



**Making Social Care  
Better for People**

# inspection report

**CARE HOME ADULTS 18-65**

**Cypress Lodge**

**Station Road  
Potter Heigham  
Norfolk  
NR29 5HX**

*Lead Inspector*  
Mrs Judith Last

*Unannounced Inspection*  
26th November 2007      12:40

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

<b>Reader Information</b>	
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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Adults 18-65*. They can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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# SERVICE INFORMATION

<b>Name of service</b>	Cypress Lodge
<b>Address</b>	Station Road Potter Heigham Norfolk NR29 5HX
<b>Telephone number</b>	01263 722469
<b>Fax number</b>	
<b>Email address</b>	janithhomes01@aol.com
<b>Provider Web address</b>	www.janithhomes.org
<b>Name of registered provider(s)/company (if applicable)</b>	Janith Homes Limited
<b>Name of registered manager (if applicable)</b>	Mrs Jane Alison Pearse
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	6
<b>Category(ies) of registration, with number of places</b>	Learning disability (6)

# **SERVICE INFORMATION**

## **Conditions of registration:**

**Date of last inspection**                      6th November 2006

## **Brief Description of the Service:**

Cypress Lodge is an attractive and spacious home standing near to the centre of the village of Potter Heigham. It currently offers care to five service users with a learning disability and is registered for six. There is a good range of communal space and attractive gardens. All bedrooms are en-suite.

The service is owned by Janith Homes, an established provider, which has four other homes in the area. Inspection reports are available but would need to be explained to residents. The company's website ([www.janithhomes.org](http://www.janithhomes.org)) says that inspection reports are available on request. Residents' relatives say that they know how to access inspection reports.

Fees for the service range from £780 to £1600 per week according to need. There are additional charges for transport to requested activities, (but not for health care appointments), hairdressing, dry cleaning, outings and holidays and personal spending.

# **SUMMARY**

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

We did not tell anyone at the home that we were coming. We spent almost five hours at the home. We got information from the manager, from listening to and looking at what was going on and from talking to people living at the home. We also had written comments from all of the people living there and from three relatives.

We took some other information from the form the manager filled in to send to us and from records that are being kept at the home.

Care homes are judged against outcome groups which look at how well the service meets the needs of people living in it. We have rules that tell us how to do this.

Overall, people living at the home are having a good service at the moment.

## **What the service does well:**

People have lots of opportunities to participate in the way their home is run. They are able to keep their rooms the way they want to.

They are also encouraged to talk together about their views and problems. Staff also use these chats to explain things that people might be interested in or curious about. People know their views will be listened to.

Everyone says they like living at the home and that the staff treat them well.

The service is good at supporting people with their friendships and relationships, helping them to keep in contact and make visits.

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

The manager and staff have worked hard to look at people's care plans with them and make sure these are up to date.

Staff have had some formal supervision, but there is more work needed on this.

There are more staff who are working towards qualifications to help them work effectively with people and to understand more about their needs.

The home is now having regular visits from one of the directors, to look at how well it is doing.

Some parts of the home have been decorated and there is a new cooker, which is safer than the old one. There has also been some work in the garden - like getting a barbecue and a greenhouse.

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

There are only two things the manager needs to do by law.

The manager needs to keep all of the records about staff that the law says she must have. This is to show more evidence that staff have been checked properly so that they are suitable to work with people who might be vulnerable.

Staff need to have formal supervision with the manager more often. This is so she can properly monitor their work, training needs and other important things that will help make sure they support people properly and consistently.

There are some other things that could happen to make things even better and the manager can tell you about these.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk) or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

# **DETAILS OF INSPECTOR FINDINGS**

## **CONTENTS**

Choice of Home (Standards 1-5)

Individual Needs and Choices (Standards 6-10)

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Environment (Standards 24-30)

Staffing (Standards 31-36)

Conduct and Management of the Home (Standards 37 – 43)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

# Choice of Home

## The intended outcomes for Standards 1 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

## The Commission consider Standard 2 the key standard to be inspected.

### JUDGEMENT – we looked at outcomes for the following standard(s):

#### 1 and 2

People who use the 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 would have access to the information they need, (except by the website), so they or their representatives could make an informed choice about moving to the home. People could be confident their needs would be assessed before they moved in.

#### EVIDENCE:

The service users' guide available in the home has been revised and includes the fees for the service and what these cover. Current fees are from £780 to £1600 per week according to need. The Internet site also shows these charges. Terms and conditions need to be individually drawn up and consistent with this. **See recommendation.**

There are additional charges – these include mileage and a charge for staff for outings, (but not health related appointments or planned day care). This is shared between people participating. If everyone goes then the staff contribution is not paid.

The manager says that people have the guide in their rooms. People living at the home could have this explained to them.

There is an assessment process and format available. The person most recently admitted came from another home run by the company and so there was a lot of information available about their needs and difficulties.

# Individual Needs and Choices

## The intended outcomes for Standards 6 – 10 are:

6. Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
7. Service users make decisions about their lives with assistance as needed.
8. Service users are consulted on, and participate in, all aspects of life in the home.
9. Service users are supported to take risks as part of an independent lifestyle.
10. Service users know that information about them is handled appropriately, and that their confidences are kept.

## The Commission considers Standards 6, 7 and 9 the key standards to be inspected.

### JUDGEMENT – we looked at outcomes for the following standard(s):

#### 6, 7 and 9

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

Individuals are supported to plan the care and support they need helping to ensure they are involved in decisions about their lives. This could be increased further if the manager's suggestions for improvement are implemented.

#### EVIDENCE:

We looked at care plans for three people. These set out their abilities and needs, and also their goals. There is a separate sheet that is used to review them, (in house every six months), and any progress. Two relatives say the service always meets the needs of the person. One says this happens usually.

Two people told us they know who their keyworkers are and one showed us on the duty roster when the person was next on duty. People told us they were able to make decisions, in their comment cards. We heard that staff asked questions and encouraged people to say what they wanted, including discussions of purchases or of activities. The manager plans to provide for more regular and structured meetings between people and their keyworkers. Staff could then increase the involvement of people in the process of making

decisions about their care, and would have a forum for explanation to ensure people understand their plans. This would be a welcome development.

Risk assessments reflect people's financial vulnerability. Saving for holidays or other large items is discussed with people. During our visit one person attended an appointment at the bank with staff support to discuss investment. The manager reports that another person has been supported with a savings scheme following such a financial consultation. This is good practice.

There are risk assessments, which set down when it might not be safe for people to carry out a particular activity and what support is needed to ensure the activity is safe. People have signed their agreement for these. This includes the option for people to go out together if they wish and so to support one another with minimising identified risks.

# Lifestyle

## The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users' rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

## The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.

### JUDGEMENT – we looked at outcomes for the following standard(s):

#### 12, 13, 15, 16 and 17

People who use the 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 have a fulfilling lifestyle and are able to pursue their interests. Increasing flexibility of the daytime routine to allow for more exploration of local community resources would help contribute to even higher standards.

#### EVIDENCE:

We saw that people were encouraged to join in a range of domestic activities. This helps to promote people's independent living skills.

Staff keep records of any issues discussed with people living at the home. We were told these discussions normally take place in a family type atmosphere around the dining table. These include issues about behaviour and good manners, as well as issues in the news or planned activities. We also saw that more complex issues like birth were discussed, (in relation to a dog which had puppies recently), and how trees grow from seed. These records would be further enhanced if there were some indication of who participated and who was particularly active in the discussions. They could also usefully be signed

or initialled by staff to show who was accountable for their completion. **A recommendation has been made.**

People told us they have lots of things to do. All of them attend the Art Barn operating on the site of a larger home in the group and there is evidence around the house of people's work. One person showed us pottery and fabric design items, and another showed us photos of something they had made for a relative. They were clearly proud of their work. Records show that people also have the opportunity on occasion to join college groups.

Records show opportunities people have to access local community facilities, including the shops and functions at the village hall. People told us about these. The home has a vehicle to help transport people to activities where this is needed.

The manager would like to increase opportunities for people to develop a more flexible programme that meets their interests and provides new experiences. At present, all of the people living at the home have the same "day off" from their daytime programme. This means that opportunities to explore and develop local connections as well as doing one to one work with keyworkers etc are not as flexible as they could be. **A recommendation has been made.**

We saw that people were supported to keep contact with their families. One person had a parcel to send for Christmas. People went out while we were there to buy cards and presents for special friends. The service has a history of supporting people with their personal relationships.

There was evidence in records and confirmed by two people we spoke to, that they are able to send e-mails to family members who live away. One relative finds this easier because the person has difficulty with verbal communication on the telephone. One person came back from a visit to family while we were there and had been collected by car.

There are no pets belonging to individual residents, although two small dogs belonging to a staff member were present when we visited. All of the people living at the home clearly enjoyed their presence, calling and stroking them, without having responsibility for their welfare. There are fish in the pond in the back garden which people can help to look after.

We saw that people were encouraged to help prepare meals and could make drinks freely, including offering to do this for others. The menu is written up by one person after discussion, and was stuck on the front of the fridge so people could see it. The manager says that there are often changes if people fancy something different. People told us in their comment cards that the food was good.

Records for two people living at the home show attention to diet, one to help prevent weight loss, and one to help encourage this. One person showed us the scales and confirmed that they were weighed regularly.

People take their meals in the dining area of the kitchen. There is an alternative more formal dining room, but this tends to be used for activities and meetings. People were heard chatting round the kitchen table both having drinks and lunch and there did not seem any rush to complete this.

## **Personal and Healthcare Support**

### **The intended outcomes for Standards 18 - 21 are:**

- 18.** Service users receive personal support in the way they prefer and require.
- 19.** Service users' physical and emotional health needs are met.
- 20.** Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
- 21.** The ageing, illness and death of a service user are handled with respect and as the individual would wish.

### **The Commission considers Standards 18, 19, and 20 the key standards to be inspected.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

#### **18, 19 and 20**

People who use the 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's personal and health care needs are met in the way they need and prefer.

#### **EVIDENCE:**

People are largely independent in the majority of their personal care and can carry things out themselves. There are assessments reflecting where someone might have difficulties and the prompts, encouragement or praise that will help maintain standards, as well as a reminder to staff to check toiletry supplies as the person may not ask when these run out.

Health checks are recorded including outcomes of appointments to the dentist or optician and chiropody appointments. One person was supported with an appointment with the consultant while we were visiting. Records show referrals to other specialists as considered necessary, including for support with understanding and managing challenging behaviour.

Records of administration were complete. There was clear guidance about the use of medicines for occasional use (PRN medication). Medicines like this are taken to day services and sometimes may be administered there for

behaviour. Where this happens it is shown on the medication administration record, but is not set out in daily notes. **A recommendation has been made.**

One of the pharmacy-supplied blister packs has a nighttime medicine in the daytime slot. This is for one week only and an error on the part of the pharmacist. The manager undertook to rectify this so that errors were less likely to be made.

There is no description of what individual tablets look like in order to cross check such errors, (or for example if one tablet were to be missing it would not be clear which one of the prescribed medicines it was). **A recommendation has been made.**

The manager told us one person was considered capable of administering their own medication, but had made the choice not to do so. This decision is recorded.

## Concerns, Complaints and Protection

**The intended outcomes for Standards 22 – 23 are:**

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

**The Commission considers Standards 22, and 23 the key standards to be inspected.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

### **22 and 23**

People who use the 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's concerns would be taken seriously and there are measures in place to help protect them from abuse.

### **EVIDENCE:**

People told us in their comment cards that they knew who to speak to if they had concerns. People we spoke to confirmed this. They said that they had no complaints and were very happy at the home. The discussion opportunities recorded from the informal dinnertime chats allow for people to raise issues that might develop into concerns.

Relatives say that they know how to complain, but have no concerns.

Staff have training booked to increase their awareness of issues around protection of vulnerable adults. This will be completed by the end of the year for people who do not have it, according to the manager.

The manager has put measures in place to ensure that service users are requested to sign when they withdraw money or use cards. This is to prevent staff having access to personal numbers to support people who can't remember – and avoids the need for change should the staff group change.

We checked personal monies. Personal expenditure sheets match with receipts and balances and the two we checked were accurate. Residents sign to indicate that they have been given the money and we saw this happen.

# Environment

## The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

## The Commission considers Standards 24, and 30 the key standards to be inspected.

### JUDGEMENT – we looked at outcomes for the following standard(s):

#### 24 and 30

People who use the 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 benefit from and can enjoy a homely and safe environment that is clean and hygienic.

#### EVIDENCE:

We looked at communal areas of the home. These were all comfortable and furnished in a homely manner. There have been improvements including the provision of a new cooker in the kitchen and an emergency call system from the shared room at the rear for use at night when doors to the home are secured.

Lounge furniture is sufficient to seat the people living at the home and staff should they all wish to use it at the same time. However, it is low and one of the sofas we tried was "saggy" and so not easy to get out of. This may present difficulties for one person, (who has had two hip replacements), and in the long term as people living at the home gradually age. The manager states in the annual quality assurance assessment sent to us that there are plans to replace this so no requirement is made on this occasion.

People were able to access communal areas and their own rooms freely during the course of our visit.

Areas of the home we saw were clean and there were no unpleasant odours. We have had information in the provider's monitoring reports that this situation has improved with prompting from staff. Two staff have had training in infection control.

# Staffing

## The intended outcomes for Standards 31 – 36 are:

31. Service users benefit from clarity of staff roles and responsibilities.
32. Service users are supported by competent and qualified staff.
33. Service users are supported by an effective staff team.
34. Service users are supported and protected by the home's recruitment policy and practices.
35. Service users' individual and joint needs are met by appropriately trained staff.
36. Service users benefit from well supported and supervised staff.

## The Commission considers Standards 32, 34 and 35 the key standards to be inspected.

### JUDGEMENT – we looked at outcomes for the following standard(s):

#### 32, 34, 35 and 36

People who use the 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 have good relationships with the staff who support them. The competence of staff is being enhanced by current training towards qualifications. The manager needs to keep the records the law requires about staff she has recruited and she needs to further improve the supervision provided to staff, which will help improve the support service users receive.

#### EVIDENCE:

We did listen to interactions between staff members and the manager and between staff and people living at the home. These led us to conclude that people were comfortable chatting to the staff.

Half of the staff do not yet have National Vocational Qualifications at the level set down in standards, although staff, with the exception of one new person, are currently working towards these, so no requirement is made.

The manager indicates that there have been some difficulties of identifying when training was due for renewal and what was needed. She says that she has taken action to address this and that the relevant courses have been

booked for completion by the end of this year, (including fire training, protecting vulnerable adults, food hygiene and first aid).

We looked at information to do with recruitment for the person most recently taken on. The manager gave us an account of the process, which showed that full employment histories were obtained, and gaps explored. There are efforts to involve service users from the organisation. This is good practice.

However, the statutory staffing records available for inspection did not include proof of identity or a recent photograph although they did contain evidence of other checks being made to show people were suitable for the work. **A requirement has been made** to ensure these records are complete in future.

The manager has struggled to supervise people with the agenda and frequency set out in standards. We made a recommendation about this at our last but one inspection, and a requirement when we last visited, for this to be happening by January 2007. The records produced to us for two people show a satisfactory agenda, but no supervision recorded until March, then July and September. This means that although some progress has been made the requirement cannot be wholly concluded as met due to the slippage. **See outstanding requirement.**

# Conduct and Management of the Home

**The intended outcomes for Standards 37 – 43 are:**

- 37.** Service users benefit from a well run home.
- 38.** Service users benefit from the ethos, leadership and management approach of the home.
- 39.** Service users are confident their views underpin all self-monitoring, review and development by the home.
- 40.** Service users' rights and best interests are safeguarded by the home's policies and procedures.
- 41.** Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- 42.** The health, safety and welfare of service users are promoted and protected.
- 43.** Service users benefit from competent and accountable management of the service.

**The Commission considers Standards 37, 39, and 42 the key standards to be inspected.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

## **37, 39 and 42**

People who use the 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 manager is working towards the necessary qualification and shows commitment and enthusiasm for continuing to improve the service. People's views are taken into account in the way the service is run and their health, safety and welfare are promoted.

## **EVIDENCE:**

The manager continues to work towards her Registered Managers Award so she will reach the minimum standards as set down. She participates in periodic training, along with other staff, and has completed the company's management development programme, (certificate seen). She is registered with the Commission having shown she is "fit" to be in charge of the home and understands what she needs to do.

The most recent survey of service users took place in March this year and the manager is awaiting some analysis as the process is managed by the organisation's main office. The manager was not aware of whether a staff survey had taken place and surveys are also triggered from the main office.

There are regular monitoring visits on behalf of the registered provider with reports supplied showing the findings of the visit. People living at the home are regularly asked for their views - and issues are discussed in an informal manner. These discussions and their suggestions are recorded.

We checked a sample of records relating to health and safety. The cooker was replaced in response to a poor test result. The new one has been installed and certified as safe in use.

The home has been subject to a recent environmental health visit with correspondence about what needed to happen dated September this year. The manager has been left some information about safe food practices and needs to complete and review this ready for the follow up visit, which she says will be in December.

Generic risk assessments have been reviewed, as has the fire risk assessment, (reviewed in May this year). There is guidance about the use of cleaning materials and whether any protective equipment is to be used.

The fire testing and servicing of fire detection equipment is recorded and shows that these function properly. People living at the home are involved in fire drills and evacuation of the home.

The manager says she has booked updates for first aid training and is aware of the need to monitor staff training and make sure updates for time limited training are booked promptly.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

<b>CHOICE OF HOME</b>	
<i>Standard No</i>	<i>Score</i>
<b>1</b>	3
<b>2</b>	3
<b>3</b>	X
<b>4</b>	X
<b>5</b>	X

<b>INDIVIDUAL NEEDS AND CHOICES</b>	
<i>Standard No</i>	<i>Score</i>
<b>6</b>	3
<b>7</b>	3
<b>8</b>	X
<b>9</b>	3
<b>10</b>	X

<b>LIFESTYLES</b>	
<i>Standard No</i>	<i>Score</i>
<b>11</b>	X
<b>12</b>	3
<b>13</b>	3
<b>14</b>	X
<b>15</b>	3
<b>16</b>	3
<b>17</b>	3

<b>PERSONAL AND HEALTHCARE SUPPORT</b>	
<i>Standard No</i>	<i>Score</i>
<b>18</b>	3
<b>19</b>	3
<b>20</b>	3
<b>21</b>	X

<b>CONCERNS AND COMPLAINTS</b>	
<i>Standard No</i>	<i>Score</i>
<b>22</b>	3
<b>23</b>	3

<b>ENVIRONMENT</b>	
<i>Standard No</i>	<i>Score</i>
<b>24</b>	3
<b>25</b>	X
<b>26</b>	X
<b>27</b>	X
<b>28</b>	X
<b>29</b>	X
<b>30</b>	3

<b>STAFFING</b>	
<i>Standard No</i>	<i>Score</i>
<b>31</b>	X
<b>32</b>	2
<b>33</b>	X
<b>34</b>	2
<b>35</b>	3
<b>36</b>	2

<b>CONDUCT AND MANAGEMENT OF THE HOME</b>	
<i>Standard No</i>	<i>Score</i>
<b>37</b>	2
<b>38</b>	X
<b>39</b>	3
<b>40</b>	X
<b>41</b>	X
<b>42</b>	3
<b>43</b>	X

Are there any outstanding requirements from the last inspection? YES

**STATUTORY REQUIREMENTS**

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1.	YA34	19, Sch 2	All the records the law requires about staff must be kept. This is so there is evidence all the proper checks have been completed to protect people.	28/02/08
2.	YA36	18.2a	<p><b>Outstanding requirement.</b> Staff must have adequate supervision. For the purposes of this regulation, it needs to be with the agenda and frequency set out in national minimum standards.</p> <p>This is so the manager can formalise arrangements for monitoring practice, understanding of role, training needs etc and make sure staff understand how to meet people’s needs appropriately.</p> <p>Previous timescale of 31/01/07 not met.</p>	28/02/08

## RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	YA1	Terms and conditions for each person (although they are not directly responsible for paying fees) should set out the individual fees for each person if they are to constitute a proper contract.
2.	YA13	Opportunities for more flexible day care routines should be looked at, to reflect increased opportunities for people and allow for more keyworker or 1:1 activities in the local community (such as use of the library or clubs and classes people might be interested in).
3.	YA16	Records of discussions could be signed by staff completing them and could show who has actively participated. This would help to show that everyone is included in the discussions and mean that if any issues arose they could be referred back to the staff member for clarification.
4.	YA20	Where PRN medication has been given when the person is outside the home, information should be recorded in daily notes. This means that the effectiveness of the medicine in achieving the desired results can be more effectively monitored once the person has arrived home.
5.	YA20	Descriptions of individual medicines should be included in medication records. This is so that staff can be clear about which tablets are present in the blisters and be sure that they minimise possible risks to people living at the home.

## **Commission for Social Care Inspection**

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