Key inspection report

Care homes for older people

<table>
<thead>
<tr>
<th>Name:</th>
<th>Evedale Care Home</th>
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<tr>
<td>Address:</td>
<td>Occupation Road</td>
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<td></td>
<td>Stoke</td>
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<td></td>
<td>Coventry</td>
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<td>West Midlands</td>
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<td>CV2 4AB</td>
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The quality rating for this care home is: zero star poor service

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

<table>
<thead>
<tr>
<th>Lead inspector:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Yvette Delaney</td>
<td>1 7 0 9 2 0 0 9</td>
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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.

<table>
<thead>
<tr>
<th>Outcome area (for example Choice of home)</th>
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<tbody>
<tr>
<td>These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:</td>
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<tr>
<td>This box tells you the outcomes that we will always inspect against when we do a key inspection.</td>
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<tr>
<td>This box tells you any additional outcomes that we may inspect against when we do a key inspection.</td>
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<tr>
<td>This is what people staying in this care home experience:</td>
</tr>
<tr>
<td>Judgement:</td>
</tr>
<tr>
<td>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.</td>
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<tr>
<td>Evidence:</td>
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<tr>
<td>This box describes the information we used to come to our judgement.</td>
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We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

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

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

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

### Reader Information

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<thead>
<tr>
<th>Document Purpose</th>
<th>Inspection report</th>
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<tr>
<td>Author</td>
<td>Care Quality Commission</td>
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<td>Audience</td>
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Information about the care home

Name of care home: Evedale Care Home

Address:
Occupation Road
Stoke
Coventry
West Midlands
CV2 4AB

Telephone number: 02476448292
Fax number: 02476635776
Email address: evedale@fshc.co.uk
Provider web address:

Name of registered provider(s): Four Seasons (Evedale) Limited
Type of registration: care home
Number of places registered: 64

Conditions of registration:

<table>
<thead>
<tr>
<th>Category(ies)</th>
<th>Number of places (if applicable):</th>
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<tbody>
<tr>
<td></td>
<td>Under 65</td>
</tr>
<tr>
<td>dementia</td>
<td>32</td>
</tr>
<tr>
<td>mental disorder, excluding learning disability or dementia</td>
<td>32</td>
</tr>
<tr>
<td>old age, not falling within any other category</td>
<td>0</td>
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Additional conditions:
The maximum number of service users who can be accommodated is: 64

The registered person may provide the following category of service only: Care Home with Nursing (Code N); To service users of the following gender: Either; Whose primary care needs on admission to the home are within the following categories: Dementia (DE) 32, Mental disorder, excluding learning disability or dementia (MD) 32, Old age, not falling within any other category (OP) 32

Date of last inspection: 1 0 0 3 2 0 0 9

Brief description of the care home:
Evedale Care Home is purpose built to provide accommodation and care for up to sixty four older people. The home may admit up to 32 residents requiring care due to mental illness and up to 32 residents for nursing care, six of these 64 beds can be used for residents requiring nursing or personal care. Accommodation for residents is

Care Homes for Older People
Brief description of the care home

Provided on two floors in the home, ground and first floor. People who require nursing care and are frail and elderly live on the ground floor. Those residents assessed as having varying degrees of mental illness are cared for on the first floor. Level floor access for wheelchair users to the front entrance of the building is available. A passenger lift is situated in a central area. There is ample parking in the car park to the front of the home. Fees for living in the home range from 571 pounds to 855 pounds per week. Additional charges are made for chiropody, hairdressing and newspapers.
Summary
This is an overview of what we found during the inspection.

The quality rating for this care home is: zero star poor service

Our judgement for each outcome:

How we did our inspection:

The overall quality rating for this service is 0 Star. This means that people who use the service experience poor outcomes in one or more of the outcome areas relating to safety and management.

This was a Key unannounced inspection which addresses all essential aspects of operating a care home. This type of inspection seeks to establish evidence showing continued safety and positive outcomes for residents'. The inspection focused on assessing the main Key Standards. The pharmacist inspector also visited the home on the same day to look at how the home manages and maintains safe medication practices in the home. The pharmacy inspectors findings are included as part of this report.

Before the inspection, we looked at all the information we have about this service, such as notifications of accidents, concerns, complaints or allegations and previous
inspection reports. We do this to see how well the service has performed in the past and how it has improved. We looked at the Annual Quality Assurance Audit (AQAA) which the manager completed and returned to us before our visit. This is the manager's review of the service and gives us information about how the service has progressed in the last 12 months.

We sent out random surveys to ten people who live at the home, their relatives and social and health care professionals in order to gain peoples' views about the service. Three were returned by residents, five by relatives (three of whom said that they would like to talk to us on the phone) and three surveys were returned by professionals. Their comments are included in this report.

We used a range of methods to gather evidence about how well the service meets the needs of people who use it. We talked to people living in the house and observed their interaction with staff. We looked at the environment and facilities provided and checked records such as care plans, risk assessments, complaints records, staff training records and fire safety and other health and safety records.

Four people using the service were identified for case tracking. This is a way of inspecting that helps us to look at services from the point of view of some of the people who use them. We track peoples care to see whether the service meets their individual needs.

An 'expert by experience' accompanied the inspector on part of this visit. This is someone who has experience of care services themselves. The expert by experience takes the opportunity on the inspection visit to talk to residents, visiting families and staff. Findings in this report are also based on the persons' observation of the interaction between people who live in the home and staff. Their findings are also included in this report and used as evidence when deciding on the quality of service provided at the home. Our assessment of the quality of the service is based on all this information plus our own observations during our visit.

Throughout this report, the Commission for Social Care Inspection will be referred to as 'us' or 'we'.
What the care home does well:

The temporary manager in the home has worked hard to make improvements and continues to do so. Relatives of residents in the home told us that the manager is approachable and commented:

"Over the recent months with new local management the service has shown great improvement."

We observed that staff were attentive towards people living in the home and showed an awareness of peoples likes and dislikes.

The activity coordinator is keen to make sure that the social needs of people living in the home are met. She undertakes one to one sessions for residents who are confined to their bedrooms.

What has improved since the last inspection?

The home is taking active steps to improve the medicine management and is working closely with the primary care trust medicine management team to help achieve this.

The home has started a refurbishment programme, new furniture has been purchased for resident's bedrooms and areas of the home have been re-carpeted. This will help to improve and present a homely environment for people to live in.

The service user guide has been updated and presented in a brochure format for residents and their relatives. The document provides people with up to date information about the home.

The home has started to introduce photographs of food and meals offered to residents. This helps people to recognise the meal choices they make and remember what they have eaten.

The home has an up to date complaints policy and procedure in place, which are available in different formats such as different languages and large print. Residents told us that their complaints are now listened to and acted on straight away.

The manager has introduced structure to the care file documentation. The files are organised and presented in a way that if completed appropriately will show that a full assessment of a person's care needs and a plan of how to meet these needs is available to staff working in the home.

What they could do better:

The medicine management must improve to safeguard the people who use this service.

Care plans developed in the home must all be updated so that staff are aware of the current care needs of people living in the home.

The home needs to make sure that staff have clear instructions on what action they must take to meet the care needs of people in their care. This will help to make sure that people receive consistent, appropriate and safe care that meets their individual
assessed needs.

Staff must be up to date with mandatory training requirements which include infection control and food hygiene. This will help to make sure that staff are able to practice safely.

All staff must receive up to date training related to the protection of vulnerable adults. This will make sure that all staff are aware of what to do to protect people in their care from the risk of abuse.

There must be sufficient staff on each shift to show that the home is able to provide appropriate support and care to people living the home at all times of the day and night. This will help to make sure that residents have their care needs met consistently, safely and in a timely manner.

The number of staff with a NVQ 2 qualification in care needs to be increased so that residents are cared for by competent and skilled staff at all times.

A permanent manager needs to be appointed so that residents are not put at risk by the lack of a stable management team. This will help to make sure that people live in a home that is well led and managed in a way that puts their best interests at the centre of the organisation.

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 our findings

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Outstanding statutory requirements
Requirements and recommendations from this inspection
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:

<table>
<thead>
<tr>
<th>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.</th>
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<tr>
<td>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.</td>
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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.

People who are considering moving into the home benefit from having their care needs assessed so that they can be sure the home can meet their needs in a way that suits them. There is scope to further update information about the home to make sure that full, accurate and up to date information is available to people who wish to use the service.

Evidence:

People living in the home now have a well presented service user guide, which is usually kept in the resident’s bedroom or taken home by relatives. Examination of the statement of purpose for the home shows that this needs updating to make sure that the information is accurate and up to date. For example the document has information about a previous manager. The peripatetic manager (A manager who moves between homes within the organisation in the absence of a permanent manager or where there are concerns about how the home is operating) showed us a commitment to making sure the statement of purpose is updated.
Evidence:

The care files of three people who had recently moved into Evedale were reviewed. A further care file for a person admitted to the home on the day of our visit was looked at briefly. We were able to speak to one of these people and staff about the pre-admission process. Information received showed that changes in practices and documentation make sure that the home has a robust pre-admission system. The pre-admission assessment is important to find out information about a person's needs before they are offered a place in the home. This will mean that the home can make sure they have the equipment, facilities, environment and staffing to meet the person's needs.

The peripatetic manager confirmed that it is usually the manager or their deputy that carries out assessments. Care files showed that assessments are carried out in people's houses or in hospital. A resident admitted to the home on the day of inspection was able to tell us that they had been visited in the hospital by the manager and their relatives were also present. During our conversation the resident and a family member said that they found the staff friendly and approachable. The family member had been able to visit the home before making the decision to use the home. They looked around the home and were involved in preparing their relatives bedroom with some personal possessions from home ready for when they moved in.
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:

<table>
<thead>
<tr>
<th>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.</th>
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<tr>
<td>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.</td>
</tr>
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</table>

This is what people staying in this care home experience:

Judgement:

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

Care plans have not all been updated to show the current care needs of people living in the home. Staff do not follow safe medication practices at all times to make sure that the management and administration of medicines in the home is maintained at a safe level.

Evidence:

The home stated in the AQAA that, "All residents have care plans and risk assessments in place. These care plans have become more person centred. All care plans and risk assessments are reviewed monthly and regular care plan audits are completed." We looked at the care records for four people, three of whom were admitted to the home since the last inspection visit and one person who had lived in the home for a longer period. We saw that each person had a care plan using improved care file documentation. The new care file format introduced in the home is based on a comprehensive pre-admission assessment and a further re-assessment on admission to the home. The manager showed us an example of a completed care file, which contained a completed care plan. There was evidence to show that if staff completed care files appropriately they would have the information they need to
Evidence:
develop a suitable plan of care for people in their care. There was evidence to
demonstrate the good practice of involving people's relatives or their representative in
the planning and review of their care. We were also told that staff had received
training on how to complete the care files. This should support staff to identify all the
individual care needs of people living in the home. However despite the training not all
care plans were up to date to make sure that staff have current information on how to
meet the care needs of all the residents.

A number of care plans in one of the residents care files were over one year old. Some
of these had been discontinued but were still present in the care file and were being
reviewed, evaluated and reported on by staff. For example care records show that this
person was reviewed by the speech and language therapist on 5/06/09 due to
swallowing difficulties and was considered to be at high risk of choking on food of all
consistencies. New instructions were given by the speech and language therapist on
the support needed by the resident to help them eat and drink. A new care plan had
been developed based on these instructions. However staff had not removed or
discontinued the old care plan titled 'Assistance with feeding and drinking.'

Written documentation in the care file showed us that staff were following both sets of
instructions. The two care plans provide different instructions on how staff should
support the resident with eating and drinking. When we visited the resident they
looked well cared for and a member of staff was able to tell us about the persons
swallowing problems. We also asked kitchen staff about the resident who were aware
of how this person had their meals prepared. However this person could be put at risk
of choking on food or drink due to inconsistent care where staff are referring to the
different instructions available. The home uses a number of agency and relief staff
who may not be up to date with the current care needs of people living in the home.

The care files for the three residents recently admitted to the home showed that they
were more up to date. Staff had started to complete these based on the new
instructions and training given to them on how to complete care file documentation.
However one of the care plans we read for a person assessed as being at risk of falls
and who also had a history of falls whilst living in the home did not provide staff with
clear guidance on what care was to be provided for this person. The care plan
instructions for staff told us:

"Monitor 'X' (Resident) mobility around the unit. Promote X's frame provide regular
prompts. Ensure staff compensate for X's mobility if a fall occurs and assess any risk
factors influences. To be reviewed on monthly basis. Have a lap belt policy insitu due
to risk of falls and spatial awareness."
Evidence:

The plan of care mentioned above did not reflect the care observed by us to be given to this resident at the time of the inspection. The support given by staff included one to one care throughout the day. The resident walked unaided with a member of staff and did not use a walking frame. Information in the care file told us that the use of a lap belt was discussed with a family member and consent obtained agreeing to the belt being used. There was no evidence in the care file to show what discussion took place and the reasons why a lap belt was considered to be necessary. The resident was not observed using a wheelchair during our visit and was able to sit in an armchair unaided. The member of staff spoken with was not aware that a lap belt was being used and was used to the resident sitting in an armchair. The care and attention observed was good but the absence of this information in the persons care plan could lead to staff providing inconsistent care and therefore putting the resident at risk.

There are a high number of people that have high dependency needs living in the home, both on the frail elderly units and the dementia care units. We noted during our visit that the standard of care, staff were able to deliver at times to meet individual residents needs was affected by the number of staff available. For example at lunch time we observed that there was not enough staff to support people with eating, which meant people had to wait. These issues are discussed later in this report.

Risk assessments tools are used in the home. Assessments carried out to support planning residents care include mobility, moving and handling, nutrition and falls. Moving and handling practices seen were carried out safely. However appropriate care plans were not always developed following the completion of risk assessments as seen by our reference above to the care plan related to falls for one of the residents we case tracked.

We saw that specialist pieces of equipment were used when identified as needed in care plans. Staff were observed using hoists for transferring residents from wheelchairs to armchairs. Residents were nursed in special beds, using pressure relieving mattresses.

Information in care files and talking with residents and relatives show that people living in the home have access to support and advice from professionals outside of the home. Instructions received from professionals were cross referenced into care files. This should help to make sure that any changes in care are acknowledged and delivered. However as noted above residents could receive inappropriate care if old instructions are not discontinued and removed from the care file. A relative told us in their questionnaire that "They (Staff) respond quickly to any medical issues." Another
Evidence:

relative said the home has "Taken time to consult the present GP on the effectiveness of X (Resident's) medication and not being afraid to challenge in a constructive manner."

Nursing staff had written daily reports in resident's care files. Reading the daily reports of people we looked at showed that they provided information on people's day to day life in the home with details on their health and well being. Daily reports had been signed, dated and timed by the member of staff making the entries. This will help to show the accuracy of care and information provided by staff responsible for ensuring the individual care needs of people in their care have been met.

The pharmacist inspection lasted four hours. Seven residents medication was looked at together with their medicine administration record (MAR) charts, care plans and daily records. Three nurses were spoken with and one medicine round was observed.

The primary care trust is actively involved in auditing and offering advice to improve practice in the safe handling of medicines. The managerial staff have assessed all nursing staff in their practice surrounding medication and taken appropriate steps to ensure that they adhere to the homes policies and procedures in the safe handling of medication.

The home has four medication trolleys used to transport the medicines to the people in the home. They are all securely locked in a temperature controlled medication room when not in use. The home has metal cabinets to store surplus medication and also a controlled drug cabinet that complies with current regulations to safely store Controlled Drugs.

The home finished all the medication rounds late. It could not be guaranteed that at least four hours would be left between the morning and lunchtime medication rounds increasing the risk of potential overdose.

One medication round was observed. The nurse checked the MAR charts before the preparation of the medication and then signed them before she had actually administered them. This is poor practice as the nurse has signed that the person had taken the medication before they actually had. She offered the medicines to the people and showed them kindness and respect whilst administering them. All three nurses spoken with had a good understanding of the medicines they handled. They would be able to clinically support the people they looked after.

The management team had undertaken assessments of all staff that handled
Evidence:

medication and had given them intensive training to ensure that best practice is followed. Audits indicated that not all the medicines though had been administered as prescribed. Medicines had been recorded as administered when they had not been. Medicines were unaccounted for. Gaps were seen on the MAR charts. In these instances medicines had not been recorded as administered when they had been. This indicates that nursing staff are not following the homes policies and procedures or their professional guidelines despite the training received and an audit of their practice.

A system had been installed to check the prescriptions before they were dispensed and to check the dispensed medication and MAR charts against a copy of these. This system had not been adhered to at all times. One medicine had run out and a further supply had not been sought in time to ensure a continuous supply. This resulted in one person not being administered prescribed medication for constipation.

Nursing staff recorded the quantities of all medicines received but did not always carry over balances from previous cycles. This resulted in audits not being able to be used to assess staff practice or to demonstrate exactly what medicines had been administered and recorded as such.

Two medicines were found with no label so it was not possible to demonstrate exactly who they were prescribed and dispensed to. All medicines should be administered from a pharmacy labelled container at all times to reduce the risk of any errors.

Many medicines had been prescribed "as directed". Nursing staff had not clarified with the doctor the exact dose. One cream was incorrectly applied so would not have the desired effect of treating the skin infection. The primary care trust was seeking to address this issue.

Some good practice was seen. Many medicines prescribed to administer on a "When required" basis had supporting protocols detailing their use. Nursing staff had clear directions to follow when to actually administer them.

The care plans varied in content. It was not possible to read why all the medicines had been prescribed or the peoples underlying clinical conditions. Without such information the nurses would not be able to fully support the people's clinical needs. Information recorded was sometimes unclear. In one instance a medicine had been recorded as stopped by the doctor but it was still available to administer and was being administered. Information was unclear exactly what the doctor intended. One MAR chart recorded an allergy to one medicine but this was not confirmed in any care
Evidence:

A new person had come to live in the home. Nursing staff had not confirmed his current medicine regime with his doctor and it was unclear whether the person had a serious clinical condition or not. Nursing staff had not acted on information received from the relative in a timely fashion. All new people who come to live in the home must have their medical information checked with their own doctor at the earliest opportunity to confirm they have adequate supplies of medication and all clinical conditions are known to the staff who look after them.

The home had a dedicated Controlled Drug cabinet and a separate register to record all transactions together with a witness. Whilst entries had been recorded nurses had forgotten to record the date so the information was unclear.

People living in the home were observed to be treated with respect and their dignity maintained, for example, personal care was provided in private and people were spoken to respectfully. We observed safe practice when staff assisted people to move. Staff were knowledgeable about people living in the home and were kind and attentive towards them.
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 **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 Evedale are provided with opportunities to experience a meaningful lifestyle that will help meet some of their expectations and promote their well being. People are provided with healthy well presented meals, but not all residents receive appropriate support to help them eat which would make sure their dietary requirements are met.

Evidence:

The home has an activity organiser who plans and supports activities and events that take place for people living in the home. During our conversation she told us that she has received in house training related to activities with Four Seasons. The training session lasted for one day and covered topic areas such as, the meaning of activities, talking to the resident and their families about interests, hobbies and putting together life stories which will help staff to get to know people living in the home better.

We saw an activity plan and posters advertising planned activities and events on the notice board in the reception area of the home. The care plans we looked at identified people's likes and dislikes. The activity coordinator told us that she had spent some of the morning with one of the residents we followed through the case tracking process doing a one to one session. This session involved talking to the resident, listening to...
Evidence:

music and reading. The expert by experience also observed the activity coordinator giving personalised one to one activity with a resident.

The activities coordinator speaks English but not fluently at times, she is attending English classes. We asked what she does if residents are not able to communicate effectively with her. She told us that she would observe their body language, ask nurses or other staff or speak to the family for ideas on how best to communicate with the resident.

Activities that take place in the home include 'Clubs' such as garden and reading. These are held on identified days in the week usually Wednesday and Thursday. One to one sessions take place for those residents with high dependency needs or residents who prefer to stay in their bedrooms. Other activities and events which take place include physical music and board games. The home does not plan events outside of the home. Some residents maintain their links with the community when they are taken out by their family. The expert by experience noted that some residents were not occupied throughout the day. The television was on in one of the lounges. All the residents appeared to be watching the same programme including a resident who spoke no English and other residents were asleep.

People of varying faiths live in the home and their beliefs are respected by supporting them to access the services of local churches and other religious premises. This is done by arranging for local religious representatives to visit the home. One of the residents a practising Roman Catholic had arranged for their priest to visit the home to conduct a service. The resident told us that they would be happy for anyone who wishing to join in the service.

The home has an open visiting policy. Residents and their relatives told us that they are able to visit as they wish. This information was confirmed by information in the visitor's book which showed the times people entered and left the home and who they were visiting. Families and friends were seen visiting the home throughout the day.

We observed a lunchtime meal in the home. The dining rooms did not offer residents an inviting and comfortable environment in which to eat. Dining tables were not properly laid with tablecloths, napkins, cutlery and condiments. The manager told us that there are plans to decorate and refurbish the dining rooms. This has started with the introduction of a cold drinks dispenser, which provides juices or water for residents.

We had lunch with some of the residents the food was well presented and tasty and
Evidence:

people who were able to feed themselves were seen to enjoy their food. Care staff told us that they ask residents what they want to eat for their meal choices the day before. The home has started to put together full size photographs of some of the food offered to people living in the home. This shows good practice as it will help residents to make informed choice about meals they wish to eat and act as a reminder of the meal they choose. Residents are given a light meal at lunchtime. The main meal is served in the evening. A visiting health professional expressed some concern about this not being suitable for all residents. They told us that the

"Main meal provided in the evening does not suit all residents who are tired in the evening and who would be able to eat more if the more nutritious meal was provided at lunchtime."

Serving the main meal of the day in the evening has been a long term practice for Evedale. Previously the reason for doing this was that the home considered that residents were possibly not ready for to eat a full meal at lunch time because of the short time span between breakfast and lunch. Whether this has ever been reassessed is not known. The health professional also told us that

"The provision of ethnic meal choices have had patients (residents) referred for poor appetites when the issue has been the lack of a suitable menu to meet religious and cultural needs."

The home provides a service for a number of Asian residents. We spoke to the cook about ethnic meal choices we were told by the cook and kitchen staff that the chef cooks Asian style meals, such as curries and these are usually frozen until needed. We were told that one of the residents accepts most vegetarian meals, whether English or Asian. It is not clear whether this is through choice as we were unable to confirm this with the resident.

Lunchtime was observed on one of the fifteen bedded units on the ground floor of the home. Residents were encouraged to eat in the dining room. The lunch provided was cheese and onions pasties, salad, soup and sandwiches. We noted that five residents seated in the dining room needed help with eating their meal. We observed the nurse feeding two people at the same time; this practice does not help to maintain the dignity of residents being cared for. The nurse did ask the two carers for help but both were busy taking meals to residents who chose to stay in their bedroom and also feeding residents who were being nursed in bed.

One carer noted that an agency carer had given a resident the wrong lunch and
Evidences:

swapped it. The resident was unable to feed themselves and had eaten nothing by the
time we left the dining room we spent approximately 15 to 20 minutes in the dining
room. We did not observe staff helping the resident to eat. Prompts for some
residents were given from a distance but there was not one to one support given
which would encourage residents to eat and enjoy their meal.

We spoke to one resident who had their lunch in their bedroom. We asked if they had
enjoyed their meal. They told us "It wasn't what I asked for; I only wanted a cheese
sandwich." The resident had been given the full menu choices.
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:

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>People’s legal rights are protected, including being able to vote in elections.</td>
</tr>
</tbody>
</table>

This is what people staying in this care home experience:

Judgement:

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

People living in the home can be confident that their concerns will be listened to. The lack of training for staff in adult protection does not make sure that people living in the home are protected from harm at all times.

Evidence:

A copy of the complaints procedure is displayed in the home and a copy is available in the service user guide and the reception area in the home this makes sure that it is accessible to people living in the home, their families and staff. People we spoke with and questionnaires returned to us from people living in the home and their relatives said that they would know who to speak to if they were not happy. People spoken with in the home told us that they find it easy to speak to the new manager if they have any concerns. People generally felt that their complaints are now listened to telling us "Karen listens to us and sorts thing out." We looked at the complaints file, which showed that complaints are appropriately responded to and complainants were satisfied with the response. There was no evidence that the residents we followed through the case tracking process or their families had made complaints about the service they have received.

The home has a policy for adult protection. The procedures give staff direction in how to respond to any suspicion, allegations or incidents of abuse. Training records we examined shows that only five staff have received up to date training in adult protection. Discussion with two members of staff demonstrate that they have
Evidence:

| knowledge of what to do if they suspect any abuse taking place in the home. |
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 adequate quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Ongoing work and maintenance is taking place to make sure a safe, attractive, homely and clean place is provided for people to live. Robust cross infection procedures are not always followed by staff to make sure the home is a clean, pleasant and hygienic environment for people to live.

Evidence:

Services and care for residents who have been diagnosed with mental health problems are provided on the first floor and the care of frail elderly on the ground floor. The facilities available show that the home is well equipped to help support their care needs. The home has well maintained grounds to the side and rear of the home. The garden areas can be accessed by the residents. At the time of the inspection a family member took their relative around the garden in their wheelchair. They told us that they enjoy looking around the garden and the resident had been a keen gardener. The activity programme within the home includes a garden club for residents.

While looking around the home with the manager we looked at a number of bedrooms including the bedrooms of residents we followed through the case tracking process. Two of the bedrooms show that they had been personalised and looked comfortable. They were furnished with appropriate furniture this includes items of their own furniture, pictures and ornaments. This means that people are able to personalise their bedrooms which help them to feel comfortable and live in a homely environment.
Evidence:

However one of the bedrooms lacked personality and did not look homely. There was very little of the residents own personal possessions in the bedroom. The expert by experience observed that three bedrooms she viewed did not look comfortable and homely. The expert by experience was told that two of the residents had been living in the home for less than two weeks. One resident had been living in the home for approximately four years. There was only one small picture on the bedroom wall.

The manager told us that they are waiting for the delivery of new bedroom furniture for some of the bedrooms. One family member told us that their relative recently had a door fitted to the en suite but they are still waiting for a lock to be fitted.

Practices carried out in the home did not show us that staff follow procedures related to the prevention of cross infection at all times. A family member told us during a telephone conversation that they were appalled to find the bin in their relative's bedroom full of dirty pads. They were also concerned about the smell this left in the room as well as the risk of cross infection. We observed on the day of the inspection that staff put dirty pads in the bins in resident's bedrooms or in the main bathroom. The bathroom door was left open; this left a strong offensive odour in the home for residents to have to live with. We asked staff why they did not empty the bins, shut the bathroom door or open the window. We did not get a response the staff member closed the bathroom door.

The home uses bedside tables for residents in the lounges; these were dirty with encrusted food. A family member told us that a "Lot more frequency and thought to cleaning of rooms and equipment." They gave us an example of the wheelchairs and bedroom furniture that needs cleaning. The family member also told us about the light fitment over their relative's bed that has had one of the pieces of glass missing that makes up the shade for some time. We also noted that two pieces of glass were missing from the overhead light fitment in the bedroom of one of the residents we case tracked.

The laundry in the home provides suitable facilities to manage the laundering of residents clothing. There were some concerns about the laundry the main concern being clothing going missing a relative told us in response to the question what could the service do better in questionnaires "After having several items of new clothing go missing, a better laundry service." A further relative said that the home could do better by providing "More comfortable seating in the lounge so residents do not have to sit in wheelchairs."

The standard of food hygiene and cleanliness in the kitchen is maintained.
Evidence:

records, fridge and freezer temperatures are available and were noted to be within the required range to store food appropriately and safely. The home had a recent environmental inspection carried out (July 2009). The hygiene inspection report details show that the home has achieved a 3 star rating the certificate states that the home is achieving a high standard of food safety and legal compliance and good practice is being followed.
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:

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are no additional outcomes.</td>
</tr>
</tbody>
</table>

This is what people staying in this care home experience:

Judgement:

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

Staffing levels in the home are not sufficient to meet the needs of people living in the home. Resident's cannot be sure that competent and qualified staff are caring for them. This means that the home cannot be sure that the needs of residents will be met safely at all times.

Evidence:

There are a high number of people that have high dependency needs living in the home, both on the frail elderly units and the dementia care units. Practices we saw showed that there is not sufficient staff to meet the needs of people living in the home. This could mean that the standard of care staff are able to provide to meet the needs of people in their care may not always be consistently delivered. For example at lunch time we observed a nurse feeding two residents at the same time. The nurse asked two care staff to help with supporting people in the dining room to eat. The carers said they were busy helping or feeding residents in their bedrooms. We were told by a member of staff that five of the fourteen residents accommodated on one of the units on the ground floor of the home needed help with eating. A further example was when staff brought residents back from the dining room to the lounge residents were left in their wheelchairs while staff went to for other residents. One resident was not happy to wait and tried to get up to sit in a armchair. This person had problems with mobility and there were no care staff in the lounge at the time.
Evidence:

We examined duty rotas for a three week period. The duty rotas for days showed that staffing numbers varied and that the home relies on agency and relief staff to maintain staffing levels. The rotas showed that staff had been allocated to provide one to one care for identified residents. Examination of the night duty rotas did not demonstrate which unit staff were allocated to work on. One of the night shifts we noted that both nurses on duty were agency staff. The manager told us that the home uses the same agency staff where possible to provide consistency for residents.

The hours worked by the current manager are not included on the duty rota. This does not demonstrate to us what the management hours provided in the home are. Relatives we spoke to said that the manager spends long hours in the home.

We looked at the files for four staff employed in the home since our last inspection. We found that pre-employment checks are undertaken so that staff are checked as being suitable to work with vulnerable adults. The staff files examined demonstrated that good recruitment practices are in place. Staff files contained evidence that satisfactory pre-employment checks such as completed application forms, which would cover any gaps in employment history, two written references, Criminal Record Bureau (CRB) and Protection of Vulnerable Adult (PoVA) checks had been carried out.

Information in the AQAA did not tell us what percentage of care staff have a National Vocational Qualification (NVQ) level 2 or above. Examination of information in a training matrix provided by the home shows that five (17.3 percent) of 29 care staff have NVQ level 2 qualifications in care. This could mean that people are not continuously cared for by trained and qualified staff. The training matrix also showed us that staff have received recent training in mandatory training, which includes moving and handling and fire safety. However the training matrix also shows that significant numbers of staff have not received training in safe practice topics which include the protection of vulnerable adults, infection control and food hygiene. For example there are no staff with training in infection control. This will mean that staff are not up to date with safe working practices. New staff complete an induction programme, which meets the National Minimum Standards described and recommended by the skills for care council.

Other training nursing staff have attended include safe administration of medication and seven of the twenty staff on the training matrix have received training on the care files/planning. Staff also need to receive up to date training related to the condition or illnesses that people admitted to the home present with.

Relatives told us that that the service "Provides good staff that are approachable and
Evidence:

"Friendly." A further resident said the home needed "Better trained staff" and "More staff presence."
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 **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The instability of the management structure within the home does not ensure that the service is continuously run in the best interests of people living in the home.

Evidence:

The management arrangements in the home have changed. The organisation, 'Four Seasons' has put a peripatetic manager in place to make improvements and manage the home in the absence of a permanent manager. In discussion with the manager and area manager they told us that an appointment to the manager post had been made but the candidate had since turned down the offer of the managers post. The company have started the recruitment process again. There are also ongoing investigations involving members of the management team, which are having an impact on the management structure in the home.

Relatives have told us that the current manager has made some positive changes but have also expressed concerns about the constant change of manager.
Evidence:

A health professional visitor to the home told us that "The home has had a number of changes of manager in recent years. While nursing and health care staff work hard to meet the needs of the residents, there appears to be a lack of direction and consistent management approach. A further professional said that the service "Needs a permanent manager who will be a leader."

The registered providers Four Seasons use a formal quality assurance system. Audits are carried out on the services provided by the home and areas for improvement are identified. Action plans are developed for making improvements and are reviewed to monitor progress. Separate staff, residents and relatives meetings are held. These help to make sure that people are encouraged to be involved in the day to day running of the home.

The personal monies of people living in the home are banked securely and individual accounts can be identified. Accurate records of income and expenditure are available. The records of the four residents followed through the case tracking process where asked for. Monies and records available show that balances are accurate and auditing is regularly carried out.

The supervision of staff in the home has been reviewed by the peripatetic manager. A programme has been put in place to show staff supervision dates and are signed to say when the supervision has been completed. Staff responsible for carrying out supervisions have received training and have been made aware of the procedures. A copy of the supervision form and matrix showing the dates were available for us to examine. Staff confirmed that they had received supervision and we also observed that a member of housekeeping staff was being supervised while carrying out their job. An example of a completed supervision form seen showed us the process involved. These include a discussion of identified issues, training and development, action agreed and a review of action agreed from the last supervision.

The AQAA tells us that three monthly health and safety meetings are held. Records examined include maintenance, contracts and servicing documentation for electrical equipment, gas, clinical waste and all other services supplied to the home. Resident aids and equipment have also been serviced. People are protected through regular maintenance of systems, equipment and records.

Some of the issues discussed in this report show that safe practices to ensure the well being of people living in home are compromised. Evidence of this includes care plans not being up to date, poor medication practices and insufficient staff.
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.

<table>
<thead>
<tr>
<th>No.</th>
<th>Standard</th>
<th>Regulation</th>
<th>Requirement</th>
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</table>
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.

<table>
<thead>
<tr>
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**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.

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<tr>
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<tbody>
<tr>
<td>1</td>
<td>7</td>
<td>15</td>
<td>Care plans must provide staff with clear instructions on what action they must take to meet the care needs of people living in the home. This will make sure that people receive consistent, appropriate and safe care that meets their individual assessed needs.</td>
<td>13/11/2009</td>
</tr>
<tr>
<td>2</td>
<td>7</td>
<td>15</td>
<td>All residents must have an up to date care plan available which accurately describes their current health and personal care needs. This is to make sure that staff can deliver safe and appropriate care to individual residents based on up to date and accurate information.</td>
<td>13/11/2009</td>
</tr>
<tr>
<td>3</td>
<td>9</td>
<td>13</td>
<td>The medicine chart must record the current drug regime as prescribed by the</td>
<td>13/11/2009</td>
</tr>
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</table>
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<tr>
<td></td>
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<td></td>
<td>clinician. It must be referred to before the preparation of the residents medicines and be signed directly after the transaction and accurately record what has occurred. This is to make sure that the right medicine is administered to the right person at the time and at the right dose as prescribed and records reflect this practice.</td>
<td>13/11/2009</td>
</tr>
<tr>
<td>4</td>
<td>9</td>
<td>13</td>
<td>A system must be installed to check all the prescriptions before dispensing. The dispensed medication and the medicine chart must be checked against the prescription for accuracy. All discrepancies must be addressed with the healthcare professional. The quantities of all medicines received and any balances from previous cycles must be recorded. This is so that all medicines are administered as prescribed at all times and audits can demonstrate this.</td>
<td>13/11/2009</td>
</tr>
<tr>
<td>5</td>
<td>9</td>
<td>13</td>
<td>All medicines must be administered from a pharmacy labelled container at all times.</td>
<td>13/11/2009</td>
</tr>
</tbody>
</table>
### Statutory requirements

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<tbody>
<tr>
<td>6</td>
<td>9</td>
<td>13</td>
<td>A system must be in place to check the medication of all new residents to the home and underlying clinical conditions with their doctor. This is to make sure that they are administered their current drug regime and any clinical conditions are known to the nursing staff.</td>
<td>13/11/2009</td>
</tr>
<tr>
<td>7</td>
<td>9</td>
<td>12</td>
<td>All prescribed medicines must be available for administration. This is to make sure that the residents are administered their prescribed medication as the doctor intended at all times.</td>
<td>13/11/2009</td>
</tr>
<tr>
<td>8</td>
<td>18</td>
<td>18</td>
<td>The home must make sure that all staff receive training related to the protection of vulnerable adults. This will make sure that staff know how to protect people in their care from the risk of abuse.</td>
<td>18/12/2009</td>
</tr>
<tr>
<td>9</td>
<td>27</td>
<td>18</td>
<td>The home must be able to demonstrate how they are going to increase the</td>
<td>15/01/2010</td>
</tr>
</tbody>
</table>
### 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.

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<tbody>
<tr>
<td>10</td>
<td>27</td>
<td>18</td>
<td>number of staff with a NVQ 2 qualification in care from 17 percent to a minimum of 50 percent. This will help to make sure that residents are cared for by competent and skilled staff at all times.</td>
<td>13/11/2009</td>
</tr>
<tr>
<td>11</td>
<td>30</td>
<td>18</td>
<td>The home must be able to demonstrate that they have sufficient staff on each shift to meet the assessed needs of people living in the home. Attention must be given to peak times of activity in the home. This will make sure that residents have their care needs met consistently, safely and in a timely manner.</td>
<td>18/12/2009</td>
</tr>
<tr>
<td>12</td>
<td>31</td>
<td>8</td>
<td>A permanent manager must be appointed for the care home. This will help to make sure that people live in a home</td>
<td>18/12/2009</td>
</tr>
</tbody>
</table>
### Statutory requirements

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</thead>
<tbody>
<tr>
<td>13</td>
<td>38</td>
<td>12</td>
<td>that is well led and managed in a way that puts their best interests at the centre of the organisation.</td>
<td>30/10/2009</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>No</th>
<th>Refer to Standard</th>
<th>Good Practice Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>The home should update the Statement of Purpose so that people have accurate information available to them. This will help to support people's decision on whether to use the home.</td>
</tr>
<tr>
<td>2</td>
<td>8</td>
<td>The development of care plans should make reference to the outcome of risk assessments completed for individual residents. This will help staff to make sure that clear guidance is recorded to minimise or eliminate the level of risk for people living in the home.</td>
</tr>
<tr>
<td>3</td>
<td>8</td>
<td>It is advised that where a need for physical restraint is considered the reasons for the restraint are clearly documented. This is so that the home is able to demonstrate why they consider physical restraint to be the best way of protecting the welfare of a person in their care.</td>
</tr>
<tr>
<td>4</td>
<td>9</td>
<td>It is advised that the home allows at least four hours between medication rounds to reduce the risk of potential overdose.</td>
</tr>
</tbody>
</table>
## 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.

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</thead>
<tbody>
<tr>
<td>5</td>
<td>9</td>
<td>It is advised that the controlled drug register is checked for accuracy on a regular basis and any discrepancies immediately addressed. This will allow staff to recognise, account for and report any concerns related to the management of controlled drugs kept in the home.</td>
</tr>
<tr>
<td>6</td>
<td>13</td>
<td>The home should be able to offer people living in the home the opportunity to take part in activities and events outside of the home. This would help residents to maintain contact with the local community.</td>
</tr>
<tr>
<td>7</td>
<td>15</td>
<td>The home should make sure that suitable arrangements are in place to provide people of different ethnic groups with varied and nutritious food that meets their religious and cultural needs.</td>
</tr>
<tr>
<td>8</td>
<td>15</td>
<td>The home should make sure that staff are able to sit and feed one person at a time. This will show that the needs of the resident has been considered, provide enough time for them to eat and enjoy their meal while showing the person dignity and respect.</td>
</tr>
<tr>
<td>9</td>
<td>15</td>
<td>Residents should receive appropriate support at meal times to help them enjoy their food, make sure people receive a nutritious diet and that staff are aware of what a person has eaten.</td>
</tr>
<tr>
<td>10</td>
<td>15</td>
<td>The home should consider a review of the time the main meal is served in the home. This will make sure that the timing of meals suits the needs of people living in the home.</td>
</tr>
<tr>
<td>11</td>
<td>15</td>
<td>Staff should be aware of what food choices people have made from the menu. This will make sure that people receive a meal they have chosen and are more likely to eat and enjoy their food.</td>
</tr>
<tr>
<td>12</td>
<td>19</td>
<td>Light fitments in the home especially those in resident's bedrooms must be checked to make sure they are complete and fit for purpose so that residents are not at risk of harm.</td>
</tr>
<tr>
<td>13</td>
<td>20</td>
<td>People living in the home should have access to suitable chairs when sitting in the lounges so that they are able to relax and feel comfortable.</td>
</tr>
<tr>
<td>14</td>
<td>24</td>
<td>Residents should be supported to furnish their bedrooms in a way that helps to provide them with a comfortable and homely environment that meets their assessed needs.</td>
</tr>
</tbody>
</table>
### 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.

<table>
<thead>
<tr>
<th>No</th>
<th>Refer to Standard</th>
<th>Good Practice Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>26</td>
<td>The home must make sure that all areas of the home and equipment is appropriately cleaned. This includes the bedside tables used in the lounges. This will make sure that people live in a clean environment.</td>
</tr>
<tr>
<td>16</td>
<td>26</td>
<td>It is advised that the laundry procedures in the home are reviewed so that residents missing clothing can be monitored and residents and relatives assured that their possessions are well looked after.</td>
</tr>
<tr>
<td>17</td>
<td>26</td>
<td>It is advised that the home reviews their procedures for the disposal of used incontinence pads. This will help to make sure that the home provides an environment that is free from unpleasant odours. This will help to make sure that people have a clean, pleasant and hygienic home to live in.</td>
</tr>
<tr>
<td>18</td>
<td>27</td>
<td>The night duty rota should clearly show where staff are allocated to work when on duty in the home. This will show the accountability and roles of staff on each shift.</td>
</tr>
<tr>
<td>19</td>
<td>30</td>
<td>The home should make sure that staff receive training in topics related to the care of people living in the home. This will make sure that staff have a knowledge of the conditions that affect the elderly and will be able to meet their needs.</td>
</tr>
</tbody>
</table>
Helpline:

Telephone: 03000 616161  
Email: enquiries@cqc.org.uk  
Web: www.cqc.org.uk

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