

Key inspection report

Care homes for older people

Name:	Spratslade House
Address:	Belgrave Avenue Dresden Stoke-on-trent Staffordshire ST3 4EA

The quality rating for this care home is:	two star good 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.

Lead inspector:	Date:
Joy Hoelzel	2 7 0 4 2 0 1 0

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

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

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

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

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

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

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

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

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

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

Reader Information

Document Purpose	Inspection report
Author	Care Quality Commission
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
Copyright	© Care Quality Commission 2010 This publication may be reproduced in whole or in part in any format or medium for non-commercial purposes, provided that it is reproduced accurately and not used in a derogatory manner or in a misleading context. The source should be acknowledged, by showing the publication title and © Care Quality Commission 2010.
Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Spratslade House
Address:	Belgrave Avenue Dresden Stoke-on-trent Staffordshire ST3 4EA
Telephone number:	01782311531
Fax number:	01782311532
Email address:	
Provider web address:	

Name of registered provider(s):	Pearlcare (Spratslade) Ltd
Name of registered manager (if applicable)	
Mrs Janet Ann Bentley	
Type of registration:	care home
Number of places registered:	30

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	10	0
old age, not falling within any other category	0	30
Additional conditions:		
The maximum number of service users who can be accommodated is: 30		
The registered person may provide the following category of service only: Care Home Only (Code PC); To service users of the following gender: Either; Whose primary care needs on admission to the home are within the following categories: Dementia (DE) 10, Old age, not falling within any other category (OP) 30		

Date of last inspection	1	1	1	1	2	0	0	9
-------------------------	---	---	---	---	---	---	---	---

Brief description of the care home
Spratslade House is located in Stoke On Trent, Staffordshire. The home is accessible via public transport, and is close to local amenities. The large detached property provides residential accommodation for up to 30 older people. The home can also accommodate people with dementia needs and or have a physical disability. Corridors

Brief description of the care home

and door frames are of a suitable width to accommodate people who use wheelchairs. Ramp access is also provided. The two-storey property offers 30 single occupancy bedrooms, 28 of which are equipped with an en suite facility. Bedrooms are located on both the ground and first floor. The installation of two passenger lifts allows access to all facilities within the home. Bathrooms and toilets are situated on both the ground and first floor and are found close to bedrooms and communal areas. All bathrooms are equipped with an assisted bath to promote the independence of people who have restricted mobility. The home is divided into units, having a small kitchen adjacent to each, allowing people access to drinks and light snacks. Three lounges are provided on the ground floor that are pleasantly decorated and equipped with essential furnishings and items to allow relaxation, and to enable people to socialise with other people living in the home. There are sufficient dining areas within the home. There is a pleasant and safe garden area. Sufficient parking is available at the front of the property.

Information of the home and the provision of the service are available in the statement of purpose and service user guide, both documents are available directly from the home.

The service user guide includes information on the current level of fees for 2010 and range from £403:00 - £485:00 dependent on the package agreed.

Care Quality Commission reports for this service are available from the provider or can be obtained from www.cqc.org.uk

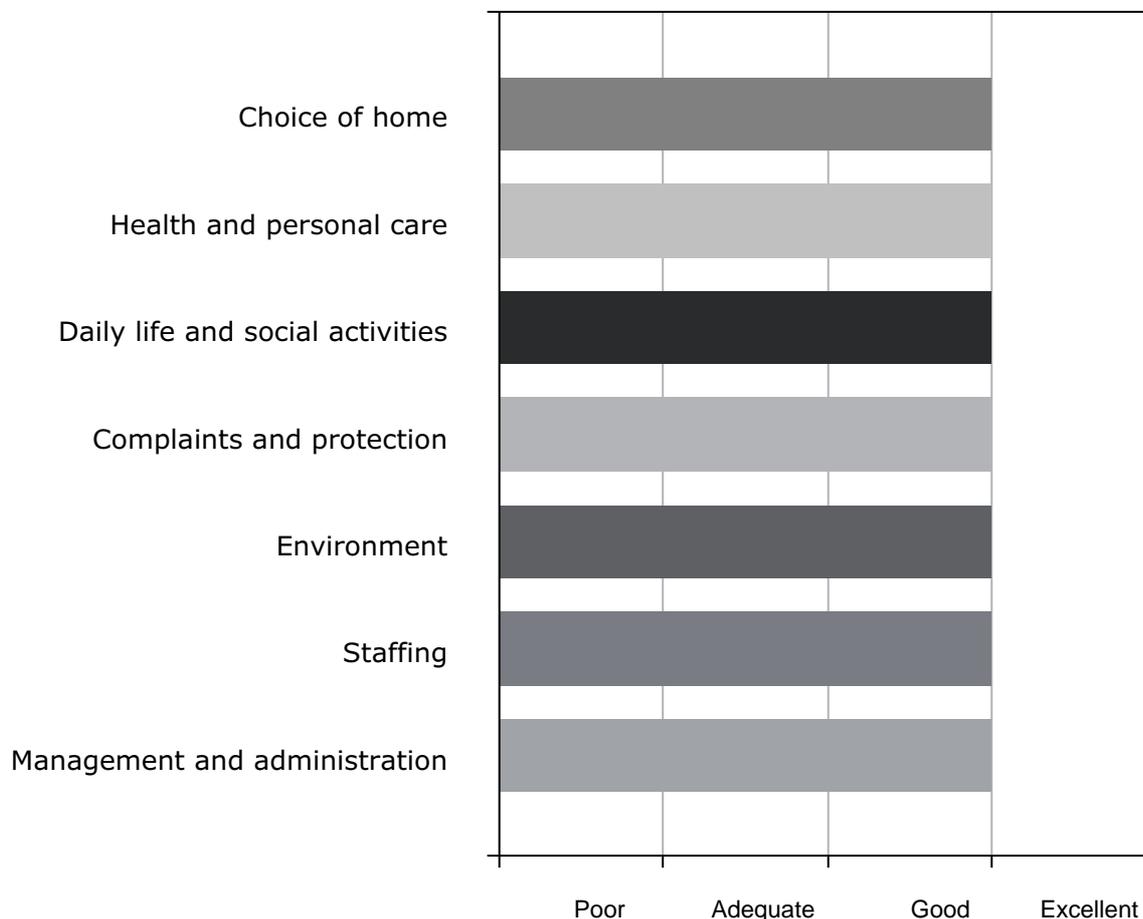
Summary

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 service did not know that we would be visiting to conduct a full inspection of the service.

A look around the home took place, which included a number of bedrooms as well as communal areas. The care documents of a number of people using the service were viewed including care plans, daily records and risk assessments. Other documents seen included medication records, service records, some policies and procedures and staffing records. Discussions were held with people living, visiting and working at the home. Some people were unable to fully comment about their experience of life at the home. Observations were made of how they spent the day and of the interactions offered by staff in an attempt to obtain an overview of how they may be feeling.

We asked for our 'Have Your Say', surveys, to be distributed to people living in, working in and visiting the home prior to this inspection. Three were returned from

people living in the home, one was completed by the person with the two others being completed by relatives. Five members of staff completed and returned our survey. The responses and comments are included in this report.

Prior to this inspection an Annual Quality Assurance Assessment (AQAA) document was posted to the home for completion. The AQAA is a self-assessment and a dataset that is filled in once a year by all providers. It informs us about how providers are meeting outcomes for people using their service and is an opportunity for providers to share with us areas that they believe they are doing well. It is a legal requirement that the AQAA is completed and returned to the commission within a given timescale. The registered manager completed this document and returned it to us in March 2010. Comments from the AQAA are included within this inspection report.

What the care home does well:

The manager recorded in the AQAA the things that the service does well - 'Continues to deliver a good standard of Health and Social Care to residents. Provides a safe, welcoming environment for residents and their relatives/advocates'.

People told us that the meals were 'very good', 'excellent', and that they were satisfied with the menu. 'Staff are always polite, pleasant and caring'. One person described Spratslade House as being 'a home from home'.

Visitors to the service told us - 'We are very happy with the service'. They went on to say they would speak with the staff if they had any concerns and they would be confident that the manager would 'quickly sort things out'.

'Very good home, all people are well cared for the staff are very good as is the food. Lots of entertainment arranged for people to enjoy'.

Staff told us - 'The new care plans have improved the information on how best to care for residents'.

People offered positive comments of the management of the home stating that the manager is 'supportive and helpful'.

Since the last key inspection in July 2009 we made two further visits in November 2009 and January 2010. These two random visits were made to check the action taken for the breaches of the regulations. One each occasion we found that improvements had been made and the service had complied with the requirements to make the necessary improvements to the service.

On this occasion we have found that improvements to the service continue and that people experience good quality outcomes for the care they receive.

What has improved since the last inspection?

The AQAA tells us that within the last twelve months things have improved by - 'The home has introduced an alert system on the front hall staircase and has fitted new keypad locks on doors leading to this staircase and to one other staircase in order to reduce the risk of any resident using these stairs without help and placing themselves at risk by doing so'.

The care plans and associated documentation have all been updated and reviewed. This ensures that peoples care needs are fully assessed and that the appropriate action can be taken to fully meet the care needs in the way that the person prefers.

A key worker system has been introduced to ensure that peoples care needs can be met consistently. Staff have the responsibility of ensuring that the care plans are reviewed regularly and are kept up to date with the very latest information when a change of need has been identified.

Amendments have been made to the medication administration procedures ensuring that a safe system is operating. A further good practice recommendation has been made to ensure staff have full details of when some medications can be given.

Systems have been introduced to ensure that the home operates in the way it states it does.

What they could do better:

No requirements have been made as a result of this inspection.

Two good practice recommendations have been made -

Protocols and details of the 'as required' medications should be available for staff reference. This will ensure that people are offered and given medications as they require them.

And for the effective control of the spread of any infections and for general hand hygiene reasons. Suitable hand wash facilities (liquid soap, paper towels and lidded disposal bins) should be available in communal areas and at the point of the delivery of care.

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

Contents

Choice of home (standards 1 - 6)

Health and personal care (standards 7 - 11)

Daily life and social activities (standards 12 - 15)

Complaints and protection (standards 16 - 18)

Environment (standards 19 - 26)

Staffing (standards 27 - 30)

Management and administration (standards 31 - 38)

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:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

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

This is what people staying in this care home experience:

Judgement:

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

People who are considering using the service can be assured that the service will be prepared and able to meet their care needs.

Evidence:

Information on the home is provided in two documents. The statement of purpose, which sets out what the service offers and the service user guide which offers more information when a person decides to move in. Both documents have recently been updated and are available directly from the home. The home supplied us with the documents when we asked for them.

Information recorded in the AQAA described the action taken when a person expresses an interest in staying at the home- 'We undertake a robust pre-admission assessment for all prospective new residents to ensure that we are fully able to meet their individual needs. All staff are made aware of a new admissions care needs before their arrival and all relevant equipment is in place. We have an informative home brochure

Evidence:

information pack'.

We looked at the case file of the person who recently moved into the home. The contents in the file confirmed that information had been sought regarding this persons needs prior to them moving in. Information had been recorded on a pre-admission assessment and included a full and comprehensive account of the person's health and social care needs.

Other case files looked at included pre-admission assessments by the home in addition to social worker reviews and assessments from other health and social care settings. This gathering of information ensures that the service can be confident of meeting a persons care needs.

Health and personal care

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

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

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

This is what people staying in this care home experience:

Judgement:

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

People who use the service can be confident that they will receive support and care in the way they prefer and need.

Evidence:

The AQAA tells of the recent improvements made to the documentation and recording of a persons care needs- 'We have introduced a new care plan and have ensured that these reflect the individual needs and choices of residents. This has allowed a more person centred delivery of care to individual residents. Care plans and risk assessments are reviewed monthly and amended as necessary'.

The manager explained the recent full review of the care plans and the new documentation used to record the care and support needs of people. Each file is now reviewed at regular intervals by the key worker and the person. We selected three case files to look at in depth, with another file looked at briefly to follow up observations made during the inspection. We saw that the plans had been completed with the person (whenever possible) and/or their representative or advocate. Each

Evidence:

plan documented the details of the care required, how the care is to be provided and the expected result of the care. Risk assessments are completed and when a risk is identified a corresponding plan of care is completed. This information gives staff full details of the action they should take to reduce the risk of harm to the person.

One care plan had speedily been reviewed and updated when a change to the person's physical condition had been noted. Healthcare professionals had been contacted for advice and assistance for the continuing care and safety of the person.

A nutritional risk assessment had been completed in one file indicating a recent loss of weight over a short period of time. The plan of care recorded the reasons for the weight loss and the action needed for the person to maintain good nutritional status.

Another plan gave staff the information for helping a person to remain safe in the home.

All the plans that we looked at contained a care plan for helping a person with their personal hygiene, the daily care offered and provided is recorded. This ensures that people receive a consistent approach to their needs in the way that they prefer. We observed people looking very well groomed and staff were very quick to attend when a person's personal hygiene became compromised.

One member of staff completing our survey made an additional comment of -'The new care plans have improved the information on how best to care for residents'.

We looked at the systems for administering medication to people and found that the areas for storing medication were safe and secure. Staff explained the procedures and we looked at the medication administration records (MAR) for a selection of people. Some people at the home have been prescribed medications that are to be taken on an 'as required' basis. Staff told us that there are no written protocols or instructions for what triggers the medications to be given or for how often it can be given. We advised that protocols for all 'as required' medications should be available for reference. We spoke with the manager and deputy manager about the importance of this information. Both agreed and confirmed that action will be taken. We saw that external preparations are now being dated upon opening to ensure that people are not being given medications that may be out of date. Staff confirmed that they have had recent training in the management of medicines.

The AQAA records - 'All staff ensure that personal care is offered in a sensitive and respectful manner, staff are aware of the need to always knock on a residents door

Evidence:

before being invited to enter'.

A person completing our survey on behalf of their relative made an additional comment of -'Staff are always polite, pleasant and caring'.

We saw that staff were very patient and caring when assisting people with their care needs. Staff explained what they were going to do before actually starting the task. Thereby putting the person at ease and alleviating any anxieties that the person may be feeling.

Daily life and social activities

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

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

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

People who use this service can be assured that they will be offered and supported with meaningful daytime activities of their own choice and according to their individual interests, diverse needs and capabilities.

Evidence:

The AQAA records the many and varied activities that are arranged at the home, and records an innovative way of encouraging discussion - 'A large map is in place in the main dining room together with postcards from residents relatives, friends and staff members. This encourages discussions at mealtimes on holiday destinations around the world and of the kind of foods eaten in these countries. The response from the residents to the introduction of this activity has been very positive and has encouraged lots of conversation and discussions during mealtimes'.

We saw that a variety of recreational activity is arranged at the home mainly during the afternoons. People told us that they enjoy these afternoon 'get togethers'. We saw a group of people enjoying a game of dominoes but also observed people having one to one time with staff.

Staff told us that the plan of activity in The Court area of the home is very flexible and

Evidence:

that activities are arranged as to the preference of the person at the time.

Visitors told us that they can visit at time suitable for their relative and there is no restriction on the length of time they can stay. They told us that Spratslade House is a 'Very good home, all people are well cared for the staff are very good as is the food. Lots of entertainment arranged for people to enjoy'.

People told us that they are able to have control over their lives and they can decide when to go out to the local shops or with family and friends. The people who find it difficult to make decisions are supported by the staff to decide what they wish to do. We saw people being offered choices throughout the day, be it what refreshments they would like or what to watch on the television.

The meals are all freshly prepared by the catering staff and are served in the dining areas or in the persons preferred place to eat. Most people are encouraged to use the dining facilities as it is viewed as an opportunity for socialising. The dining areas were well prepared in advance of the meal, with the food served appetising and nutritious. People told us that the meals were 'very good', 'excellent', and that they were satisfied with the menu.

We observed good practice when staff were assisting with lunch, demonstrating a clear understanding of people's requirements and individual needs.

Complaints and protection

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

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

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

This is what people staying in this care home experience:

Judgement:

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

If people have concerns with their care, they or people close to them know how to complain.

Evidence:

The AQAA informs us that the service has not received any concerns, complaints or safe guarding referrals since the last main inspection.

We, the commission, received one complaint regarding the service from an anonymous source. We passed this information to the manager to investigate using their complaints procedures. We received a comprehensive reply and further discussed this with the manager at the time of this inspection.

All three people completing our survey on behalf of their relatives told us that they are aware of how to make a formal complaint. One person wrote, 'We have no complaints regarding the care of my mother, she is shown respect and well looked after'.

People we spoke with told us that they would speak with the manager, deputy manager or their family if they had concerns about the service.

Five staff members indicated in our survey that they were aware of the action they should take if they had any concerns about people in their care. We saw a flyer in the office for staff training in safe guarding, Mental Capacity Act and Deprivation of Liberty

Evidence:

safeguards that has been arranged.

There is a facility for the service to safe keep small amounts of a person's money. Separate records are maintained for each person and the money is stored individually in a locked safe.

Environment

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

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

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

This is what people staying in this care home experience:

Judgement:

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

The home provides a physical environment that is satisfactory to the specific needs of the people who live there.

Evidence:

We saw that Spratslade House provides comfortable accommodation in a warm and clean setting. The home is well furnished and the gardens well maintained. People told us they are very comfortable and satisfied with the service. One person described it as 'a home from home'. People who were unable to comment looked well cared for.

The AQAA tells us that within the last twelve months - 'The home has introduced an alert system on the front hall staircase and has fitted new keypad locks on doors leading to this staircase and to one other staircase in order to reduce the risk of any resident using these stairs without help and placing themselves at risk by doing so'.

It goes on to describe the plans for improving the environment within the next twelve months - 'New lounge chairs to be purchased for the small lounge area. To continue to decorate/refurbish bedrooms as identified in audits. Raised flower beds and a herb garden to be developed'.

During the tour of the home we looked at a selection of bedrooms we saw that not all areas where personal care is provided have been supplied with hand wash facilities for

Evidence:

staff. For the control of the spread of any infections and for good hand hygiene reasons all areas communal and private should be supplied with liquid soap, paper towels and a lidded disposal bin. The manager offered an assurance that this would be attended to.

We saw that the wardrobes are securely fixed to prevent them toppling over and causing injury.

Staff told us that alginate bags are available to use when dealing with soiled linen.

Staffing

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

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

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

People who use the service can be assured that the staff have the skills and knowledge to meet their needs.

Evidence:

Two out of the three people completing our survey on behalf of their relative indicated that staff are always available when needed. One person indicated usually there are staff available. Three out of the five staff completing our survey indicated there are always sufficient staff at the service. Two staff indicated that usually there are sufficient.

We observed staff carrying out their work in a competent, efficient manner. A member of staff reacted extremely well when one person became very distressed, they acted in a calm, compassionate way helping the person to calm down.

We selected three staff personnel files to look at the recruitment procedures. The files were well presented and contained the information required to safeguard the people living Spratslade House. The manager explained that work is in progress to complete a full audit of all files to ensure that the information regarding staff are kept in one place and altogether.

The AQAA informs us that of the 21 permanent members of staff 18 have gained

Evidence:

accreditation at National Vocational Qualification (NVQ) Level 2 in care. An National Vocational Qualification assessor was at the service and confirmed that eight staff are currently working towards National Vocational Qualification level 3.

All five staff completing our survey indicated that they are given sufficient training relevant to their role. The manager confirmed that staff training is up to date in the mandatory subjects with additional training arranged for more specialist topic area throughout the year.

Management and administration

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

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

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

This is what people staying in this care home experience:

Judgement:

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

People can have confidence in the care home because it is led and managed appropriately.

Evidence:

The care manager has been at the service for a number of years and has the experience to manage a social care service. There are good support networks in place from the company and she is supported by a deputy manager in house. Since the last inspection the manager has developed and improved many areas of the service including the documentation to record the individual care needs of people, the management of the medications, and the safety of people living at the home.

The manager completed the AQAA; it contains clear, relevant information that is supported by a wide range of evidence. The AQAA lets us know about changes they have made and where they still need to make improvements.

Evidence:

People offered positive comments of the management of the home stating that the manager is 'supportive and helpful'.

The manager told us that quality assurance monitoring is ongoing with regular audits being completed each month. Satisfaction surveys are being distributed to people living and visiting the home. The results will then be analysed and any suggestions for improvements or changes to the service will be considered.

There is a facility for the service to safe keep small amounts of a person's money. Separate records are maintained for each person and the money is stored individually in a locked safe.

We saw the records, documents and certificates for the weekly, monthly and annual health and safety checks are being maintained. All requested were readily available for inspection.

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

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	9	Protocols and details of the 'as required' medications should be available for staff reference. This will ensure that people are offered and given medications as they require them.
2	26	Suitable hand wash facilities (liquid soap, paper towels and lidded disposal bins) should be available in communal areas and at the point of the delivery of care.

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

© Care Quality Commission 2010

This publication may be reproduced in whole or in part in any format or medium for non-commercial purposes, provided that it is reproduced accurately and not used in a derogatory manner or in a misleading context. The source should be acknowledged, by showing the publication title and © Care Quality Commission 2010.