



Making Social Care  
Better for People

# inspection report

## CARE HOMES FOR OLDER PEOPLE

**Aldbury (The)**

**672-674 Ringwood Road  
Poole  
Dorset  
BH12 4NA**

*Lead Inspector*  
Amanda Porter

*Key Unannounced Inspection*  
21<sup>st</sup> June & 2<sup>nd</sup> July 2007      11:00

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 Older People*. 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>	Aldbury (The)
<b>Address</b>	672-674 Ringwood Road Poole Dorset BH12 4NA
<b>Telephone number</b>	01202 746752
<b>Fax number</b>	01202 746607
<b>Email address</b>	
<b>Provider Web address</b>	<a href="http://www.colten-care.co.uk">www.colten-care.co.uk</a>
<b>Name of registered provider(s)/company (if applicable)</b>	Colten Care Limited
<b>Name of registered manager (if applicable)</b>	Ms Irene Gray
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	55
<b>Category(ies) of registration, with number of places</b>	Dementia - over 65 years of age (55)

# SERVICE INFORMATION

## Conditions of registration:

1. One named person (as known by CSCI) under the age of 65 may be accommodated to receive care.

**Date of last inspection**      20th July 2006

## Brief Description of the Service:

The Aldbury is a care home with nursing that opened in September 2003. It is purpose built and designed to provide care for a total of fifty-five service users with Alzheimer's or other dementia related conditions.

The home has fifty-five single rooms all with en-suite facilities. It is designed in four units each with a lounge/dining room, and a quiet room. A small kitchenette is provided in each unit to enable the residents and staff to make drinks and snacks. There is a range of specialist bathing facilities, including a spa bath in each unit. The units are named Beethoven and Elgar on the ground floor, and Mozart and Strauss on the first floor. Access to the first floor is via passenger lifts and stairs. There are two inner courtyards and a garden to the back and side of the property made easily accessible by having ramps and rails in place.

The home offers a wide range of leisure and therapeutic activities.

The Aldbury is situated within easy access by public transport of Bournemouth and Poole.

The weekly fees range from £931 - £985, extra amounts are charged for chiropody services, hairdressing, daily papers /magazines. See the following website for further guidance on fees and contracts [www.ofc.gov.uk](http://www.ofc.gov.uk) (Value for Money and Fair Terms in Contracts).

# SUMMARY

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

This unannounced inspection took place over two days on the 21<sup>st</sup> June and the 2<sup>nd</sup> July 2007 over a period of approximately nine hours. The purpose of the inspection was to review the requirement and recommendations made at the last inspection and assess all of the key standards.

The newly appointed manager, Ms Kuah, was on hand throughout to aid the inspection process.

Information gathered for this report came from several sources including:

- Reports made to the Commission for Social Care Inspection by the home.
- The annual quality assurance assessment completed by the home.
- 6 comment cards completed on behalf of residents and 3 by GPs. Tour of the premises.
- Review of a variety of documentation including care records, staff records, maintenance records, policies and procedures.
- Discussion with residents, visitors and staff.

During the course of the inspection seven residents, four visitors and ten members of staff were spoken with and asked their views on the service provided at the home.

Comments received in surveys and through discussion included:

*"The family have realised that the Aldbury is the best place for my relative. Their experience with dementia care is superb. They have total respect for every resident, each of whom has different needs. The staff are respectful, cheerful and calm and have time to spend socialising with residents and their families. We are kept well informed."*

*"We have a good team of staff."*

*"The care here is very good. If I have any concerns I know who to talk to. I feel they understand the needs of people with dementia."*

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

Residents and their relatives are assured that the Aldbury is suitable for meeting their needs prior to admission when an assessment is carried out to identify care needs and other considerations.

Each resident has a plan of care detailing for staff how to meet assessed care needs and staff confirm this has a more person-centred approach than at previous times. Residents and/or relatives are invited to review care plans.

Residents' health needs are identified and met by staff and visiting health care professionals and medicines are managed well in the home in the best interests of residents.

Comments received from residents and their relatives/visitors confirmed that staff treated them with respect and were supportive and kind. Visitors generally said they were happy with the services provided and that they were kept informed of important matters.

The activities arranged within the home generally meet the expectations of the residents living there.

Visitors to the home said they were made welcome and were greeted by a friendly face.

The complaints procedure can reassure residents and relatives that their views are important to the home and that any complaints they raise will be properly investigated.

The home is well maintained and the standard of the environment is very good providing residents with an attractive and comfortable place to live. The home is clean and free from any unpleasant odours.

Sufficient numbers of staff are on duty throughout the day and night to be able to meet the needs of the residents.

A thorough recruitment process is followed when employing staff, which ensures that residents are protected from risk.

The home has an ongoing training programme for staff, which means that residents will be cared for by skilled staff. All staff receive dementia care training.

Financial procedures within the home also ensure that residents' interests are protected.

The health and safety of the residents and staff are protected by the policies and procedures that the staff follow at the Aldbury.

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

The home has introduced the role of "Social Carer", which means that residents who are unable to attend the group activities have the opportunity of one-to-one time with a member of staff.

The home has reviewed its policy for the protection of vulnerable adults and staff have received training accordingly. This ensures robust procedures are in place, which staff can easily follow.

A recent recruitment drive has been successful, which means that the continuity of care, given by regular staff, can be assured.

Since the last inspection two members of staff have taken the lead on infection control within the home. They coordinate training and regularly review procedures with staff and this helps to minimise possible risks to residents.

The home's quality assurance procedures have improved and as well as regular audits being undertaken by Colten Care customer satisfaction surveys have been sent out and replies received have been analysed.

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

The manager confirmed that she is committed to further development within the home so that residents have the best care.

The record keeping within the care documentation for each resident needs to improve so that an accurate record is kept of how residents spend their time and how they are occupied. This would be helpful in ensuring that appropriate activities are provided and residents are not left to get bored or, to the other extreme, never have time to rest.

The home has an ongoing training programme for staff, which means that residents will be cared for by skilled staff. However NVQ training needs to continue so that the home reaches the target of 50% of care staff holding this award. This training would provide the home with skilled and qualified carers at all times.

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**

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Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

## Choice of Home

### The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

**The Commission considers Standards 3 and 6 the key standards to be inspected.**

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

**1 & 3. Standard 6** is not applicable to this service.

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

A good admissions procedure enables prospective residents, and/or those acting on their behalf, to make informed decisions about admission to the home and ensures that only residents whose needs can be met by the home are offered places there.

### **EVIDENCE:**

The home's service user guide was reviewed. It contained detailed information about the facilities available and the care provided. Friends and family completed six surveys on behalf of residents, and all confirmed that they were given sufficient information about the home prior to admission.

Files for residents who had recently moved into the home were inspected. These showed that the home has a good procedure in place. Prior to anyone moving to the home the manager assesses his/her needs. Sufficient information was obtained so that a care plan could be drawn up and made available to staff.

## Health and Personal Care

### The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

**The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.**

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

**7, 8, 9 & 10.**

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Systems are in place to provide staff with the information they need to meet the health and personal care needs of residents. The principles of respect, dignity and privacy are put into practice.

### **EVIDENCE:**

The care documentation for six residents was reviewed and each contained a variety of assessments including:

- Activities of daily living
- Risk of pressure sore development
- Mental health
- Continence
- Risk of falls

- Moving and handling
- Nutrition.

Information from the assessments was used to formulate care plans and generally the care plans were of a good standard. Staff spoken with confirmed that they were encouraged to take a more person centred approach to care and recent training had supported this.

Care plans were evaluated monthly and there was documentary evidence that residents and relatives were consulted. However the daily records lacked detail about what sort of day the resident has had, how they have been occupied and whether they were in a state of wellbeing, for example during the course of the inspection it was observed that a resident had just enjoyed going for a walk with a staff member and this activity was very meaningful to the individual. In discussion with staff it was evident this was a regular occurrence during the day. The resident's care documentation did not reflect this.

Three GPs completed satisfaction surveys and all said they were satisfied with the overall care provided. One said, *"The care provided at the Aldbury is of the highest quality, and should be the comparator for all other nursing homes in the area."*

Nutritional screening is undertaken routinely and any weight gain or loss is monitored closely.

The home has a visiting chiropodist, dentist and optician available if residents wish to use these services and a record is kept on file.

Medicines were properly stored, being locked away and with a refrigerator for cold storage. Staff record fridge temperatures regularly and the records were seen to support this. Records were kept of the receipt, administration and disposal of medication and examination of these showed that all was well recorded and there was a clear audit trail available. The manager confirmed that the use of medication was closely monitored and regularly reviewed with the visiting GPs.

In answer to the question in the survey to residents and relatives *"Do you receive the care and support you need?"* Three answered *"Always"* and three said *"Usually"*. Comments included:

*"The care and support is inconsistent. Routine is how the residents are cared for with no flexibility built in unless relatives insist on it."*

*"We feel the care and support my father receives is timely and appropriate."*

Residents spoken with during the inspection appeared happy in their surroundings and had a good rapport with the staff, who carried out their work in a cheerful and unhurried fashion. Relatives and visitors spoken with confirmed that they thought the care was good and staff were kind and approachable.

## Daily Life and Social Activities

**The intended outcomes for Standards 12 - 15 are:**

- 12.** Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
- 13.** Service users maintain contact with family/ friends/ representatives and the local community as they wish.
- 14.** Service users are helped to exercise choice and control over their lives.
- 15.** Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

**The Commission considers all of the above key standards to be inspected.**

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

**12, 13, 14, & 15.**

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

People who use this service are supported to maintain their life skills and are encouraged to make choices as far as possible. Social, cultural and recreational activities meet most individuals' needs.

### **EVIDENCE:**

The Aldbury employ two activities coordinators, who work during the week and one day over the weekend. The activities programme is displayed in each unit. Activities include:

- Trips out on the minibus
- Tai Chi
- PAT dog visits
- Puzzles

- Movement to music
- Church service
- Musical entertainment
- Manicures
- Aromatherapy.

Since the last inspection the home has introduced the role of Social Carer, who works every day between 10am and 4pm. This involves a different health care assistant working, in addition to regular staff numbers with residents on a one to one basis rather than in a group activity. This may involve taking a resident for a walk; sitting chatting; playing games or just spending time with an individual pursuing activities chosen by the resident. The home confirmed that the budget for social activities has increased since the last inspection.

Five surveys returned had responded to the question *"Are there activities arranged by the home that you can take part in?"* Three said *"Usually"* and two said *"Sometimes"*. Comments included:

*"Some activities are suitable for my relative to watch but I think he is always included if he wishes."*

*"Activities continue to be group based and infrequent."*

During the inspection some residents were observed being engaged in activities such as gardening, Tai Chi, having their hair done, going out for a pub lunch, drawing and going out for a walk. Social care plans reflected that these were activities which were preferred by these individual residents.

Visitors to the home said that they were made welcome when visiting.

*"I always see a friendly face and I can always make a cup of coffee if I want one."*

During the two days of inspection residents were observed enjoying their lunch, which was well presented and served in a relaxed and caring manner. Support, where needed, was given discreetly. Residents have the choice of where and when to eat. The lunch menu for the first day of inspection was a choice of chicken and mushroom pie or cheese, onion and potato pie with creamed potatoes, carrots and broccoli. Pudding was rice pudding and jam, ice cream and fruit coulis. An adequate supply of fresh fruit was available on each unit. A supply of finger food is taken to each unit for residents who may become hungry at night or between meals or who prefer it instead of a meal.

Relatives had varying comments to make about the food:

*"It is very good."*

*"This is an ongoing issue. Food is not up to standard for the amount of money we pay for the home."*

*"The nutritional quality of the food can be poor at times. My relative in adult life would be unlikely to eat processed food particularly chicken nuggets and chips."*

*"The standard of catering and the way in which meals are served is excellent."*

Records were kept of what each resident had eaten at each meal.

## Complaints and Protection

**The intended outcomes for Standards 16 - 18 are:**

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

**The Commission considers Standards 16 and 18 the key standards to be.**

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

**16 & 18.**

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

People who use the service are able to express their concerns, and have access to a robust, effective complaints procedure. Protection from abuse is promoted.

### **EVIDENCE:**

All satisfaction surveys received confirmed that relatives knew who to speak to if they had any concerns or complaints. Since the last inspection the home has responded to two complaints, following Colten Care's written procedure.

The home has a robust policy and procedure to respond to suspicion or evidence of abuse or neglect and some staff have received training in this. In discussion they appear to have a good understanding of local procedures.

# Environment

## The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

**The Commission considers Standards 19 and 26 the key standards to be inspected.**

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

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The standard of the environment at the Aldbury is very good providing residents with an attractive, homely and safe place to live.

## **EVIDENCE:**

The home has a programme of routine maintenance and the home provides an extremely comfortable environment in which to live. Records show that a variety of outside agencies have attended the home to undertake the routine maintenance of:

- Fire safety equipment.
- Gas installation.
- Lift.
- Hoists.

A call bell system is available in every room.

All areas of the home were clean and there were no unpleasant odours. The laundry was well managed and adequate supplies of clean linen were seen to be available.

All satisfaction surveys received confirmed that the home is always clean and fresh. One said "*There is always a member of staff who has the time to deal with cleanliness of the environment. The work is carried out with cheerful efficiency.*"

Since the last inspection two members of staff have received further training and have been appointed to take the lead on infection control within the home. They coordinate training and regularly review procedures with staff.

## Staffing

**The intended outcomes for Standards 27 – 30 are:**

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

**The Commission consider all the above are key standards to be inspected.**

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

**27, 28, 29 & 30.**

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Sufficient nursing and care staff are employed to meet the needs of residents. Robust recruitment procedures are in place to protect residents from the risk of unsuitable staff working at the home.

Staff are given the training and support so that they can give a good standard of care to the residents living at the Aldbury.

### **EVIDENCE:**

At the time of inspection staff rosters demonstrated that there are sufficient staff on duty at that time. During the inspection staff were generally on hand to meet the needs of the residents. However there were times when there were no staff present in the lounges, where a number of residents were sitting. Five people responded to the question "*Are staff available when you need them?*" One responded "*Always.*" Three said "*Usually*" and one said "*Sometimes.*" Comments received included:

*"Staff were available for my relative 24 hours a day as soon as he arrived."*

*"At night we have walked round several units to find a member of staff."*

The home has an ongoing training programme, which includes NVQ level 2 in care. The manager confirmed that at the time of inspection less than 50% of care staff held this award.

The manager said that a recent recruitment drive had been successful.

Five staff recruitment files were reviewed and they contained:

- Completed application forms
- Two written references
- Enhanced CRB and POVA first checks
- Terms and conditions of employments
- Documentary evidence of any relevant qualifications
- Proof of identity, including a photograph.

Training files demonstrated that staff were receiving induction training and this was confirmed with staff spoken with during the inspection. The manager had encouraged all staff to take up a number of training opportunities provided including:

- Dementia care training
- Common induction training
- Moving and handling
- Fire safety
- Health and safety
- Basic food hygiene
- Palliative care
- Elder abuse awareness
- Pain control
- Reminiscence and life history
- Infection control

Further information on available training can be accessed through the following websites:

[www.picbdp.co.uk](http://www.picbdp.co.uk)

[www.skillsforcare.org.uk](http://www.skillsforcare.org.uk)

## **Management and Administration**

**The intended outcomes for Standards 31 – 38 are:**

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

**The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.**

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

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The home is well organised and the daily management and running of the home centres round the care of residents.

Good management practice, systems in place, and records kept, confirm the health and safety of all in the home.

### **EVIDENCE:**

Since the last inspection the Registered Manager has moved to another Colten Care home. Ms Kuah has been appointed manager and is in the process of submitting her application to register with the Commission for Social Care

Inspection. She has a suitable management qualification and has substantial experience in caring for people with dementia. However standard 31 cannot be fully assessed until her application has been processed and approved.

The home has continued to develop its quality assurance systems and the home is audited regularly. This includes areas such as:

- Care planning
- Medication
- Call bells
- Accidents
- Catering
- Hotel services.

The Colten Care management team have sent out customer care surveys and have analysed the results.

Senior staff within the home make sure they keep in touch with residents' families on a monthly basis and contact records are kept.

The manager confirmed that generally residents in the home were unable to deal with their own finances and many had a family member/chosen representative to act on their behalf. The home holds small amounts of money at the request of individual residents. All monetary transactions were recorded and seen to be accurate.

Records showed that staff had received recent training in fire safety and all had manual handling updates. Substances hazardous to health were seen to be stored securely. Records showed that equipment had been serviced regularly. Accidents were recorded and analysed and appropriate action was taken as necessary.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People 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>	
<b>Standard No</b>	<b>Score</b>
<b>1</b>	3
<b>2</b>	X
<b>3</b>	3
<b>4</b>	X
<b>5</b>	X
<b>6</b>	N/A

<b>HEALTH AND PERSONAL CARE</b>	
<b>Standard No</b>	<b>Score</b>
<b>7</b>	2
<b>8</b>	3
<b>9</b>	3
<b>10</b>	3
<b>11</b>	X

<b>DAILY LIFE AND SOCIAL ACTIVITIES</b>	
<b>Standard No</b>	<b>Score</b>
<b>12</b>	3
<b>13</b>	3
<b>14</b>	3
<b>15</b>	3

<b>COMPLAINTS AND PROTECTION</b>	
<b>Standard No</b>	<b>Score</b>
<b>16</b>	3
<b>17</b>	X
<b>18</b>	3

<b>ENVIRONMENT</b>	
<b>Standard No</b>	<b>Score</b>
<b>19</b>	3
<b>20</b>	X
<b>21</b>	X
<b>22</b>	X
<b>23</b>	X
<b>24</b>	X
<b>25</b>	X
<b>26</b>	4

<b>STAFFING</b>	
<b>Standard No</b>	<b>Score</b>
<b>27</b>	3
<b>28</b>	2
<b>29</b>	3
<b>30</b>	3

<b>MANAGEMENT AND ADMINISTRATION</b>	
<b>Standard No</b>	<b>Score</b>
<b>31</b>	X
<b>32</b>	X
<b>33</b>	3
<b>34</b>	X
<b>35</b>	3
<b>36</b>	X
<b>37</b>	X
<b>38</b>	3

Are there any outstanding requirements from the last inspection?

**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

**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.	OP7	When evaluating care given on a daily basis records should reflect the events of the day and the state of wellbeing of each resident.
2.	OP28	A minimum ratio of 50% of care staff should be trained to the NVQ level 2 or equivalent.

## **Commission for Social Care Inspection**

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