



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for adults (18-65 years)

Name:	St Brannocks
Address:	7 Cromer Road Mundesley Norwich Norfolk NR11 8BE

The quality rating for this care home is:

two star good 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:
Judith Last	1 6 1 0 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

<p>Outcome area (for example: Choice of home)</p> <p>These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:</p> <p>This box tells you the outcomes that we will always inspect against when we do a key inspection.</p> <p>This box tells you any additional outcomes that we may inspect against when we do a key inspection.</p> <p>This is what people staying in this care home experience:</p> <p>Judgement:</p> <p>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.</p> <p>Evidence:</p> <p>This box describes the information we used to come to our judgement</p>

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) 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 © (2008) 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:	St Brannocks
Address:	7 Cromer Road Mundesley Norwich Norfolk NR11 8BE
Telephone number:	01263722469
Fax number:	01692650330
Email address:	janithhomes.com@btinternet.com
Provider web address:	

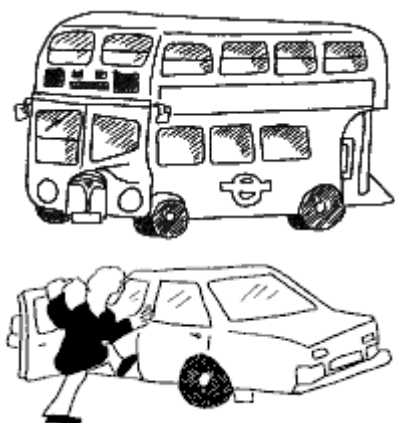
Name of registered provider(s):	Janith Homes Limited
Name of registered manager (if applicable)	
Sandra Rogers	
Type of registration:	care home
Number of places registered:	8

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	8	0
Additional conditions:		
Date of last inspection		

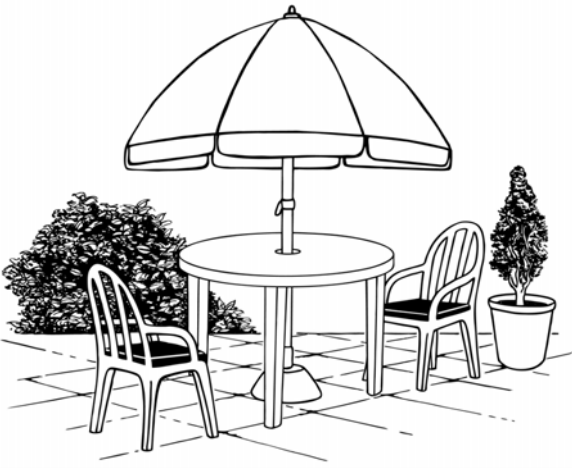


A bit about the care home

St Brannocks is a care home provides care and accommodation to 8 people. It is operated by Janith Homes Ltd and people living at the home attend day services at the company's main home, The Rookery, and Barrington Farm.



St Brannocks is near local shops, cafes and the beach. There are buses to the city of Norwich. The home has its own transport.



There are enclosed rear gardens with a patio, lawns, flowerbeds, greenhouse and vegetable garden.



Our reports are kept in the home, but would need to be explained to most residents. The "easy read summary" from our last visit is there for people to look at.



There is information about how much it costs to live at the home, in the guide for people who live there. There are extra charges for some things.

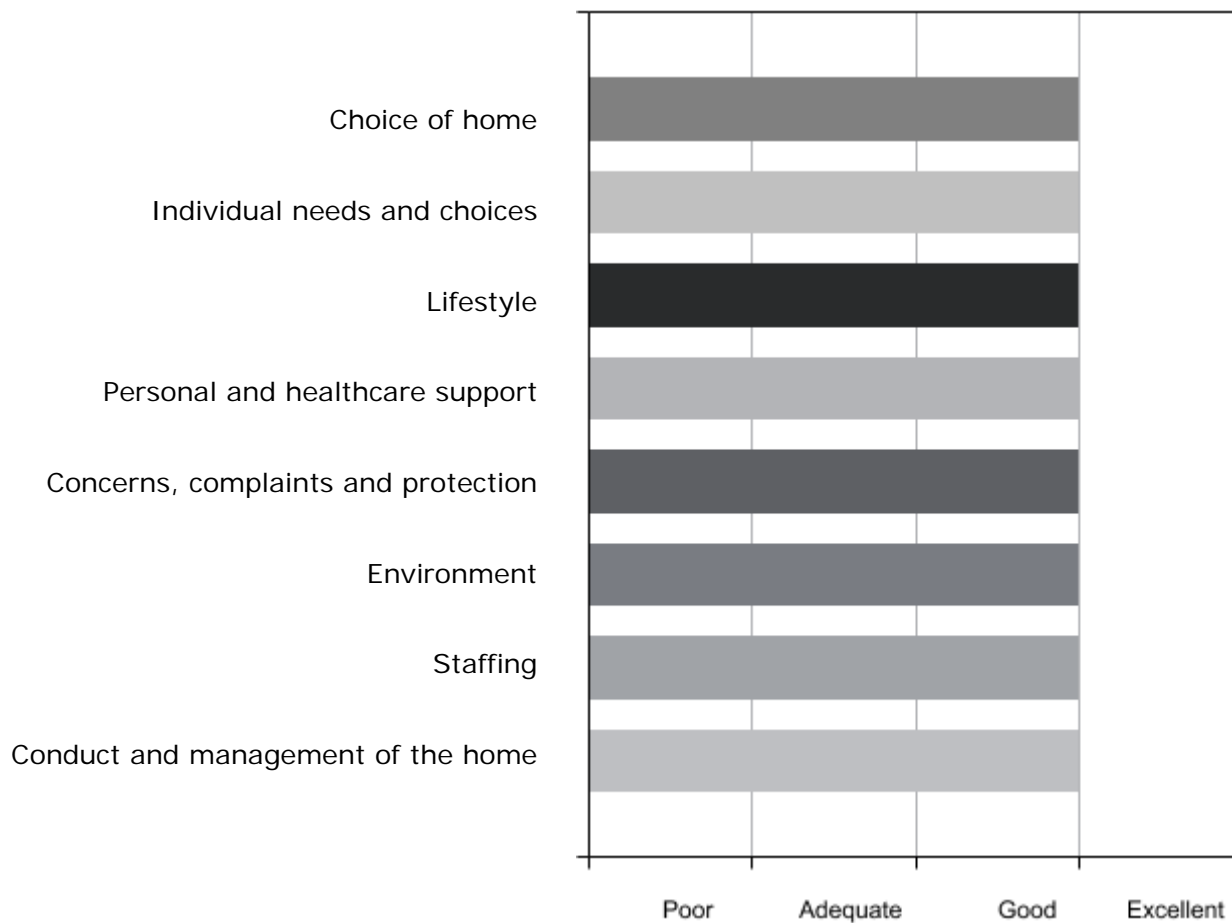
Summary

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

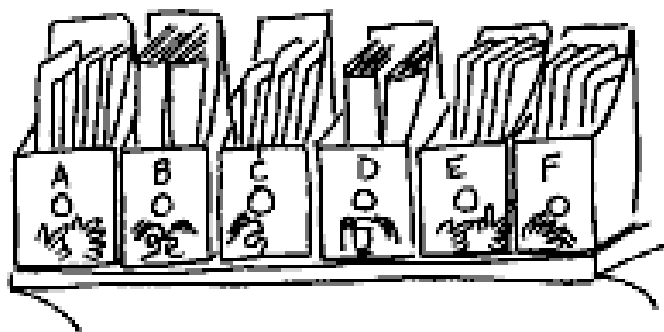
The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:



This is what the inspector did when they were at the care home

We looked at all the information we have about the home and the things the manager had sent us.



We sent surveys to some of the people who live at the home and some of their representatives as well as staff. We had two surveys completed by staff, four by people living at the home and four by relatives.



We used something called “case tracking”. This means we look at what records say about people’s needs and then find out from looking at what is going on and talking to people, how well they are supported.

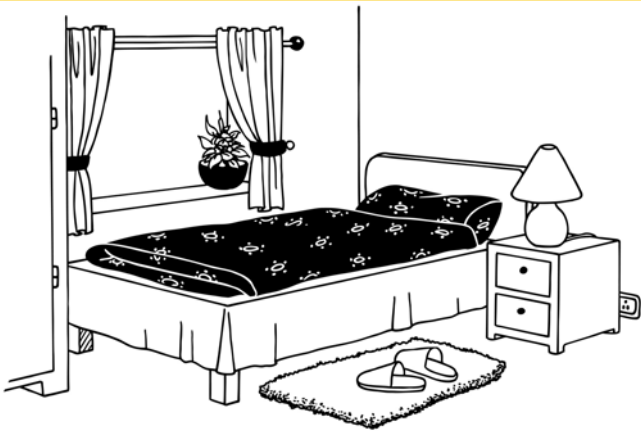


We looked at and listened to what was going on while we were there. We spoke to five people living in the home, a staff member and the manager. We were there for just over 5 hours.

We used all of this and the rules we have, to see how well people were being supported.



What the care home does well



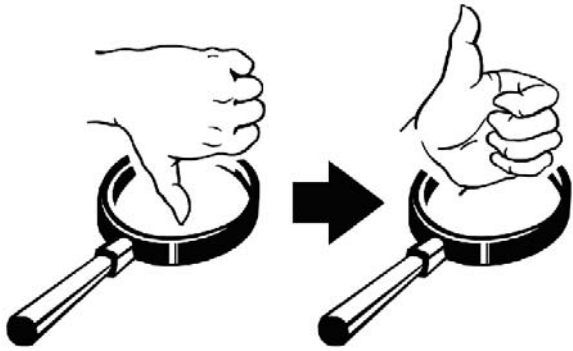
People can keep their rooms how they would like them and have a say in how their home is decorated. They can have keys for their rooms and so can keep things private if they want to. They play a part in the day to day running of their home and helping to keep it clean and tidy.



People have lots of opportunities to say what they think about their home and to make suggestions about it and what they would like to see done differently.



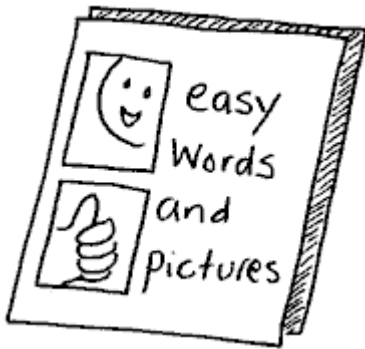
People have lots of different things to do. Some of these are provided by their day services (also owned by the company), and other things are organised by the staff team or suggested by the people at the home.



What has got better from the last inspection



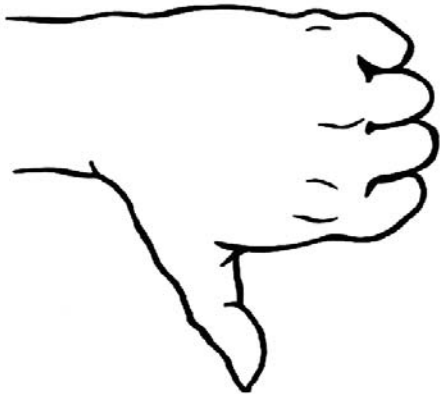
The staff have been working hard to help involve people in planning their care, setting out the things that are important to them and the things they would like to achieve.



They are using objects, pictures and symbols to try and help people understand the information.



There has been some more decorating in some of the bedrooms and the kitchen.



What the care home could do better



There are two things to do with the way medicines that need to be better. Staff need to remember to sign for all the medicines they have given when people have taken them.



The manager should also think about how medicines that come in separate boxes or bottles are recorded, so that she can make checks to see that they have been given properly.



The cupboard that medicine is kept in would not be suitable to store tablets that need extra precautions to keep them safely. The owners should think about changing this in case anyone needs such medicines in future.



If you want to read the full report of our inspection please ask the person in charge of the care home

If you want to speak to the inspector please contact

Judith Last
33
Greycoat Street
London
SW1P 2QF

02079792000

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 - 5)

Individual needs and choices (standards 6-10)

Lifestyle (standards 11 - 17)

Personal and healthcare support (standards 18 - 21)

Concerns, complaints and protection (standards 22 - 23)

Environment (standards 24 - 30)

Staffing (standards 31 - 36)

Conduct and management of the home (standards 37 - 43)

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, 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. People who might use the service (and their representatives) would have access to the information they need to make a choice about whether the home is suitable to meet their needs.

Evidence:

Everyone has a copy of the information about the home on their files. The manager says this information was explained to them when it was last reviewed, earlier this year. There are still plans to develop the information in other formats to make it more accessible to people. The manager recognises in information she sent to us, that this could be better presented for prospective residents.

One of the people already at the home wrote to us that "it's the best home I've ever been in." Another says it "is better than any others I've lived in before". Two others say they like their home.

There are no vacancies at present. However, records for people already living at the home show that a range of information is collected about their needs. The manager is aware of the importance of this and also making sure that anyone thinking about

Evidence:

moving in would be compatible with others already there - if a vacancy arose.

Individual needs and choices

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

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

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

This is what people staying in this care home experience:

Judgement:

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

People are involved in decisions about their daily lives and personal goals. They play an active role in planning the support they need.

Evidence:

Changes in records show that staff and the manager have been working hard to make the care plans for people more relevant to each person, and easier for them to understand. This has included using photographs, pictures like we use in our easy read summaries, and objects. People have set out for example, their likes, dislikes, strengths, what makes things difficult, and what their personal goals are. One person told us "I work on it with my keyworker". Two people we spoke to had chosen to keep the folder themselves in their rooms. The changes show that people are more involved in making decisions about their care and what they want to do. The manager recognises that there is more work to do to ensure this information is fully developed for everyone.

There are risk assessments for activities people take part in. One person told us about wearing a reflective jacket when they use their bicycle. Another told us "I have

Evidence:

someone with me when I'm in the bath to make sure I don't bang my head". The things they told us matched what was in files in the office and so indicates arrangements to promote people's safety are followed.

The manager has involved a behavioural specialist to look at someone's difficulties and who will be coming to see the staff team about how they can manage these effectively. The manager is aware this information will need including in the support plan so staff know how to respond to incidents consistently and in the most effective way.

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. People are able to make choices about what they do and to have a fulfilling lifestyle. They have the opportunity to gain or practice skills although the manager recognises opportunities for employment could be increased.

Evidence:

People told us they have lots of things to do. Two showed us some needlework they had been doing. One "had an exhibition in Salhouse". One person showed us the models they make.

The manager recognises that more could be done to develop employment opportunities for some people.

Two people say they are learning the guitar and one told us how they had been trying to find out how to play some of the songs they like. One person says they are now "going to reading. I wanted to do it."

Evidence:

While we were there, some people went to Cromer in the home's transport to do some banking and shopping. One went out for a walk to the local café. Two people use public transport and one says "I do more independent stuff now like going on the bus to Cromer".

At the residents' meeting people talked about forthcoming activities including plans for bonfire night. Two people told us about their holidays and one commented that "transport costs a lot".

All four relatives who wrote feel that the home "usually" or "always" helps the person stay in touch with them. Three feel the home "always kept them up to date with important matters. One says it does usually.

Support plans reflect people's sexuality and any support they might need.

People told us they help with chores, like taking turns to load the dishwasher and having allocated "cooking nights". One person prepares all their own meals in their own small kitchen. Another told us "I do tables, setting up and cleaning them".

People have keys for their rooms if they wish to and are able to manage them. Three people used these while we were there. People freely make use of communal areas and two people showed us the garden. One person's records show they cut the grass regularly and one person told us about the vegetables they had grown and were planning for next year.

People can keep their own rooms how they would like them (subject to safety issues like being able to get out if there was a fire). One person showed us they have "changed it round" since we last visited. They said staff helped them to do this.

People told us they had talked about the menus at the residents meeting and came up with different ideas. One person we spoke to says the "food is good" and three had enjoyed their evening meal.

Since we last visited the dining arrangements have changed so people sit in smaller groups rather than one large one. One person told us "I like it better" and another that "it's nice".

Support plans show where there are concerns about weight and where increased monitoring is needed because of changes in medication and the side effects this has. They also show where people are encouraged with exercise to help. One person has been particularly successful with losing the weight they wanted to.

Personal and healthcare support

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

People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way.

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

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service. People receive health and personal care based on their individual needs. The manager has plans to improve things further, including looking at medication issues we discussed.

Evidence:

People are given support with their personal care as needed. The manager says three people need assistance or prompting with bathing or washing. No one needs help with dressing or undressing. Support plans set out what support or prompting is needed such as reminders to bath or shower. One person says they have someone with them in the bathroom area for safety, "in case I bang my head".

The manager has the "health books" that the local learning disability team has implemented. These are designed to ensure a full range of health related information is recorded and can be taken to appointments with health professionals. There has been some guidance about their completion and the manager says they will get on with this work following on from developing accessible individual plans.

Janith Homes have their own speech and language therapist who can help with communication where this is needed. We observed that one person is now

Evidence:

communicating much more verbally, than on our previous visit. The manager agrees the person is making good progress.

Records show there are variable times for getting up and going to bed, although a regular routine is encouraged during the week subject to people's planned activities and day care arrangements.

People are supported to access doctors or other health professionals when they need this. They are referred for advice about sexual health where this is needed, as well as support with their physical and psychological well being. The manager acknowledges that recording of health checks could be improved, where people have not needed to see their G.P. and that they could encourage people more with Well Woman/Well Man checks. The manager says the health books will help with this.

Staff have had training in the administration of medicines. Each person comes to the office with a drink, when they need their medicines. In addition to the checks and records made by the staff, the person also countersigns a notebook confirming they have had their medicine.

The medication recording charts we saw had been in use for only four days. However, during that period there was an omitted signature for one person. This had been identified and a note placed on the file showing the omission had been picked up promptly. Although the administration record was not complete, the person's notebook showed they had confirmed they had their medication and it was missing from the blister pack for that time supporting that it had been given.

The records for the previous month showed no omissions.

We checked one person's medicines that are not in the monitored dosage system. Records show 56 tablets as received and 8 recorded as given. 50 remained indicating a surplus of two, although the person's records were complete and they had signed their notebook as having received this one medicine. (They do not have other medicines so would know if they had the one tablet or not.)

The manager thought this may be because of tablets being returned to the home following a visit to family but there are no balances carried forward recorded. This means that there is no additional means of checking that the person has had the medicine as prescribed, given that it cannot be packed in the monitored dosage blister packs.

Current medication storage does not allow for any controlled drugs to be received. This means that people who may be prescribed such in the future, would have to be denied treatment until storage that met legal requirements is obtained.

Concerns, complaints and protection

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

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

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service. People (or their representatives) are able to express their concerns and know they would be taken seriously. There are measures in place

Evidence:

Three people who wrote to us feel that the staff always treat them well. One other person added that "the staff are quite new and all try their best". Two people told us they like the staff and they all wrote that they know who to speak to if they have any concerns and how to make a complaint.

Four relatives wrote that they know how to make a complaint. Two felt that when they had needed to do this it was "always" dealt with appropriately and two said it "usually" was. One says that complaining is "not often needed". Another wrote that "this has happened only once and was perfectly dealt with."

People have the opportunities to discuss concerns with their keyworkers or the manager, and at residents' meetings. We asked three people if they had any worries about living at the home and they told us they were very Happy there. All of them feel they could talk to "Sandy" (the manager), if they had concerns. The director who visits every month to look at the quality of the service also makes a point of talking to people who live there.

Staff have training in recognising and responding to abuse and the people living at the home are able to express verbally if anything causes them concern.

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
People live in a homely, clean and comfortable environment. They are able to have a say about how it is maintained and decorated and to be involved in this if they wish.

Evidence:

We looked at communal areas and three people showed us their bedrooms. Rooms are well decorated and people's bedrooms reflect their interests and preferences. One person told us that the home was fresh and clean and if their room was not then "it's my own fault". People say they can keep their rooms how they like.

No one living at the home is in need of aids or adaptations to help them access the home's facilities.

One person says "I painted mine". Another has had theirs redecorated and says that they chose the colours so it "looks much warmer" and "it's more restful". One person says theirs "isn't done yet" so we asked if they had chosen the colour and were told "yes, blue". No one has to share a room.

Records show fire detection systems and fire equipment is tested regularly and has been working well. Two budgies belonging to someone living at the home have been moved as they were setting off a door closer with their singing.

Evidence:

We saw people using communal areas freely, including making drinks in the kitchen. One person has their own vegetable garden. Maintenance issues are taken up by the manager and followed up at the provider's monthly visits. These show that issues are taken up promptly.

When we last visited, the grounds had been disturbed by conversion and building work. These have now been tidied up so that the rear garden and car parking at the front of the home are improved.

One person told us they have painted the garden seat and this is on a patio area to the rear of the building. There is a badminton net in the garden and people say they play sometimes when the weather is good.

People told us that the heating is a problem at the moment and "we're having a new boiler". This shows they are aware of issues about how their home is maintained and given information about problems. The manager told us this work was due to start soon after our visit and would result in more hot water supplies and better heating.

Communal areas are clean and we did not see any immediate concerns for safety or hygiene. There are, based on information the manager sent to us, no issues with continence that could compromise food safety. (Washing has to be taken through the kitchen to the washing machine in the utility area.)

Information the manager sent to us shows that two of the three staff have had training in infection control and all of the staff have had training in food safety. This means that staff are equipped with the knowledge they need to help reduce the risk to people of cross infection or cross contamination.

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
People are supported by a competent staff team who understand their needs.

Evidence:

Information the manager sent us shows that all of the care staff are enrolled on training courses to work towards National Vocational Qualifications. One staff member we spoke to confirmed this and that they are just waiting for a start date. The manager says one of the staff is working towards an level 3 qualification that will be above minimum standards.

We saw evidence that a staff member recruited since we last visited had completed induction and foundation to the required standard and the staff member told us that they felt this had given them the information they needed to get on with their work. The manager says the person worked on shift alongside her or other experienced staff until the induction was complete.

Two staff completed surveys for us and said that they had training that was relevant to people's needs and kept them up to date.

We checked the recruitment file for one person. Information was not filed properly so made it difficult for the manager to retrieve. However, it was all located and showed the necessary checks and references were obtained before the person started work.

Evidence:

This shows that recruitment practices help to protect people from those who might be unsuitable to work with vulnerable adults. The enhanced criminal records bureau check was not available on the premises but was obtained from head office while we were there.

We looked at supervision and appraisal records. These show that staff have opportunities for both individual and group supervision to discuss their work with people. Group supervision is also used to share information about changes in policy or practice and memos that have come from the company.

The staff member we spoke to felt there were opportunities to discuss issues and that the staff team had complementary skills to help in supporting people properly. Staff meetings take place every three weeks and are recorded.

Conduct and management of the home

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

People have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service. The home is run by a qualified and competent manager, taking into account the views, safety and welfare of people living in the home.

Evidence:

The manager says she has completed her Registered Manager's Award. Since we last visited she has completed the registration process with us. She participates in training where appropriate and takes part in a management group within the company. This looks at the development of consistent systems across the company and talks about management issues.

One relative wrote to us that the "manager is very able".

We saw results of the latest quality assurance survey the company had undertaken, looking at the views of people living at the home. The manager has annotated findings with the actions she has taken to address issues people have raised.

The Annual Quality Assurance Assessment that we asked for before we visited, was fully completed and gave us all the information we asked for. It also shows where the

Evidence:

manager has identified improvements could be made, showing that she accepts responsibility for continuing to improve the service. She has acted to address issues that we raised during our last visit.

Notes from residents' meetings show that they are able to make suggestions about things they would like to see changed. One relative expressed confidence in the manager's ability to make improvements, writing that "any improvements needed would be picked up and acted on I'm sure".

The manager has copies of reports compiled monthly by one of the directors. These show actions needed to address issues and the manager can show what she has done in response to issues.

The home has been successful in obtaining the Investors in People Award as a result of external audit of the service.

We looked at maintenance and safety records. These show there are regular checks on the safety of the home to promote people's welfare.

The boiler has not been able to be certificated at present but is only slightly overdue. The manager says the necessary testing will be carried out when repairs are effected. The manager told us this would be very soon after our visit and showed that she had obtained quotes for the work. She has taken the necessary remedial action to help promote people's safety and welfare.

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	Description	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	Description	Timescale for action
1	20	13	<p>Records of the administration of medication must be completed in line with procedures.</p> <p>This is so there is a full record of medication that people have been given.</p> <p>It is so people can be confident they are given the medicines they require at the right time and in the right dosage.</p> <p>This is to show that staff follow a proper and safe procedure for administration of medicines.</p>	31/10/2008

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	Copies of information service users choose to hold, should be kept in the office in case information is damaged or lost.
2	20	Where any medicines are taken on family visits and the person returns before it is all used, the balance of medicines held should show this. This is so the manager and staff have an additional method of checking that the person has been given medicines in the home as they are prescribed and needed to keep them well.
3	20	The standard of medicine storage should be upgraded to meet new regulations and so there would be no delay should someone be prescribed a medicine that needs additional precautions for storing it safely.
4	34	The organisation should consider providing some "one off" administrative support to the manager to help organise staff files so she can monitor training and development needs more easily and is able to retrieve information she needs promptly.

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 © (2008) 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.