have not been completed in a timely fashion.

The majority of peoples' financial balances were incorrect and did not match the records in the home. Staff were aware of the discrepancies, but had not acted to report these to the appropriate authorities. The financial records of individuals are poorly managed, with receipts being difficult to match with the deductions in the paper records.

The staff have not been adequately trained in safeguarding procedures, and are unaware of 'whistle blowing' procedures and the importance of reporting on these and other forms of potential abuse.

## 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 & 30

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.

Entry to the home is unrestricted, leaving people in the home at risk.

### EVIDENCE:

The home has recently been refurbished and now has places for thirty Service Users. There are a number of communal areas both inside and outside of the home, this means that people using the service have a choice of place to sit quietly, meet with family and friends or be actively engaged with other people who use the service.

The acting manager is arranging for some areas to be wallpapered, as he stated the original paintwork "is a little cold looking". The manager also stated Service Users will be assisting in the choice of décor for the home.

The windows of the home have a restricted opening; however this is easily overcome and presents a danger to those in the home, especially where the opening is not on to the flat roof areas. The risk posed by this must be properly assessed, to reduce the danger to people in the home.

Service Users confirmed they were offered, accepted and used their bedroom door key. However access to the home is not restricted and does leave people in the home vulnerable to unauthorised people entering the home. Again this risk must be properly assessed, to reduce the danger to people in the home.

There are two laundries in the home. Both provide good protection against cross infection and cross contamination with surfaces that are easily cleaned. Cleaning materials were being stored in one, but these are being moved to a more secure location to enable Service Users to access and use the facilities. This would promote more self care, and is seen as a positive move.

Staff are aware of cross infection and cross contamination issues, however do not have plentiful supplies of protective clothing, one person added "we always have to ask for them". This is unacceptable and people in the home must be fully protected from any likelihood of infection and contamination issues.

## 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):**

31, 32, 34, 35 & 36

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

Staff are unaware how to act on training, and protect those in the home from abuse.

**EVIDENCE:**

Staffs' job roles are being clarified, the acting manager is hoping to complete this exercise with job descriptions for the staff. Staff continue to complete formal training such as the National Vocational Qualification (NVQ) in care. This is a nationally recognised training qualification.

An appropriate recruitment procedure is in place, with staff completing application forms, references are collected. CRB (Criminal Records Bureau) and POVA (Protection of Vulnerable Adults) checks are obtained. These are required by law and allow staff to work with vulnerable people.

Training courses are supplied to staff, some in the form of refresher type courses, which update the persons' knowledge. Staff confirmed they had completed Autism, Dementia, Epilepsy Basic Food Awareness, Health and Safety and Manual Handling training, with further courses being booked. However staff are unaware how to use the policies, procedures and training to ensure peoples' safety in the home.

Staff have regular meetings with the acting manager, information from these meetings was freely available during the inspection visit to the home. This demonstrates the acting manager is working with us, in providing information to assist the inspection process.

Supervision, which is a personal meeting between management and staff in the home is taking place. These are arranged in advance, and cover Service User issues, as well as staffs' personal development and training needs.

# 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 & 42

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

Shortfalls within safe working practices put the people at risk in the home.

**EVIDENCE:**

There is an acting manager in post who has yet to apply to be the registered manager of the home.

Quality assurance which is the way the staff ask the Service Users, and any other interested person, how well the home cares for people living there, has been started. Questionnaires were seen on Service Users' fields, however these were not all completed. Further work needs to be done to find out how Service Users would like to see the home develop. This information must be

shared with the current Service User group and those considering living at the home.

Health and safety is not good, with staff doing irregular tests on the fire system. The fire risk assessment and fire escape plan were not available on this occasion. Staff are not consistently trained in evacuation techniques, and the list of people having undertaken fire drills is not up to date. The lack of consistency puts people at great risk in the home.

Some tests on the hot water system, refrigerator temperatures, and electrical system are tested on a regular basis, and are currently in date.

There was no evidence of visits by the responsible person. These visits must take place and records of those visits made available at inspections. This will ensure that the home is appropriately managed.

# 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

<b>CHOICE OF HOME</b>	
<i>Standard No</i>	<i>Score</i>
<b>1</b>	3
<b>2</b>	3
<b>3</b>	X
<b>4</b>	3
<b>5</b>	1

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

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

<b>PERSONAL AND HEALTHCARE SUPPORT</b>	
<i>Standard No</i>	<i>Score</i>
<b>18</b>	3
<b>19</b>	3
<b>20</b>	2
<b>21</b>	X

<b>CONCERNS AND COMPLAINTS</b>	
<i>Standard No</i>	<i>Score</i>
<b>22</b>	2
<b>23</b>	1

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

<b>STAFFING</b>	
<i>Standard No</i>	<i>Score</i>
<b>31</b>	3
<b>32</b>	3
<b>33</b>	X
<b>34</b>	3
<b>35</b>	1
<b>36</b>	3

<b>CONDUCT AND MANAGEMENT OF THE HOME</b>	
<i>Standard No</i>	<i>Score</i>
<b>37</b>	3
<b>38</b>	X
<b>39</b>	2
<b>40</b>	X
<b>41</b>	X
<b>42</b>	1
<b>43</b>	X

Are there any outstanding requirements from the last inspection? No

**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	YA5	17	<p>The responsible person must ensure that a contract or terms and conditions of a persons stay is completed, and a copy be placed on the persons file.</p> <p>This is to ensure people have details of the conditions under which they live in the home.</p>	21/08/09
2	YA6	15	<p>The responsible person must ensure that Service Users, or their appointed representative have the choice to sign the plan of care.</p> <p>This is to ensure that it is understood by the Service User.</p>	21/08/09
3	YA20	13	<p>The responsible person must ensure that medicines are stored at an appropriate temperature.</p> <p>This is to guard against them losing their potency, and being rendered ineffective.</p>	21/08/09

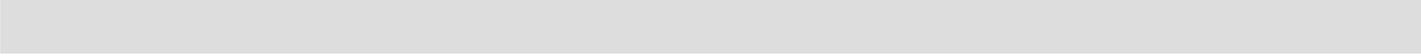
4	YA20	13	<p>The responsible person must ensure that medicines are appropriately signed for and audits are undertaken.</p> <p>This is to ensure that the correct doses are dispensed to people in the home.</p>	21/08/09
5	YA22	22	<p>The responsible person must ensure that the complaints information is accurate.</p> <p>This is to ensure people have the correct information to act on if necessary.</p>	21/08/09
6	YA23	17	<p>The responsible person must ensure that financial balances are accurate, and accompanying records are audited regularly.</p> <p>This is to ensure people are protected from financial abuse.</p>	21/08/09
7	YA24	23	<p>The responsible person must ensure that people's safety is maintained in the home.</p>	21/08/09
8	YA35	18	<p>The responsible person must ensure that staff are enabled to understand and act independently and responsibly, on training that they have attended.</p> <p>This is to ensure people are safe in the home.</p>	21/08/09
9	YA36	26	<p>The responsible person must ensure that the manager is appropriately supervised, and records of those meetings kept and offered during Inspection visits.</p> <p>This is to ensure the safety of people in the home.</p>	21/08/09

10	YA39	17	<p>The responsible person must ensure that peoples' views on the home are sought, and feedback from any such exercise, is fed back.</p> <p>This is to ensure that people living in, and those considering coming to, the home have up to date information on how the home performs.</p>	21/08/09
11	YA42	17	<p>The responsible person must ensure that health and safety is monitored and maintained appropriately.</p> <p>This is to ensure the safety of people in the home.</p>	21/08/09

## 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	YA6	Details could be added to the plan of care to indicate to staff the range of Service Users practical life skills that need to be improved.
2	YA6	Care plans could be signed by the person, this would indicate they understood how they were to be cared for.
3	YA34	Photos could be placed on staff files, when a person commences their employment.



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