

## Key inspection report

### Care homes for adults (18-65 years)

<b>Name:</b>	Red House Lane, 2
<b>Address:</b>	Red House Lane, 2 Bexleyheath Kent DA6 8JD

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

<b>Lead inspector:</b>	<b>Date:</b>
Maria Kinson	2   2   0   9   2   0   0   9

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

**Outcome area (for example Choice of home)**

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

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

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

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

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

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) 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.

## Reader Information

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## Information about the care home

Name of care home:	Red House Lane, 2
Address:	Red House Lane, 2 Bexleyheath Kent DA6 8JD
Telephone number:	02083049718
Fax number:	
Email address:	redhouselane@mcch.org.uk
Provider web address:	www.mcch.co.uk

Name of registered provider(s):	MCCH Society Ltd
Name of registered manager (if applicable)	
Type of registration:	care home
Number of places registered:	2

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	2	0
Additional conditions:		
The maximum number of service users who can be accommodated is: 2		
The registered person may provide the following category of service only: Care Home Only (CRH - PC) to service users of the following gender: Either whose primary care needs on admission to the home are within the following categories: Learning disability - Code LD		

Date of last inspection								
Brief description of the care home								
The home is located in a residential road in Bexleyheath. The bungalow was refurbished in 2004 to meet the current service users needs.								
Red House Lane provides long term care for two people with learning disabilities, this includes profound communication problems, sensory impairment, autism and challenging behaviour.								

### Brief description of the care home

The home consists of a large communal lounge, kitchen / diner, bathroom with a toilet and a separate toilet. There are two large bedrooms, above the minimum required size, a large entrance hall and a small office. There is a garden to the rear and a driveway with garage to one side.

The home is well situated for access to all local facilities and amenities.

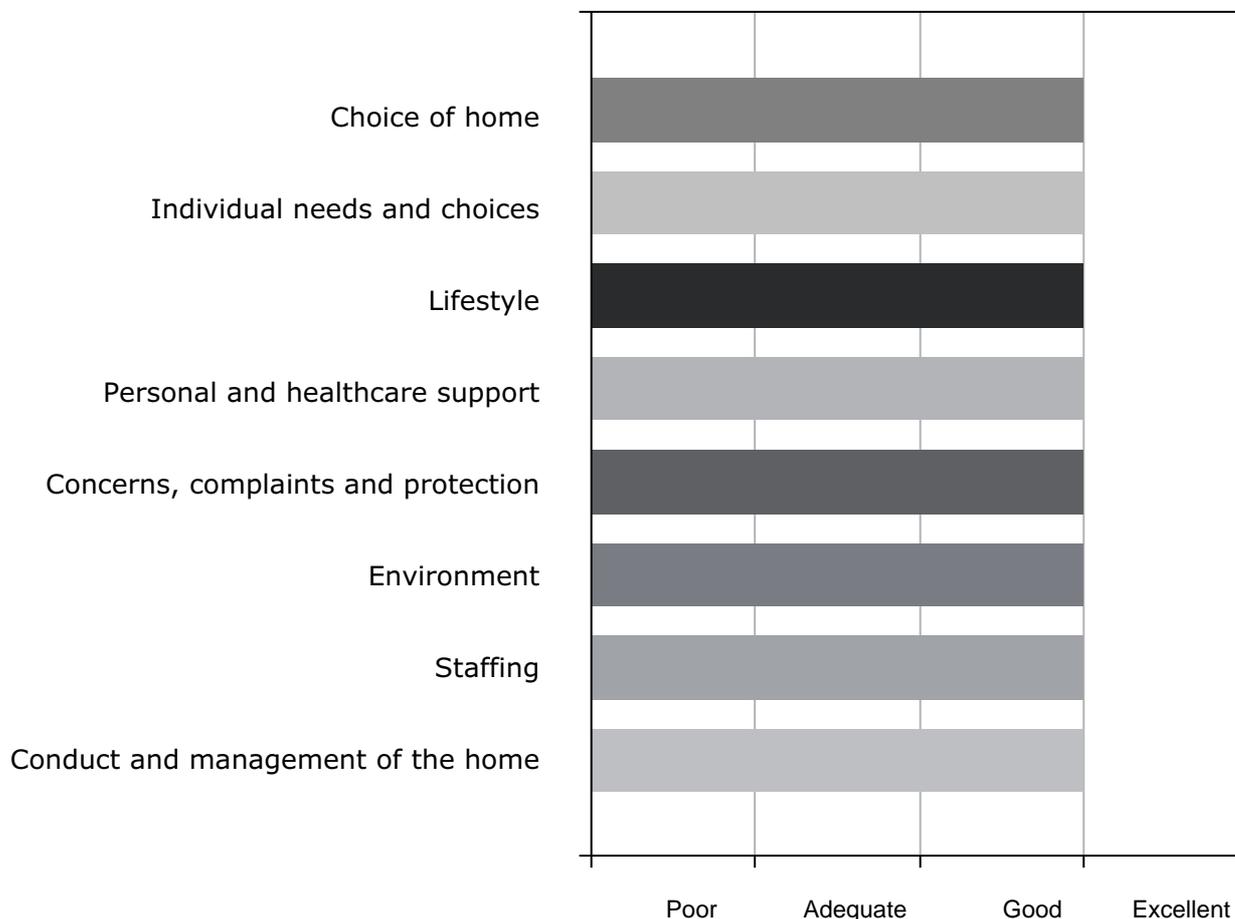
## Summary

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

The quality rating for this care home is:

two star good service

### Our judgement for each outcome:



### How we did our inspection:

The last inspection of this service took place on 18th September 2007.

This inspection was carried out over two days in September 2009 and was unannounced. Prior to the visit we reviewed all the information that we had received about the service in the period since the last inspection. This included the annual quality assurance assessment form that homes complete and return to the commission once a year. This exercise helped us to plan how we would undertake the inspection.

During the visit we met the people that live in the home and spoke to one of their relatives. We were shown around the bungalow and observed staff communicating and supporting service users. We spoke with the deputy service development manager, a senior carer and two members of staff and were given access to all of the records that were kept in the home. We received written feedback about the service from one health care professional that was in regular contact with the home.

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

The fees for living in this home are £1909 per week. Service users contribute £63.95 a week towards the cost of their stay and purchase personal items such as toiletries and clothing from their own funds.

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

Care plans include information about the help that people require and state if the person wants to be supported in a certain way.

Staff carried out assessments to identify potential risks and developed strategies to minimise or eliminate risk.

Service users were supported to make decisions.

Service users were encouraged to maintain their independence and were treated as individuals.

People were supported to lead active and fulfilling lives.

Health problems were monitored and advice was obtained from other professionals if necessary.

Visiting times were flexible.

Food was prepared to suit peoples individual needs and preferences.

The home and grounds were clean, comfortable and welcoming.

The home has a stable team of staff. This provides good continuity of care for service users.

Staff were trained to support people that have specialist health and communication needs.

Thorough recruitment checks were carried out. This protects people that use the service.

Equipment was inspected regularly to ensure that it was working properly and was safe to use.

The service was well organised.

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

The service user guide and statement of purpose were updated to include up to date information about the home.

Work was carried out to provide sensory prompts and communication aids for service users.

Regular checks were carried out to monitor the homes performance and relatives and health care professionals were asked to provide feedback about the service.

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

The medication procedure indicated that assessments would be carried out to check

that staff had adequate knowledge and skills to administer medicines safely. There was no written evidence that staff were assessed.

The company should review the food allowance budget.

The fire risk assessment should be updated.

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

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line 0870 240 7535.

## Details of our findings

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## Choice of home

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

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. 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 the person and the care home that includes how much they will pay and what the home provides for the money.

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

Judgement:

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

The home supplies information about the type of service that it can offer. The admission procedure indicated that peoples needs would be assessed prior to moving into the home.

Evidence:

The home has a statement of purpose and service user guide both of which were recently updated. Staff had added pictures and photographs to the documents to make them more understandable for the people that live in the home and updated information about the staff team.

The two people that live in the home have done so since 2004 when the home opened. The admission process for these service users was assessed during previous inspections and was found to comply with regulations. The company has a comprehensive admissions procedure.

The people that live in the home have complex health needs, sensory loss and challenging behaviour. As a result of these issues service users have difficulty

## Evidence:

communicating, mobilising and accessing information.

A significant amount of work had taken place since the last inspection to provide a stimulating environment for service users and to assist people to communicate. A challenging behaviour specialist was working with staff to reduce and manage behaviour that challenges the service, and staff were developing positive behaviour support plans. An 'objects of reference' board was developed for one service user. The board includes various items that the service user associates with certain activities. For example If a staff member wants to see if the service user would like to go out in the car they remove the seatbelt from the board and hand it to the service user. The service user will then move towards the front door if they want to go out in the car. Equally if a staff member wants to tell the service user they are going swimming, they remove the piece of swimming costume material from the board and hand it to the service user. We saw staff and the service user using the 'objects of reference' board and could see that this was an effective communication tool.

The bungalow is spacious and the corridors are wide. Service users were able to move around independently without hurting themselves.

In the period since the last inspection staff had arranged for various sensory items to be fitted in the hallway and lounge. This provides added interest and stimulation and helps service users to identify key areas such as the toilet.

## Individual needs and choices

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

People's needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

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

Judgement:

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

A plan of care was developed to meet service users health and personal care needs and strategies to manage risk were developed.

Evidence:

We looked at the records for one person that lives in the home. The file included support plans, guidelines, risk assessments and supporting documents such as a pen portrait and communication passport. Care plans reflected service users needs and were up to date. Information was well laid out and easy to follow. Detailed guidelines were prepared to show how service users would like to be supported with activities, personal care, whilst eating and drinking and in respect of health care issues. Information about service users preferences and routines were incorporated into the plans and guidelines. A separate diary was kept to show what service users did each day and information was recorded about significant events.

Although the people that live in the home could not tell staff in words what they wanted, they were able to make their needs known in other ways. For example the

## Evidence:

care plan for one service user said they would place their plate on the side if they did not like their meal and would get a cup out of the cupboard if they want a drink.

The people that live in the home do not have the capacity to make complex decisions. However it was evident during discussions with staff and observation that service users were able to make day to day decisions. For example the care plan for one service user said they like to go to bed late. We could see from the records that staff followed the plan and respected the service users preferences. The diary also indicated that one service user led staff back to the car and refused to go into the swimming baths during a planned outing.

The records showed that service users were supported to undertake small tasks around the home. One person was helped staff with their laundry, put their toiletries away after their bath and was able to made hot drinks. Separate guidelines were prepared to show how much help the service user required with these activities and if they needed any aids or equipment to undertake the task.

Risk assessments were easy to read and follow. Staff identified issues that could affect service users safety and developed strategies to prevent or minimise the risk of people being harmed. Risk assessments included hazards in the home and community such as use of sensory lights and trampolining.

## Lifestyle

**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 can take part in activities that are appropriate to their age and culture and 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 and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

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

Judgement:

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

The service offers users a range of activities both within the home and in the wider community. People were supported to undertake small tasks around the home and live as independently as possible.

Evidence:

The people that live in the home were not able to undertake paid or unpaid work or attend day care services, due to their complex needs. One service user was supported by two members of staff outside of the home. The records indicated that service users were supported to undertake a wide range of activities in the home and community. One relative told us that their family member goes swimming and trampolining regularly and "love" these activities. The relative also said the provision of activities had improved in recent years.

Records showed that some of the service users had been swimming, bowling,

## Evidence:

trampolining, to the park, to the gym and out for meals in recent weeks. Whilst at home some service users spent time in the garden, played with building bricks, did some baking, listened to music, attended a BBQ and enjoyed time in their bedroom with their sensory lights.

One relative said they were made to feel welcome by staff and could pop into the home at any time. The relative said there were restrictions in the past about the time their family member returned to the home after visits but you can "come and go as you please now". One service user visits their family home and relatives regularly. One service user did not have any relatives. The service user was on a waiting list for an advocate.

Staff had developed a communication passport for each service user. This document provides information about how each service user communicates and how to interpret gestures, behaviour or facial expressions. Communication between staff and service users was good.

We observed staff preparing and serving lunch. Staff told us about the food that service users like and dislike and said one person did not like food in sauces or gravy. Staff told service users what they were cooking. The menu was varied and there were good supplies of fresh and frozen food in the home. Service users were supported to eat independently and specialist aids such as lipped plates were used. Work was in progress to provide menus in a format that service users could understand and use. One relative expressed concerns about the food allowance (thirty pounds, per service user, per week). The relative said the allowance did not take into account the high ratio of staff to service users, all of whom have regular refreshments whilst they are on duty. See recommendation 1.

## Personal and healthcare support

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 receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people 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.

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

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

#### Judgement:

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

Peoples health and personal care needs were identified and guidance was provided in the records about the action that staff should take to meet these needs. Medicines were well managed overall but action must be taken to check that staff understand and follow medication procedures.

#### Evidence:

Support plans include information about health and personal care issues and stated if service users had any likes or dislikes. Staff treated people with respect and followed service users preferred routines. Staff had a good understanding of peoples needs and received appropriate training. We received feedback from one health care professional who was in regular contact with the home. They said staff monitor service users health needs and seek and act on their advice.

Individual records were kept about health care visits and appointments.

We looked at two medication charts. All medicines were in stock and records were kept to show when medicines were received in the home. The only exception to this was one boxed medicine called fybrogel. There were no records to show when this

Evidence:

medicine was received in the home. See recommendation 2. Records were kept to show what medicines staff administer and when. There were no gaps on the medication charts and the balance of medicines that we checked were correct. This indicates that service users receive their medicines regularly and medicines were well managed.

The home were not using any medicines that require special storage arrangements and did not have any medicines that were purchased without a prescription (homely remedy medicines).

Individual medication guidelines were developed for each service user. The guidelines provide specific information for staff about how and when service users like to take their medicines and when staff should give 'as required' (PRN) medicines.

All of the staff had attended medication training sessions and training updates were planned. The senior carer said competency assessments were carried out but were not recorded. See requirement 1.

## Concerns, complaints and protection

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

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

There are no additional outcomes.

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

Judgement:

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

There were procedures in place to manage complaints and to safeguard people that use the service.

Evidence:

The complaints procedure had not changed in the period since the last inspection. The procedure includes information about how long it would take staff to investigate concerns and states who people could contact if they were not satisfied with the homes response. The home had not received any complaints in the period since the last inspection. The visitor that we spoke with said they could discuss concerns with the acting manager who was very approachable.

None of the people that live in the home were able to manage their own money. Senior staff were responsible for ensuring that service users had access to adequate money when they needed it. Money was withdrawn from service users accounts and was kept in separate tins in the home. Written permission was required to withdraw larger sums of money. Good records were kept to show how and when service users spent their money and receipts were kept as proof of purchase.

The safeguarding procedure had not changed in the period since our last inspection. The procedure states that staff should notify social services and CQC about allegations.

Evidence:

In the period since our last inspection the acting manager referred one incident to the local authority for consideration under their safeguarding procedure. The incident did not involve staff.

Staff said they would report allegations or concerns to senior staff or the acting manager.

## 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, comfortable, 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. People have enough privacy when using toilets and bathrooms.

**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.

This home provides spacious and comfortable personal and communal space for service users and their visitors.

Evidence:

The building was well maintained overall and all of the equipment that we saw was in working order. The cover on one of the sofas in the lounge was split and some of the foam was exposed. The lock on the bathroom door was broken. The sofa was removed and the lock was repaired before we completed the inspection.

The communal areas were pleasantly decorated and furnished. The garden was well maintained. There was seating for service users and staff and one of the service users had purchased a swing.

Bedrooms were spacious and well laid out. This provides adequate space for service users to move around.

All of the bedrooms were nicely decorated and furnished. Personal items such as family photographs and pictures were displayed and the rooms were equipped with wall mounted TVs, music systems and sensory equipment.

Evidence:

There was a spa bath, shower attachment and WC in the bathroom and a separate toilet.

Hand washing facilities were good and all of the areas that we visited were fresh and clean.

## Staffing

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

People have safe and appropriate support as there are enough competent, qualified 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. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

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

Judgement:

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

The home has a stable team of well qualified and caring staff. Service users were protected by the homes recruitment practises. Staff were trained to observe health and safety issues and deliver safe care.

Evidence:

There were three staff on duty when we arrived in the home. Because the people that live in the home have specialist communication needs the home tries to avoid using temporary staff. Shifts were covered by permanent staff some of whom worked extra shifts and regular bank staff. Staff turnover was low.

The acting manager was not based in the home but staff said they could contact her at anytime. The management team were available during office hours and there was an on call system outside of these times. Extra staff were provided when service users had to attend appointments, meetings or were undertaking activities.

The home had not appointed any new staff in the period since the last inspection. We checked the recruitment records for two staff that were appointed in 2002. Staff recruitment records were stored at head office but a form outlining the information and checks that were undertaken in respect of each staff member was kept in the home. The forms showed that thorough checks were carried out prior to staff working

Evidence:

in the home and a health disclaimer was completed by each applicant.

The company provides a comprehensive programme of training and training updates for staff. The acting manager had recently completed a training analysis to establish what training the staff team would require in 2010. This information was fed back to the training department so they could plan appropriate training sessions.

Individual training records were kept to show what training each staff member had completed. The records showed that staff had access to a relevant and varied programme of training but the gap between updates was sometimes longer than recommended. The acting manager said the training analysis highlighted this issue and action was taken to address it. We saw evidence in the training records that update training sessions were booked.

In the period since the last inspection some members of staff had attended medication, food safety, strategies for crisis intervention and prevention (SCIP), moving and handling, health and safety, care planning, infection control, personal safety, risk assessment, communication and COSHH training sessions.

Staff said there were opportunities to discuss their work and training needs. The records showed that supervision was taking place regularly.

## Conduct and management of the home

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

People have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because 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. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

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

Judgement:

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

The home was well organised and managed. There were systems in place to monitor and improve the quality of care provided in the home and to keep people safe.

Evidence:

The managers post was vacant. The deputy service development manager was currently undertaking this role. The managers post covers two registered care homes. The service development manager was based in the sister home but visited Red House Lane regularly and liaised with senior carer. The company had advertised the managers post and a new manager was due to start induction training in December 2009.

Staff said the management team were approachable and helpful and were always willing to discuss concerns and provide support.

Some work was taking place to monitor and improve the quality of care provided in the home. A representative from the company carried out regular unannounced visits to assess the conduct of the service and complete audits. A report was compiled about

Evidence:

their findings and any action that was required to improve the service. A weekly returns form was completed and sent to head office about significant issues. Satisfaction surveys were sent to service users relatives and health and social care professionals to get feedback about the service.

The fire risk assessment was dated 2007. See recommendation 3. The home does not have a fire alarm but the emergency lights, heat detectors and extinguishers were checked and serviced regularly. All of the fire exits were clear. Fire safety training updates were planned.

We viewed some of the health and safety service reports that were kept in the home. The records showed that equipment was inspected regularly to ensure that it was working properly and was safe to use.

We looked at some recent accident records. Information was recorded about the date, time and location of the incident and staff observations. None of the recent accidents had resulted in serious injuries but one service user was taken to hospital and referred to the falls clinic.

Are there any outstanding requirements from the last inspection?

Yes

No

## Outstanding statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action

## Requirements and recommendations from this inspection:

### Immediate requirements:

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

No.	Standard	Regulation	Requirement	Timescale for action

### Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
1	20	13	<p>A formal system must be established to check that care staff are sufficiently competent in medication administration before they are allowed to give medicines. This process must be reviewed at regular intervals and recorded in the care workers training file.</p> <p>To promote and protect service users health and wellbeing.</p>	12/02/2010

### Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	17	The company should review the food allowance.
2	20	Records should be kept to show when medicines were received in the home.
3	42	The fire risk assessment should be reviewed and updated.

## Helpline:

**Telephone:** 03000 616161

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

**Web:** [www.cqc.org.uk](http://www.cqc.org.uk)

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