



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Millbeck House Care Home
Address:	Oakdale Road Arnold Nottingham NG5 8BX

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.

Lead inspector:	Date:
Mary O'Loughlin	1 7 1 1 2 0 0 8

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 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 Commission for Social Care Inspection aims to:

- Put the people who use social care first
- 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

Document Purpose	Inspection report
Author	CSCI
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
Copyright	Copyright © (2009) Commission for Social Care Inspection (CSCI). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CSCI copyright, with the title and date of publication of the document specified.
Internet address	www.csci.org.uk

Information about the care home

Name of care home:	Millbeck House Care Home
Address:	Oakdale Road Arnold Nottingham NG5 8BX
Telephone number:	01159569790
Fax number:	01159569791
Email address:	s.cockayne@abbeyfields.com
Provider web address:	

Name of registered provider(s):	Abbeyfield UK
Name of registered manager (if applicable)	
Mrs Sandra June Cockayne	
Type of registration:	care home
Number of places registered:	32

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	32

Additional conditions:

Date of last inspection								
-------------------------	--	--	--	--	--	--	--	--

Brief description of the care home

Millbeck House is located within the residential area of Arnold and is registered to provide personal care for the needs of 32 older people. The grounds are safe and accessible for residents; parking is available at the front of the building. There is ramped access for wheelchair users; a passenger lift and stair lift for back up use. The home has 32 single rooms four of which have en-suite facilities. The fees range from £380.90 to £395.56. The last inspection report is made available at the home.

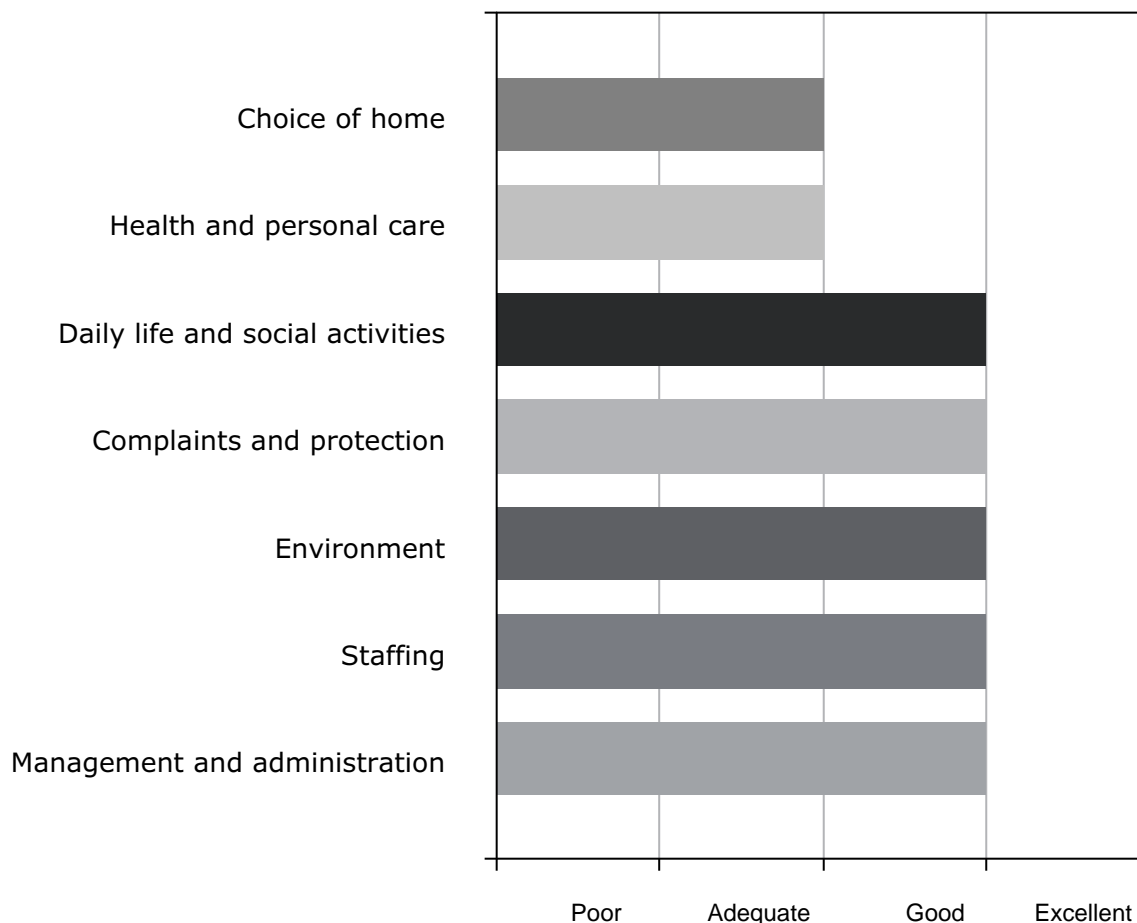
Summary

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:

The focus of inspections undertaken by the Commission for Social Care Inspection is upon outcomes for people who live at the home and their views on the service provided. This process considers the providers capacity to meet regulatory requirements, minimum standards of practice and focuses on aspects of service provision that need further development.

We have introduced a new way of working with owners and managers. We ask them to fill in a questionnaire about how well their service provides for the needs of the people who live there and how they can and intend to improve their service, this is called an AQAA (Annual quality assurance assessment). We received the AQAA back from the manager in good time, the form was well completed and it helped us to plan our visit

and to decide what areas to look at.

We also sent out surveys called, 'have your say', to people who live in the home, staff that work there and visitors. This meant we could get an idea of what people thought about the way the service was run.

We had 14 completed surveys back and we have included some of the comments, both positive and negative in this report. We have not included comments that could identify the writer as we want people to feel they can be open about the way they feel the service is run.

We also reviewed all of the information we have received about the service since we last visited and we considered this in planning the visit and deciding what areas to look at.

The main method of inspection we use is called 'case tracking', which involved us choosing three people who live at the service and looking at the quality of the care they receive by speaking to them, observation, reading their records and asking staff about their needs.

We spoke with two members of staff, four people who live in the home and two relatives to form an opinion about the quality of the service being provided to people living at the home. We read documents as part of this visit and medication was inspected to form an opinion about the health and safety of people who live at the service.

We observed people during lunch and in other communal areas to see how staff interacted with the people that live there.

What the care home does well:

People told us that they receive enough information about the home before they decide whether to move in.

There is a robust staff recruitment procedure in place and people living in the home told us that they feel that staff have the right skills to care for them. They say things such as "they respect all residents and have patience and caring attitudes", "They are like part of my family" and "nothing is too much trouble for them".

The home offers some activities and there are regular services held by the church to meet the religious needs of people.

People are supported to maintain contact with their friends and relatives and visitors are made to feel welcome in the home with one of them saying "My relative looks upon the staff as part of the family".

Mealtimes are a relaxed and pleasant affair in a comfortable and spacious dining room. People that live in the home enjoy the meals and they looked appetising and nutritious.

The home has a clear complaints procedure and the manager deals with concerns appropriately.

People we spoke to thought the home was well run and that the manager was approachable.

The environment of the home is well presented with a homely atmosphere and people told us that it is always clean and fresh.

Bedrooms are clean and they are very personalised and comfortable for people to live in.

What has improved since the last inspection?

They have improved the homes statement of purpose to include picture formats.

People receive a regular newsletter, which contains information about activities and events that are going to happen.

What they could do better:

The needs of people who wish to live at the service must be fully assessed before accommodation is offered to make sure their needs can be met and they must then be informed of the decision.

Care plans and risk assessments must be reviewed to meet the changing needs of the people living in the home and they could be improved to include information that would make the care plan more person centred.

Detailed risk assessments must be introduced to the care plan for pressure areas and nutritional screening and staff need to be trained in the care planning process.

The home could introduce audits to monitor the management of medication, care planning and infection control procedures.

Accidents that occur in the home must be documented fully so that accidents can be monitored effectively.

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.csci.org.uk. You can get printed copies from enquiries@csci.gsi.gov.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 **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People that are admitted to the home do not have their needs assessed prior to admission which means staff will not be able to plan for their individual needs or know how to care for them.

The home does not offer intermediate care

Evidence:

The statement of purpose and the homes policies state that assessments will be done prior to people being admitted to the home and the information we received within the homes Annual Quality Assurance Assessment (AQAA) told us that people are assessed before they are admitted to the home. However when we looked at 4 care files we saw that only 2 people had an assessment and these were not fully completed to provide a suitably comprehensive assessment of the needs of each person.

Evidence:

Four people we spoke to who used the service could not remember any assessment being carried out prior to admission.

All 7 relatives that responded to our Have your Say surveys said that people receive the support and care that they expected and agreed to.

6 people using the service said they receive the care and support they needed and 1 person said they usually do.

People told us that they had enough information before they move in.

The home has improved the statement of purpose to include picture formats.

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

People receiving services are happy with the way their care is delivered but the lack of up to date care planning, risk assessment and safe medication practice does not ensure they will receive the care they need

Evidence:

We reviewed three care plans as part of our inspection.

Some care plans did not contain evidence that the people living in the home were involved in the contents of their care plan and none of the people we spoke to knew anything about having a care plan. This means that people are not being supported to make their own decisions about how their care is delivered.

The care plans contained basic information but very little or no information on peoples choices, religion and beliefs, life history, sexual orientation and other person centred information. This means that people will not have their choices around these areas

Evidence:

respected and acted on.

There was evidence that people living in the home had plenty of opportunity to see external specialists with records from occupational therapists, district nurses and doctors.

Two visitors spoken with told us that they were very happy with the care given by staff. One said "They will do anything for you, nothing is too much trouble". Another said, "They respect all the people living at the home and have patient and caring attitudes".

We found that the management of risks to peoples health is not sufficiently robust, risk assessments around pressure sores and mobility in particular were very out of date and did not reflect the persons current health needs.

Plans do not show any evidence of people being weighed regularly and there were no risk assessments surrounding nutrition. This means people with issues around nutrition are not being monitored and so people may not receive the appropriate health care. Although some basic parts of the care plan are evaluated by care staff, this had not been carried out for some months and the evaluations had not prompted staff to make changes to the actual care plan which means the information in the care plan is not up to date.

We observed the staff giving out medication at lunchtime and could see that the procedures for administering medication were followed.

The storage arrangements for medicines was generally safe but some medicines were being stored within a locked room that had no ventilation and staff had not recorded the temperature of the storage area to ensure that medicines did not degrade.

Medicines that were hand written were not signed and witnessed to reduce error.

Liquid medicine had been opened but the date had not been put on the bottle and some ointments and creams kept in peoples bedrooms were also not dated when opened, which means the staff cannot evidence when the items were opened and if they are still within their shelf life.

People that self medicate have not all got a risk assessment in place in their care plan and so staff cannot monitor if they are taking their medication safely.

Staff were observed knocking on peoples doors before entering which means peoples

Evidence:

privacy and dignity are respected.

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 that live in the home are given the opportunity to participate in recreational activities but their individual interests are not recorded which means the home cannot evidence that preferences are represented in the activities.

Evidence:

We were given a newsletter, which described recent activities in the home. These newsletters are produced quarterly and given to people who live in the home. Recent activities included A coffee morning, a sound of music event, a cheese and wine evening with a violinist and a speaker from Zambia. The newsletter describes a speaker that comes to the home every other Friday which people were invited to, meetings which are open to visitors too and also gave an email address for people to keep in touch with their friends and relatives.

The newsletter also informs people about Church services which are held three times a month in the home.

Volunteers come to the home every Tuesday and Friday and do a variety of activities

Evidence:

including shopping, games and chatting to people.

One person living at the home said they thought the volunteers tried their best but they would like more trips out in the summer. Another said "They do some good activities but I miss a lot of them as I am not mobile enough to get down from my bedroom and staff are not always available to help me".

Care plans do not reflect peoples choice regarding interests, activities and recreation. There was also no evidence in care plans of how peoples religious or cultural wishes would be supported or met. This means that staff do not know about peoples individual needs and wishes and people living in the home are not fully involved in the planning of their daily activities.

We observed a number of visitors coming to the home and they were all greeted warmly. One visitor said that they were able to visit anytime and were made to feel welcome. They told us " It is like a big family here and my relative looks on the staff as part of the family".

We were told by the manager that if a visitor wanted to stay overnight due to a relative being ill then a bed settee would be made available in the small lounge.

We observed the staff serving lunch and this was a positive observation with staff interacting well with people living at the home and maintaining their choice. Lunch was a relaxed time with people chatting together and being given plenty of time to enjoy the meal.

The menu was displayed on a large board in the hall with a choice being given at each mealtime. The food served was presented very well and looked appetising and nutritious. Tables were set in an attractive manner and there were hot and cold drinks available.

We spoke with people who lived at the home about the food and one said "It is very good food, I enjoy my meals". All people spoken with about the food were very complimentary. One person told us that they would like to have more fresh fruit made available.

Care plans we saw did not reflect peoples choice and preference or cultural needs surrounding food and did not contain any nutritional assessment, which means staff do not have the necessary information to make sure peoples dietary needs are being managed.

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.

The home has a clear complaints procedure and concerns are dealt with appropriately by the manager although safeguarding procedures could be followed more effectively to ensure people are safe.

Evidence:

The home has a clear complaints procedure and two minor concerns have been made to the Manager in the last 12 months, which were dealt with and documented appropriately. We have not received any concerns or complaints about the home since the last inspection.

Regular meetings are held with people at the home and their relatives also being invited and we looked at the minutes of these meetings. The manager told us that feedback and any action taken as a result of these meetings was given at the next meeting.

All new staff and volunteers have a Criminal records check carried out before they start working there to make sure they are suitable to work with vulnerable adults.

Surveys that we received back from people who live in and visit the home said that they knew who to speak to if they had concerns and that the manager acts on concerns.

Evidence:

The AQAA told us that the staff are trained in safeguarding and have access to safeguarding and whistle blowing policies. It also told us that no safeguarding referrals had been made since the last inspection and the manager told us that the home works within the safeguarding adults local procedure guidelines.

There was evidence within the care plans of 2 people that they were exhibiting behaviors that may present a risk to themselves or others. We discussed this with the manager at the time of the inspection and advised that these issues should be referred and investigated through the safeguarding adults procedures. This will ensure people who live at the home are safe.

We spoke with two people who lived at the home and we were told "I feel safe here", and "I don't have anything to complain about but if I did I would speak to the manager and I am sure they would do something".

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.

Ongoing maintenance and housekeeping procedures provide people with clean, pleasant and homely surroundings in which to live.

Evidence:

We had a partial tour of the home and all areas we saw looked and smelled clean and fresh.

The home was warm and bright with a homely atmosphere. Communal areas were well presented and arranged to give a choice of seating and all areas seen were well maintained.

People told us in surveys and during our visit that the home was always clean and fresh.

Bedrooms were clean, personalised and tailored to meet individual needs and wishes. The bedrooms all had approved locks in place but two people we spoke to had not been offered a key to their bedroom.

Evidence:

Bedrooms contained specialist equipment where needed. This means people that live in the home have the right equipment to support their healthcare needs.

The home has infection control policies based on the department of healths infection control practice and we saw adequate supplies of protective clothing for staff to use.

The fire safety officer had made some requirements earlier this year and the manager had complied with these. This included individual fire risk assessments and personal evacuation plans for all people living in the home.

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.

The home has a good staff recruitment procedure, which means that people living at the home should be, as far as reasonably possible, protected from risk from the staff looking after them.

Evidence:

The home have an established staff team and a low staff turnover.

On the day of inspection there were sufficient numbers of care and kitchen staff on duty.

We examined 3 staff files and found that they operate a robust recruitment practice that ensures people are properly checked and safe to work with vulnerable people.

Training completed this year included Cultural awareness, Equalities and diversity, Dementia awareness, National Vocational Qualification (NVQ) level 2 and health and safety.

We were told that there is a member of staff trained to deliver moving and handling training to the rest of the staff. There was no evidence that this was being carried out annually.

Evidence:

The AQAA told us that Three quarters of the care staff have achieved the National Vocational Qualification NVQ level 2 in care or above and records showed that all new staff receive a comprehensive induction.

During the inspection staff were observed undertaking a variety of support tasks with a professional manner and we saw them respecting peoples choice and privacy.

People who live in and visit the home were very complimentary to staff with comments like "They are like part of the family" and "nothing is too much trouble for them".

Surveys we received back from people who live at the home said that staff are always or usually available when you need them.

They also said they felt staff had the right qualifications to look after them properly.

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.

The home is suitably managed but accidents are not properly recorded and scrutinised to inform the service provided and protect people from avoidable accidents.

Evidence:

The manager has worked in the home for many years and has developed a team of staff, some of who have also been at the home for a number of years.

The manager has gained the National Vocational Qualification (NVQ) assessor award to level three and is currently working toward their Registered Managers Award. Their practical experience and skills is based on continuous development gained through training and enthusiasm for the role.

Staff are supported to develop their skills through training although two members of staff we spoke to had not received recent infection control training.

Evidence:

The manager holds regular supervision sessions with staff to support and further develop them and we saw the records of these supervisions.

The Manager operates an on call system to ensure the home has managerial support at all times.

People we spoke to said they felt the home was well run and that the manager is approachable to discuss any issues.

Staff files observed evidenced that staff have undertaken training in some mandatory health and safety subjects.

Water management systems are in place to protect people that use the service from scalding and from water contamination.

The home has a consistent record of meeting health and safety requirements and legislation.

The manager has developed a fire risk assessment for all people living in the home and has put a personal evacuation plan in place.

The manager told us that an annual quality assurance survey is sent to people living in the home and any comments and action to be taken is passed to the manager and the results of the survey are also given to the people living at the home. This means that people can air their views and they are listened to and responded to.

Some accidents that occurred in the home had been documented in brief but no accident form had been completed which means that accidents cannot be monitored effectively.

The manager told us they do not manage peoples finances but some people who live in the home have their personal spending money kept by the manager for safekeeping. Policies are in place for this and the manager follows these policies which means peoples money is safe and there are records available for people to see.

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	3	14	<p>14 (1) (a) The home must complete a pre-admission assessment and following the assessment inform people whether they are able to meet their needs.</p> <p>This will make sure the home is sure it can meet the needs of that individual.</p>	22/01/2009
2	7	15	<p>15 (2) (b) Each person living in the home must have their care plan reviewed at least monthly and when needs may have changed.</p> <p>This is so the changing needs of the person living in the home can be documented and care can be given according to their current needs</p>	23/02/2009
3	8	13	<p>13 (4) (c) Care plans must include detailed risk assessments surrounding pressure areas and nutrition.</p>	22/01/2009

			This is so the risk in these areas are minimised to protect people.	
4	9	13	There must be a suitable risk assessment in place for people who are self medicating. To make sure any risks are identified and measures put in place to protect them from harm.	30/01/2009
5	38	17	17 (3) (j) Accident forms must be filled in by staff for all accidents or injuries. This will mean that enough information is gathered and trends in accidents can be seen to inform the service and reduce accidents.	22/01/2009

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	3	Once a person has been admitted to the home all assessments done prior to admission should be used to form part of the plan of care and should be kept with the care plan.
2	7	Staff that will be involved in the care planning process should receive training to make sure they understand how to record information and how to review the care plan.
3	7	The manager should put into place a system so that care plans can be audited to make sure they are being reviewed in a timely manner and contain current information about people living there.
4	7	The care plans should be enhanced to include information on choice, religion and beliefs, life history, sexual orientation and other person centred information

5	8	People that live in the home should be weighed regularly and those weights should form part of a nutritional screening process which will ensure peoples nutritional needs are being met.
6	9	When liquid medicine, ointments and creams have been opened the date of opening should be written on them.
7	9	Sign and witness all hand written medicines on the medicine record sheets.
8	9	There must be evidence that the temperature of the area where medication is stored is being checked every day.
9	12	Care plans should reflect peoples choice and preference regarding interests, activities and recreation.
10	15	Peoples religious, cultural needs and likes and dislikes surrounding dietary needs should be recorded in the care plan and used to assist catering staff in menu planning.
11	18	The manager needs to look more closely at local safeguarding procedures regarding making referrals, particularly in relation to incidents between people who live in the home.
12	24	People living in the home should be offered a key to their bedroom or if the assessed needs of people deem this to be a risk then a record should be kept in the persons care plan.
13	30	Staff training on moving and handling should be recorded within their training file.
14	38	The Manager should introduce a system to audit Infection control and this will show how well the home manages the risk of infection.

Helpline:

Telephone: 0845 015 0120 or 0191 233 3323

Textphone: 0845 015 2255 or 0191 233 3588

Email: enquiries@csci.gsi.gov.uk

Web: www.csci.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.

Copyright © (2009) Commission for Social Care Inspection (CSCI). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CSCI copyright, with the title and date of publication of the document specified.