



Making Social Care  
Better for People

Inspecting for better lives

# Key inspection report

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

<b>Name:</b>	Bishops Way
<b>Address:</b>	36 St Peters Road St Leonards-on-Sea East Sussex TN37 6JQ

The quality rating for this care home is:

one star adequate service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

<b>Lead inspector:</b>	<b>Date:</b>
Caroline Johnson	1 3 0 2 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. 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.

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)

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- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

## Reader Information

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## Information about the care home

Name of care home:	Bishops Way
Address:	36 St Peters Road St Leonards-on-Sea East Sussex TN37 6JQ
Telephone number:	01424720320
Fax number:	01424421684
Email address:	admin@newdirections.gb.com
Provider web address:	

Name of registered provider(s):	New Directions (St Leonards on Sea) Ltd
Name of registered manager (if applicable)	
Miss Susan Jane Walling	
Type of registration:	care home
Number of places registered:	4

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	4	0
Additional conditions:		
The maximum number of service users to be accommodated is 4.		
The registered person may provide the following category/ies of service only: Care home only - (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 (LD).		

Date of last inspection								
Brief description of the care home								
Bishops Way is a care home providing social and residential care for four young adults with learning disabilities, in particular those with Prader-Willi syndrome and some behaviours that can be challenging. The home is owned by New Directions (St Leonards on Sea) Limited who also have another three homes in East Sussex. It is situated in a quiet residential part of St. Leonards-on-Sea and is close to shops and a bus route into Hastings town centre. The house is a two storey- property. There is a garden to the rear of the property with a workshop for day service activities. There is a								

### Brief description of the care home

communal lounge and a separate dining room. In addition there is a small conservatory, which could be used as a smoking area. Inspection reports can be read at the home and reference to how to obtain a copy is also made in the home's statement of purpose.

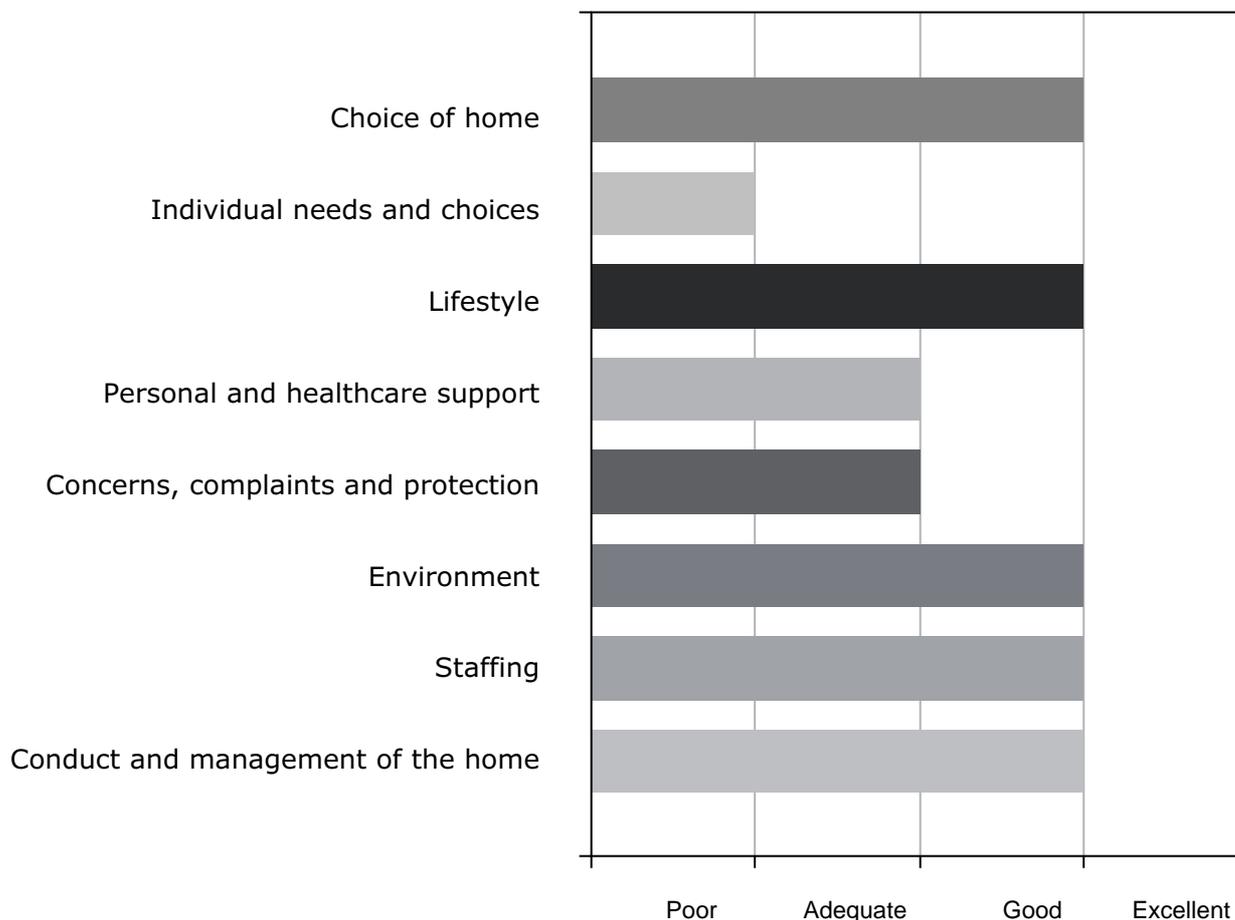
## Summary

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

The quality rating for this care home is:

one star adequate service

### Our judgement for each outcome:



### How we did our inspection:

For the purpose of this report the people living at Bishops Way will be referred to as 'residents'.

This is the first key inspection of the home since it opened in September 2009. As part of the inspection process a site visit was carried out on 12th February 2009 and it lasted from 10:00am until 12:40pm. A further visit was carried out on 13th February and this visit lasted from 9.35am until 14:20pm. The registered manager facilitated the inspection. Over the course of the inspection there was an opportunity to meet with two of the residents and with one staff member. A full tour of the home was undertaken. Two care plans were examined in detail. In addition records seen included; staff rotas, training, medication, menus, health and safety, quality assurance and

leisure activities.

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

Detailed information is obtained as part of the assessment process for new residents and this is then used to provide staff with key information about the abilities and needs of the residents.

Residents have access to a very varied programme of interesting and stimulating activities such as attendance at college courses, making full use of their local community and attending the home's day service activities.

The home is well maintained and is decorated to a good standard. Now that the residents have settled into their home they are to be involved in the purchasing of new furniture for both the lounge and dining room. Staff have also assisted residents in personalising their bedrooms.

There are good training opportunities available for staff to ensure that they can meet the needs of the residents accommodated. Staff stated that they feel well supported and advised that the manager is 'really good and you can go to her and don't need to wait for supervision'.

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

Not applicable as this is a new home.

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

Five requirements were made as a result of this inspection. They include the need to include information in the terms and conditions of residence of the room to be occupied and the fees for the service. Risk assessments from previous placements need reviewing to check that they are still appropriate for residents in their new home. In addition if there are any further perceived risks then detailed risk assessments should be put in place and reviewed regularly. Any changes made to prescribed medication must be recorded clearly on the administration chart. Where allegations are made about an individual the home must seek appropriate advice regarding how it should be investigated and any restrictions on an individual's rights should be agreed at a multi-disciplinary level.

In addition to the requirements made a number of good practice recommendations were also made. As the service is new and is putting together new procedures it is envisaged that these issues once addressed will no longer feature in future inspections.

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 set out 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 –03000 616161.



## 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.

Prospective residents receive information about the services on offer in a format that can be easily understood.

Evidence:

There is a detailed statement of purpose and service user guide in place. The manager advised that they intend to develop a 'multi-media' version of the guide. Each of the residents also has a copy of their terms and conditions of residence. It was noted that the room allocated and specific room fees charged per individual are not yet included in individual documents. Two of the three contracts seen have yet to be signed by the residents.

At the time of this inspection there were four residents although one of the residents was on a temporary placement and was about to move to alternative accommodation. Since the home opened there had been one resident discharged as the placement had broken down. Information concerning the breakdown of the placement had not been sent to the Commission.

Evidence:

Detailed information had been obtained about the residents in advance of their admission to the home. Transition plans were based on individual needs. One resident came as an emergency admission. Two had visited the home prior to admission and in relation to the fourth resident it had not been assessed as appropriate for them to visit prior to admission.

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

The quality of the support plans in place good in parts but the lack of up to date risk assessments could potentially place residents at risk.

Evidence:

In relation to one resident recently admitted to the home it was noted that very detailed information had been obtained prior to admission both from the previous placement and from the resident's family. Following admission to the home a draft care plan was put in place and the manager advised that a full care plan would be in place within eight weeks of admission. Whilst there was a wide range of risk assessments in place they had all been carried out at the previous placement and there were no new risk assessments. The manager advised that some had been written and had been sent to the administrator for typing.

In respect of the second resident case tracked there was detailed information provided in relation to their needs and how they were to be met. It was noted that there were

## Evidence:

two goal plans in place that had been written at their previous placement. The first goal was clear but the steps to be taken to achieve the goal were not clear and progress was not recorded regularly. The second goal was clear but it involved some restrictions on freedom and it was not clear if the resident had agreed to this or if it had been agreed at a multi-disciplinary meeting. The manager advised that the issue was not relevant at the current placement and the goal would be removed from the care plan.

The majority of the risk assessments had been written at the resident's previous placement and some were due for review. Alongside some of the risk assessments there were contracts in place. It was noted that some had been signed by the home and a visiting professional but not by the resident. There was also a risk assessment in place in relation to the use of scip that had been signed by a local nurse but not by the care manager. The manager advised that scip is not used in the home as not all the staff team have been trained in this area. She stated that this risk assessment would be removed from the care plan.

The daily handover is used to pass on information between shifts. In addition keyworkers write a monthly report on progress during the month and information from this is then used when planning reviews. There is no formal recording system in place for recording regular progress with goals.

There is a keypad lock on the front door to the home. This is stated in the service user guide and residents are advised of this prior to admission. It was noted that one resident is assessed as able to go out independently for short periods and they just tell staff that they want to go out. At the time of this inspection there was no policy in place in relation to the keypad.

Residents' meetings are held regularly and there was evidence that all residents are encouraged to share their views. Records showed that each of the residents had either suggested changes that they would like or asked for new food choices or new opportunities such as going to a club. There was no written evidence that any of the issues raised had been addressed.

The home's policy on confidentiality is attached to the service user guide. In addition there is a more detailed policy for staff in the home's policy and procedure manual.

## 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.

Residents are offered a good range of varied and stimulating activities to meet their individual needs.

Evidence:

Each of the residents has an individual programme of activities in place. A full time activity co-ordinator commenced in post at the end of December. A range of day services is run at the daycentre to the rear of the property. In addition two of the residents attend local colleges and all residents attend activities in their local community.

Activities in the community include swimming, gym, trampoline, basketball, pottery and music gym. Activities in the day centres include literacy and numeracy and a wide range of art and crafts.

## Evidence:

The manager advised that residents have been discussing where they would like to go on their annual holiday. Staff brought in a number of leaflets and brochures to assist residents in making a choice.

It was evident within care plans that residents are supported to maintain contact with their families. One resident now travels independently to visit their family.

It was reported that one resident chooses to attend church weekly. Residents are being encouraged to develop friendships with the residents from other services within the organisation and there are regular opportunities for them to meet socially. Some of the residents attend a gateway club on a regular basis. There is a pub night once a week. Residents have been to two pubs locally but want to try others also. The house has a people carrier that is used for transporting residents to and from activities in the community.

Each of the residents has a house day when they spend some time doing cleaning tasks around the home and helping with meal preparation. In addition they also do any personal shopping that they need including purchasing items (drinks and snacks) for their supper baskets.

There is a four-week menu in place, which is reviewed and updated regularly. A cooked breakfast is served once a week. There is a choice of main meal served one being a vegetarian option. All meals are audited in terms of calorie intake and it was reported that following a recent audit a number of changes had been made to the menu.

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

Residents are protected by the systems in place to manage their healthcare needs but closer monitoring of the recording of medication administered to residents would enhance this further.

Evidence:

The arrangements in place for the storage of medication were in order but it was noted that the home does not keep a record of the temperature that medication is stored.

In relation to the signing of medication administered it was noted that where there are two or more mar charts for an individual they are stored in the same plastic folder. In relation to one resident there were some medications that had been signed 'O'. It was reported that this equated to finished course. However as there were at least three medications that all finished on different days this was not recorded clearly in the MAR chart. It was noted on the second day of inspection that the medication had recommenced following advice from the GP. Another resident had had medication increased but it was not clear from the MAR chart when the dose had changed.

## Evidence:

There are clear procedures in place for dealing with medication that is provided when residents are away from the home. A monthly audit is carried out in relation to the management of the medication. A record is kept of all medication returned to the local pharmacy and this is signed both by the home and the pharmacy.

It was clear from the care plans that residents are supported to attend a wide range of healthcare appointments. Where necessary the home seeks specialist advice and support to meet individual needs. Individual weights are monitored regularly and records showed that weight is either maintained or reducing in line with the assessed needs of the residents.

The manager advised that she has yet to assess the wishes of residents in relation to dying and death. One of the resident's wishes was assessed at their previous placement.

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

There are procedures in place to ensure that anyone wishing to make a complaint can do so.

Evidence:

There is a detailed procedure in place in relation to complaints. There is also a simplified version in place, a copy of which is included in the service user guide. Records showed that there had been four complaints since the home opened. Each complaint was clearly recorded along with any action taken as a result. In relation to one complaint it was noted that the wording was inappropriate and could have been perceived to be punitive.

There was a report in one care plan advising that a resident had made an allegation against a staff member. This was not referred as an alert but the manager did investigate the allegation and there were two witnesses one of whom was independent to the home to say that the claim was unfounded. It was reported that the resident has a history of making allegations against staff and that staff are aware and it is rare that a single member of staff would be supporting them alone when there is an increase in their behaviour. There was a risk assessment in place that made reference to the resident making allegations but there was no reference to always having two staff members to provide support when there is an increase in their behaviour.

Evidence:

There is a detailed procedure in place in relation to the protection of vulnerable adults. The majority of the staff team have had training on the subject. A staff member spoken with was clear about what types of issues would need to be reported but was not fully aware of whom they should be reported to. They were however, aware of the recording procedure, which states to whom an alert would be sent and they were also clear that it would be their manager or her line manager who would make the alert.

## 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.

The home is well maintained and provides a good standard of accommodation for the residents.

Evidence:

The home is opened six months now and is generally decorated to a good standard. Accommodation consists of four bedrooms, three of which have ensuite facilities. There is a bathroom beside the fourth bedroom. Staff have supported residents where necessary to personalise their bedrooms and all rooms seen were homely. One of the residents had no headboard on their bed and it was not clear if they had been offered one.

Communal areas consist of a lounge and there is a separate dining room. Leading from the dining room there is a small conservatory, which has been designed as a smoking area although at the time of inspection none of the residents smoked. One resident does their own laundry with minimal supervision and the remaining residents are supported with this task. There is a lovely garden to the rear of the property.

As stated in the statement of purpose the kitchen is kept locked. Residents can use the kitchen facilities with staff supervision and on their house days they assist with meal

Evidence:

preparation. One resident makes their drink after lunch with supervision and all residents are supported to make their evening drinks.

It was reported that now that the residents have moved in and are settled work would be done to make the furniture in the communal areas more suited to their needs. New seating will be purchased for the lounge and instead of one large dining table there will be two smaller dining tables in the dining room. The manager advised that residents would have a say in the choice of furniture.

All areas of the home seen during the inspection were clean and there were no unpleasant odours. Six of the staff team have had training on infection control.

## 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.

Good training opportunities are provided to enable staff to meet the needs of the residents.

Evidence:

Minimum staffing levels consist of the manager and activity co-ordinator plus one senior and one support worker. The home is in the process of recruiting further staff with the aim of having two support workers on duty. Additional hours are currently being filled with staff working overtime and with staff from the other homes within the group helping out.

In relation to staff recruitment two staff files were seen. In one reference it was noted that the referee had scored the individual as 'fair' in a couple of areas. The manager stated that she phoned the referee to discuss these areas and felt that the issues were not applicable to this employment. However, there was no written evidence of this call. Eight of the staff have completed common induction standards.

All staff have received training in prader-willi syndrome, fire safety, health and safety and food hygiene. There were minor gaps in all other areas of training but there was evidence that training had been booked. In addition report writing has just been

Evidence:

introduced and distance learning on the subject of nutrition is also available to all staff. It was reported that two staff have completed NVQ (national vocational qualification) level two and two are studying for this qualification. In addition four staff have completed level three and one staff member is studying for this. One staff member has just commenced studying for a team leader NVQ. All staff receive supervision on a monthly to two monthly basis and a staff member spoken with stated that they are well supported.

## 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.

Good systems are being put in place to ensure that the home is well managed. The home's quality assurance system once implemented fully should enable the home to build upon the progress made to date.

Evidence:

The registered manager has been in post since the home opened. She has completed NVQ level 4 and the RMA (Registered Manager's Award).

Staff meetings are held monthly and records showed that a range of issues are discussed. A staff member stated that the staff meetings are very helpful. She went on to say that the manager is 'really good and you can go to her and don't need to wait for supervision'. The manager advised that she is about to start an annual development plan for the home. In relation to quality assurance there are a number of monthly audits that are carried out. Questionnaires will shortly be going out to residents, their relatives and any visiting professionals.

Evidence:

The home receives an unannounced visit each month from a member of the senior management team who then reports to the director on the running of the home. Reports from the previous four months were seen and record keeping was thorough and showed that a wide range of areas had been assessed. The views of the residents and the staff team had also been included.

The arrangements in place for the management of residents' finances were discussed and records were seen in relation to residents' case tracked. All records seen were in order.

All policies and procedures were updated in 2008. The home provided an AQAA (annual quality assurance assessment) in advance of the inspection and within the assessment there was evidence that the home is ensuring that all equipment is tested and serviced regularly.

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
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## 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
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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.

No.	Standard	Regulation	Requirement	Timescale for action
1	5	5	<p>The registered person must ensure that the room and fee charged be stated on each individuals terms and conditions of residence. In addition where appropriate residents must be encouraged to sign the documents.</p> <p>The terms of residence must be clearly stated.</p>	30/04/2009
2	7	13	<p>The registered person must ensure that the use of any restrictions on an individual are agreed at a multi-disciplinary level.</p> <p>Service users make decisions about their lives with support as needed.</p>	15/05/2009
3	9	13	<p>The registered person must ensure that where there is a perceived risk a detailed risk assessment must be drawn up and reviewed at regular intervals.</p>	30/04/2009

			Service users must be supported to take responsible risks as part of an independent lifestyle.	
4	20	13	<p>The registered person must ensure that all changes to the prescribed medication should be clearly documented on the MAR charts.</p> <p>Service users must be protected by the home's policies and procedures for dealing with medication.</p>	30/04/2009
5	23	13	<p>The registered person must ensure that any allegations made by a resident are reported to Social Services who will decide if they are to be investigated further.</p> <p>Service users must be protected from abuse.</p>	30/04/2009

## 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	6	The home should continue to work on identifying the steps to be taken by staff in assisting residents to achieve their identified goals.
2	8	In relation to residents' meetings, records should show how the issues raised by the residents have been addressed.
3	20	The home should record on a daily basis the temperature of the cupboard in which medication is stored.
4	34	All information gained as part of the recruitment procedure should be documented.

## Helpline:

**Telephone:** 03000 616161 or

**Textphone:** or

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

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

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