



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

The Seaton

**The Old Manor
Fore Street
Seaton
Devon
EX12 2AN**

Lead Inspector
Ms Rachel Fleet

Key Unannounced Inspection
17th August 2006 09.45

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

Reader Information

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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 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

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SERVICE INFORMATION

Name of service	The Seaton
Address	The Old Manor Fore Street Seaton Devon EX12 2AN
Telephone number	01297 20882
Fax number	01297 625175
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Southern Healthcare (Wessex) Ltd
Name of registered manager (if applicable)	Mrs Jennifer Frances Herring
Type of registration	Care Home
No. of places registered (if applicable)	31
Category(ies) of registration, with number of places	Old age, not falling within any other category (31)

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 11th October 2005

Brief Description of the Service:

The Seaton provides nursing and personal care to up to 31 people over retirement age. The home is a Georgian building standing in its own grounds, in a residential area close to Seaton town centre. There are car-parking facilities at the entrance to the property.

Accommodation is on two floors, including newer extensions, with lift access between floors. Platform lifts and slopes provide level access where there are changes in levels within the original house. The home has two lounges and a dining room; one of these lounges also has a dining area, and doors onto a decked area and garden. The majority of bedrooms are for single occupancy, with three double rooms available. All bedrooms have handbasins as a minimum, with several having en suite facilities; two rooms have their own private bath as well. Although two single rooms are below the recommended size, many are of a very good size in relation to the minimum standards. One floor has a shower room, with specialist baths provided on both floors.

Weekly fees at the time of the inspection were £306 - £680. These did not include the cost of newspapers, transport (including hospital transport), spectacles (although eye tests are free) and toiletries - all charged at cost price; hairdressing (£5 minimum); and chiropody (£7).

The most recent inspection report produced by the Commission (CSCI) about the home is available in a file by the reception desk in the home's entrance hall.

SUMMARY

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

There were 27 residents at the home on the day of this unannounced inspection. Jennie Herring, the registered manager, had returned a CSCI pre-inspection questionnaire. Completed CSCI surveys or comment cards were also returned from seven residents and five care staff (some nursing staff, some care assistants, some new, some longer serving, some day staff, some night staff) before the inspection. Two community-based social care professional returned extremely positive comment cards.

The inspector met at least 15 residents around the home. Some residents were too frail to give their views, but the inspector spoke with 10 residents (both men and women) in some depth, as well as speaking with family visitors to two other residents, a visiting social care professional, five care staff, the administrator, the cook on duty, as well as the registered manager, during the ten hours spent at the home.

The inspection incorporated 'case-tracking' of three residents, including bedbound and new residents. This involved looking into their care in more detail by meeting with them, checking care records and other documentation relating to these residents (medication sheets, personal monies records, etc.), talking with staff, and general observation of the care they received. Staff files, kitchen documentation and other records relating to health and safety – such as accident and maintenance records - were seen. The inspector ended the visit by discussing her findings with the manager.

Information gained from all these sources and from communication with the service since the last inspection is included in this report.

The Commission has not received any complaints about the home since the last inspection.

What the service does well:

Comments from residents who were asked this question included, "Most things", "The food", "It's clean and comfortable", "They don't go on at you - they don't nag you". A comment entered in the home's 'Visitors' book' during the inspection read "Always a fresh, clean and happy place".

Prospective residents' needs are assessed well, helping ensure the success of any admission to the home.

Residents benefit from good health care, through input from a variety of relevant professionals. Medications are well managed, with practices used that

promote residents' safety. Catering arrangements meet residents' dietary preferences, as well as their social and health needs.

Residents enjoy a generally good, safe, clean and homely environment, although planned redecoration will improve the home further.

Residents' choice and control is promoted where possible, with respect for their privacy, and promotion of their dignity and rights. There are good links with residents' families, friends and the local area, so residents benefit from supportive and interesting contact with the community surrounding the home.

There are various systems in place to ensure any concerns or complaints are heard and used to improve the service provided to residents.

Residents are protected by the home's good recruitment practices. The staff team has a good range of knowledge and skills, ensuring residents' welfare.

What has improved since the last inspection?

In November 2005, the home gained the 'Investors in People' award, a recognised standard evidencing an improved service to residents through development and support of staff, etc.

Several of the requirements and recommendations made at the last inspection have been addressed. Care plans include good information on how staff are to meet residents' various needs. Aspects of medication systems have been improved, to promote safe administration and thus residents' welfare. Residents' dignity is better protected now staff check regularly on residents in lounges, to ensure they get timely help if they are unable to use a call bell. People are only employed by the home after good information has been obtained about them, helping to ensure only suitable people work at the care home. Fire doors were not held open inappropriately around the home, promoting residents' safety should a fire occur.

The manager was registered with the Commission in April 2006, as confirmation she is a suitable person to manage this home.

What they could do better:

One resident, when asked this question, said there was nothing the home could do better. Another, who answered similarly, added, "You've only got to ask."

Additional detail in some written care records may prevent inconsistencies in care given and ensure that residents get all the care they need. There should be better recreational opportunities for some residents, to improve their quality of life.

Whilst a range of policies and practices protect residents from abuse, use of potential restraints such as bedrails should be managed better, to ensure residents' welfare and rights are fully considered. Some additional measures must be taken regarding other health and safety matters, to further protect residents and staff; some action has been taken since the inspection, regarding regular fire safety checks.

Staffing arrangements should be reviewed, to ensure all residents' needs are met, or met in a timely way. Additional staff training would benefit some residents with sight problems and dementia, helping to ensure their needs will be identified and met.

The registered provider must carry out regular required monitoring, to ensure residents continue to receive an appropriate service from the home.

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 or by contacting your local CSCI office.

DETAILS OF INSPECTOR FINDINGS

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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 at least once during a 12 month period.

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

- 3** (The home does not offer intermediate care).

Quality in this outcome area is good. This judgement has been made using available evidence, including a visit to this service.

Good systems are in place to ensure prospective residents' needs are fully assessed, promoting success of any admission to the home.

EVIDENCE:

Pre-admission assessments seen were sufficiently detailed to confirm the home was suitable for the individuals concerned. They included aspects given in the National Minimum Standards such as support needed to meet physical needs and spiritual beliefs. Good information had been obtained from care managers and previous carers. A community-based social care professional said admissions from hospital were managed thoughtfully and competently, with pre-admission assessments completed efficiently. The manager confirms by letter that the home can meet the individual's needs, when offering a date for admission, whenever practicably possible. New residents said they had settled in well. Staff confirmed they are fully informed about new residents before their admission day.

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 at least once during a 12 month period.

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

7 - 10

Quality in this outcome area is good. This judgement has been made using available evidence, including a visit to this service.

Staff have adequate information about residents' general care needs, although lack of detail in some written care records may lead to inconsistencies in care given and a risk that some residents may not receive all the care they need.

Multidisciplinary working ensures residents receive good health care.

Management of medication is good, with practices in place that promote residents' safety.

There is good respect for residents' privacy, with promotion of their dignity and rights.

EVIDENCE:

Care documentation seen informed staff well about each resident as an individual, using information obtained before their admission. This included residents' social histories, preferences and wishes – previous occupation,

dietary likes/dislikes, religious observances, final wishes, etc. Residents spoken with indicated that they were consulted about the care planned for them. Care plans generally informed well about how staff should meet care needs, which staff confirmed. One included how a resident's sight problems affected their other needs, staff then being guided to meet their needs very specifically. Some were less detailed, however. And reviews – although regular - did not evaluate care given or have information from updated risk assessments, so it was not clear how successfully (or otherwise) care needs were being met. For example, where weight loss, skin damage, or instability of diabetics' blood glucose were possible problems.

Residents' surveys said they got appropriate medical attention; those spoken with felt staff attended to their health needs well. Residents who were in bed looked comfortable and cared for, with their dietary needs, positioning, etc. being attended to through the day. This care was recorded when given, for frailer residents, ensuring required care was given often enough. Records showed advice was sought appropriately from GPs and specialist nurses. Pressure-relieving mattresses and cushions were in use around the home. An eye test was being arranged during the inspection for one resident experiencing problems, an optician visiting the home regularly to do these. Nutritional needs and residents' weights are monitored, with special diets or supplements provided if necessary.

Residents were satisfied with how the home managed their medications for them. Issues from the last inspection appear to have been addressed. Medication received into the home was recorded; appropriate systems were in place and followed correctly to ensure prompt and safe administration or disposal of medication, thus providing an auditable record of medication used by the home. Controlled drug stocks were checked correlated with records kept. One resident's allergy was noted in their care plan but not on their medication chart; attention to such detail - also needed for occasional handwritten entries or use of codes - would further ensure management of medications is as safe as possible.

Residents felt staff were respectful and mindful of residents' privacy. Two visiting professionals were able to see residents in the privacy of the residents' own rooms. Communal toilets and bathrooms had appropriate door locks, as did bedrooms where requested by the resident. A resident doing puzzles in their bedroom, who said they appreciated 'the peace and quiet', said they could always go downstairs if they wanted company, or go out in the garden which was also peaceful. A disabled wheelchair-user had access to toilet facilities that were such that they could use them independently, unaided by staff.

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 at least once during a 12 month period.

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

12 - 15

Quality in this outcome area is good. This judgement has been made using available evidence, including a visit to this service.

Residents' expectations about the lifestyle of the home are adequately met, but recreational opportunities for some residents should be increased to provide them with a better quality of life.

Good links are maintained with residents' families, friends and the community around the home, so residents benefit from supportive and interesting relationships.

There are good practices that promote residents' choice and control in their lives where possible.

There are good catering arrangements that meet residents' tastes, as well as their social and health needs.

EVIDENCE:

Residents said there were outings; some residents had gone to a local garden centre recently. Others said there was enough for them to do with their time, or that they enjoyed just sitting in the garden. One said staff went to the

library for her. During the inspection, two residents played a board game; one resident was enjoying music being played in one of the lounges for part of the day; and a musical entertainer was well received in the afternoon. An activities folder includes evaluations of the event, to measure its success or enjoyment by individuals. One resident felt well supported by staff regarding their particular religious beliefs, being enabled to carry out related daily practices. However, care records suggested some residents – especially frailer people – enjoyed little recreation or stimulation, as reflected in surveys received from residents. The activities programme seen in residents' rooms indicated regular events organised by the home, but one resident said these did not always take place because staff were too busy (- there are no dedicated activities staff employed). And one resident said outings could only take place if there were enough able escorts, which was a problem.

Residents said they could have visitors at any time, and several came and went during the inspection. Those spoken with were very happy with the home. Induction programmes for new staff included how to receive visitors, take phone calls, etc. and staff were heard offering cups of tea to arriving visitors, as instructed. Two denominations visit regularly from local churches, holding services at least monthly, for those who wish to attend. A local newspaper had reported on the home's summer fete.

Some residents were in bed not because they were ill but because they chose to be – either getting up later in the day, or resting on the bed during the afternoon. All residents spoken with indicated staff were accommodating, enabling residents to follow their preferred daily routine. One said, "There's none of this 'Do this, do that' ". Residents had their own possessions in their rooms, reflecting their individual backgrounds, interests, etc. There was 'Age Concern' information on a noticeboard, enabling people to get well-informed advice, etc. from an external organisation if they wished to.

Staff were seen offering meal choices to residents; a fresh fruit dessert was one of the puddings offered. Some chose to eat in their own rooms at lunchtime. A resident said staff would bring something else if they didn't like the look of the meal when it was brought to them. Others said they got plenty to eat. Staff were seen sitting assisting individuals at lunchtime, or circulating - checking if people wanted help, more to eat, etc. Menus had been discussed at the recent residents' meeting, with a view to including any preferences in new 4-weekly menus. A list of residents requiring special diets was seen in the kitchen, along with 'Change of diet or presentation / preferences' forms – completed for specific requests or issues raised by individual residents, such as larger or smaller portions.

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 inspected at least once during a 12 month period.

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.

There are good systems in place to ensure complaints are heard and used to improve the service residents receive.

There is an adequate range of safeguarding policies and practices in use, to try to protect residents from abuse. However, some improvements are needed to fully protect people.

EVIDENCE:

All residents spoken with felt able to complain or raise concerns, and thought the manager would try to address such matters, as was reflected in surveys. There was clear printed guidance in each bedroom on the complaints procedure. Photos of staff were in the entrance hall, to help people identify who was in charge each shift, should they wish to speak to them. The complaints log showed a range of concerns were recorded and action taken to try to prevent a recurrence of the issues noted. One CSCI survey returned included concerns about meals. Information from kitchen staff showed they were aware of the same concerns, and they were currently trying to address them. A resident reported laundry goes missing; the manager was aware and explained how she is trying to find the best solution to this problem.

Residents felt safe, and cared for by kind staff. A community-based professional appreciated the security measures regarding access to the home,

which they felt was good practice. Staff confirmed they had had appropriate training on safeguarding, and said they also had written guidance; they knew they must report abuse, but were not always aware of who could be contacted outside of the organisation if they had certain concerns. Inventories were kept of residents' possessions, as a clear record of their property (as opposed to what had been provided by the home). Lockable facilities are provided in bedrooms on request. Bedrails were seen on several beds around the home. Staff were aware that bedrails are a potential form of restraint, and residents had been consulted about their use in the majority of cases. However, one resident did not like having them and said they were not given a choice in the matter; their care records did not include documentation to show how the decision to use them had been reached. There was little generally to show multidisciplinary decision-making for using potential restraints such as bed rails, which would help to ensure residents' welfare.

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 at least once during a 12 month period.

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

19 & 26

Quality in this outcome area is good. This judgement has been made using available evidence, including a visit to this service.

Residents benefit from a generally good, safe and homely environment, although planned redecoration will improve the home further.

Systems are in place to promote good standards of hygiene, protecting residents' wellbeing.

EVIDENCE:

Residents were satisfied with their accommodation and facilities. The décor in some areas of the home is bright and of a very good standard. Other areas – especially communal bathrooms and toilets, and areas used only by staff such as the laundry and kitchen - looked drab and in need of repair or attention to surfaces, to improve appearances, homeliness, and maintain hygiene. The refurbishment programme is ongoing, the manager liaising with the provider about priorities. An en suite is currently being refurbished, for example.

Residents said repairs are quickly attended to and staff reported equipment is serviced regularly and rarely breaks down. Maintenance staff were employed; staff said they attended to adaptations (such as grabrails fitted recently in one resident's ensuite so they could stand more independently) if it was felt that a resident would benefit from them. Raised toilet seats and frames were seen around the home, to help residents use the facilities more safely and as independently as possible.

Residents said they were very satisfied with the usual standards of cleanliness at the home, including of shared toilets and bathrooms, with one exclaiming they'd "never been anywhere cleaner!" and another commenting on the frequency with which carpets were cleaned. There were no malodours and the home looked clean on the day of the inspection, with domestic staff on duty most of the day. One staff felt the home's infection control was one of its strengths; others said there were always plenty of the necessary supplies (such as gloves, and disinfecting handrub – kept by the signing-in book also, for visitors to use). Laundry washing machines had recommended programmes for disinfecting laundry. As noted above, the laundry floor had some damage, which might affect levels of cleanliness in time.

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 at least once during a 12 month period.

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

27 - 30

Quality in this outcome area is adequate. This judgement has been made using available evidence, including a visit to this service.

Staffing is adequate to meet residents' general needs, although some needs have not always been met in a timely way.

The staff as a team have good knowledge and skills to guide practice and ensure residents' safety.

Residents are protected by the home's good recruitment policies and practices.

Training and support for staff is adequate, but some more specific training would help ensure staff had up-to-date knowledge and skills needed to care for certain residents.

EVIDENCE:

Residents described staff as "Good", "Kind", "Respectful". Those observed were cheerful, unhurried, and mature in manner. Staff felt there was good team working at the home, confirming agency staff are rarely employed. However, staffing was an issue raised in some surveys – residents indicating they did not always get prompt attention or the support they wanted, and staff saying they would like higher staff levels or fewer non-care duties. Care staff undertake all laundry duties, but are otherwise supported by domestic and catering staff. An administrator is employed, adding to the smooth running of the home. During

the inspection, staff were positive, new staff having recently been recruited; two were supernumerary, being on induction - so there were seven carers (instead of the usual five) with one nurse, caring for 27 residents. The manager was also available, supporting the nurse on duty and answering residents' or visitors' queries. Residents were generally positive about staff support and levels, but some said call bells were not always answered quickly enough, and that activities were adversely affected by lack of staff time. One knew there were new staff and hoped the situation would improve. A resident, in a lounge where few residents had call bells to hand, said staff popped in regularly; staff said that they checked hourly on residents in lounges, because some were unable to use a call bell.

Nearly half of the care staff have a recognised care qualification; others are undertaking one, so by November 2006 it is expected that over half of the staff will be thus qualified. Those spoken with during the inspection had care qualifications, were on relevant courses, or had many years of experience. Rotas confirmed there is always a nurse on duty, to supervise care.

Recruitment documentation was checked for three staff employed since the last inspection. Required information had been obtained before they commenced employment at the home, helping to ensure they were fit to work as care staff, and all had relevant experience.

Residents confirmed new staff were supervised, and that staff knew the resident's needs when attending to them. One resident said that, despite English not being the first language for some staff, they understood each other. Staff had had a range of relevant training topics - mouthcare and other aspects of care, Parkinsonism, first aid, safeguarding / abuse awareness, etc. Some newer staff said they had not had formal supervision sessions yet, but had been told to ask for it if they felt they needed to discuss anything. Other staff described supervision sessions as being used for specific training, although they said they could discuss their performance, individual training needs, etc. if they wanted to. Of three residents selected for case-tracking, it emerged that two had severe sight problems. And the pre-inspection questionnaire indicated a significant minority of residents had a degree of dementia. The training programme did not include either of these disabilities; the manager agreed to consider their inclusion, to ensure that any needs of residents will be recognised and met.

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 at least once during a 12 month period.

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

31, 33, 35 & 38

Quality in this outcome area is good. This judgement has been made using available evidence, including a visit to this service.

The manager has a good level of knowledge, skills and experience, which ensures the home is generally run well.

There are many strategies in place to help ensure the home is adequately run in the best interests of the residents, although some improvement is needed.

Good practices used by the home protect residents' financial affairs.

There is adequate attention to health and safety matters, but additional measures must be taken to further protect residents and staff.

EVIDENCE:

Jenny Herring has managed The Seaton for nearly a year, becoming registered manager in April 2006. She is a Registered General Nurse (with a District Nurse qualification), who has also obtained management qualifications. Residents said they saw the manager regularly, or they could ask to see her and she would come to them. A visiting professional had no concerns about the home; another commented very positively about the quality of care at the home. Staff felt well supported - having sufficient supplies, etc. to do the job they were required to do, the manager always available to them, good shift handovers, and regular staff meetings that also included the night staff.

A residents' meeting has recently been held, the first for a long time, as one resident commented; the manager hopes to hold these 3-4 times a year in future, which residents felt was a good idea. One resident who said they chose not to attend, said they had been informed of the discussions afterwards so they were still fully informed; minutes were also available. Residents also said they had completed a survey from the home, but didn't yet know the outcome or findings; the manager confirmed she will share these with residents when known. The registered provider has not been carrying out monthly unannounced inspections of the home as required by regulation, to ensure the home's service continues to be developed safely and appropriately.

Staff do not act as appointee for any residents, so residents can choose who manages their financial affairs for them. Information for prospective residents includes detail of arrangements for personal money held for residents by the home. The administrator provides receipts in such circumstances, and the money is paid into a bank account used solely for residents. Computerised records were seen; these are printed off regularly as a record that can be referred to if there are any queries by residents or their families. Receipts were seen for transactions checked on these records. Occasionally only one person had signed for transactions, and the administrator said they would ensure two signatures were always obtained to verify the transaction.

Regular fire drills are carried out for staff, with staff signatures confirming attendance, to help ensure all staff are kept aware of correct fire procedures. Fire doors were not kept open inappropriately, thus helping to ensure any fire would be contained. An immediate requirement was made to evidence appropriate fire safety checks, because there was no satisfactory record (although residents confirmed fire alarms were tested). Where applicable, most residents had been consulted as part of risk assessments for using bedrails, but multidisciplinary decision-making was not apparent. A requirement was made at the last inspection that full risk assessments be completed, to ensure bedrails were used safely and only if absolutely necessary. Some wheelchairs were used without footrests, which could adversely affect residents' comfort and safety. Maintenance checks of bedrails and wheelchairs were not

evidenced. The gas servicing and electrical wiring certificates were not available, nor was the risk assessment in relation to portable appliance testing, which had not been done for over a year. The programme of fitting radiator guards is due to be completed by September 2006. The kitchen was generally clean and orderly; staff were aware of new food legislation. The cook on duty had achieved an intermediate food hygiene certificate.

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

CHOICE OF HOME	
Standard No	Score
1	X
2	X
3	3
4	X
5	X
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	2
8	3
9	3
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	2
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	2

ENVIRONMENT	
Standard No	Score
19	3
20	X
21	X
22	X
23	X
24	X
25	X
26	3

STAFFING	
Standard No	Score
27	2
28	3
29	3
30	2

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	2
34	X
35	3
36	X
37	X
38	1

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.	OP33	26(2)-(5)	<p>(2) Where the registered provider is an organisation, the care home shall be visited in accordance with this regulation by (a) the responsible individual;</p> <p>(3) Visits shall take place at least once a month and shall be unannounced.</p> <p>(5) The registered provider shall supply a copy of the report required to be made under paragraph (4)(c) to (a) the Commission; (b) the registered manager; and (c) in the case of a visit under paragraph (2) - (i) where the registered provider is an organisation, to each of the directors or other persons responsible for the management of the organisation.</p>	31/10/06

5.	OP38	23(4) (c)(v)	The registered person shall make adequate arrangements for reviewing fire precautions and testing fire equipment at suitable intervals. <i>This relates to keeping proper records of regular checks of fire alarms, fire extinguishers and emergency lighting.</i> <i>Previous timescale of 11/11/05 not met. Immediate requirement issued at inspection & met within 28 days.</i>	17/09/06
6.	OP38	13(4)(c)	The registered person shall ensure that unnecessary risks to the health and safety of service users are identified and as far as possible eliminated. <i>This relates to</i> <i>a) Full risk assessments being undertaken, including multidisciplinary input, before bed rails are used. Previous timescale of 11/11/05 not met.</i> <i>b) Evidencing maintenance checks on bedrails, wheelchairs, etc.</i> <i>c) Evidencing that safety of gas & electrical systems has been appropriately reviewed, in line with relevant legislation & guidance.</i>	31/10/06

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	It is recommended that care plan reviews and evaluations should include sufficient detail to show whether identified care needs are being met or not.

2.	OP12	It is recommended that residents be given opportunities for stimulation through leisure and recreational activities that suit their needs, preferences and capacities, to promote their quality of life.
3.	OP18	It is recommended that there is full evidence, in each case, of how decisions to use potential restraints - such as bedrails - are reached, to ensure residents' rights are protected.
4.	OP27	It is recommended that staffing arrangements, including numbers & skill mix, are sufficient to ensure a timely response to all residents requesting attention.
5.	OP30	It is recommended that the staff training & development programme ensures staff are trained & competent to meet the needs of residents with sight problems and dementia.
6.	OP38	It is recommended that work to cover all radiators at the home should continue until completion.

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