



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

The Old Rectory Nursing Home

**45 Old Tiverton Road
Exeter
Devon
EX4 6NG**

Lead Inspector
Ms Rachel Fleet

Key Unannounced Inspection
4th June 2007 09.10

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
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Reader Information

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SERVICE INFORMATION

Name of service	The Old Rectory Nursing Home
Address	45 Old Tiverton Road Exeter Devon EX4 6NG
Telephone number	01392 431839
Fax number	01392 253700
Email address	enquiries@southernhealthcare.co.uk
Provider Web address	
Name of registered provider(s)/company (if applicable)	Southern Healthcare (Wessex) Limited
Name of registered manager (if applicable)	Ms Lynne Joan Brown
Type of registration	Care Home
No. of places registered (if applicable)	44
Category(ies) of registration, with number of places	Old age, not falling within any other category (44)

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 19th July 2006

Brief Description of the Service:

The Old Rectory Nursing Home is registered to provide care for up to 44 people over retirement age with general nursing needs. It is owned by Southern Healthcare (Wessex) Limited.

The home is on the eastern side of the city of Exeter, in a residential area approximately one mile from the centre. The former Rectory - which dates back to 1875 - has been converted and extended for its present use but retains some original features. A health centre, Anglican church, pub and local shops are relatively close, with a bus stop opposite the home.

Accommodation is on three floors, with two shaft lifts and a platform lift providing level access within the home. However, some wheelchair users may experience difficulty using one of the shaft lifts because of size limits; they would therefore benefit from being accommodated within the home where use of this lift is not necessary.

There are two conservatory areas overlooking well-tended gardens to the rear, which include a pond and enclosed courtyard garden. There is a car parking area at the front of the home, with time-limited roadside parking available in the area. Mature trees screen the front of the building from the road below.

Weekly fees at the time of the inspection were £481 - £750. These did not include the cost of hairdressing (£6-10), private chiropody (£20-25), aromatherapy (£8), newspapers and toiletries (which are charged at cost price).

Inspection reports produced by the Commission (CSCI) about the home are available at the reception desk in the home's entrance lobby. Copies can be provided by the home.

SUMMARY

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

Dee McEvoy and Rachel Fleet, Regulatory Inspectors, obtained some information before the visit to the home. The manager had completed a questionnaire, and we had also sent surveys to other people. Of eight surveys sent to people living at the home, three were returned either by them or their families on their behalf. Of seven surveys sent to staff, four were returned. Of four surveys sent to health and social care professionals, two were returned. The home had not been informed of the date of the visit.

We were at the home for nine hours. There were 39 residents on the day, and we met with at least 15 of them around the home, some individually and some in groups. We looked at care documentation relating to four of these people to follow up their care in some depth. The four included those with mental health needs, complex physical or nursing needs such as diabetes and risk of pressure sores, people who had had complaints responded to by the home, and people new to the home. One person declined to speak to us, and some others were not able to give their views fully because of their frailty. But we saw some of the care people received, or their contact with staff, and spoke with five visitors and seven staff as well as the manager, Lynne Brown. We also looked at the accommodation provided and service areas such as the kitchen, also looking at health and safety records, staff recruitment and training, quality assurance information, etc. We discussed our findings with the manager at the end of the inspection.

Information from the above site visit, along with any other information gained after the last inspection, is included in this report. We have not received any complaints about the home since the last inspection.

What the service does well:

Comments from residents included, "They're good at looking after you", "They look after you well", "Staff are very good – very helpful and kind", "This is a friendly place; we can have a laugh and joke with the staff", and, "Staff are kind and considerate. Lynne [manager] is always there to talk to about any concerns". A relative said, "The care is good; Mum always looks well cared for".

Staff felt the home's strengths were good teamwork, and the training and support they got.

The home tries hard to ensure the home will be suitable for each person who goes to live there, before they move in, by assessing their needs well and helping them to make informed choices.

Regular reviews of care given to individuals, good management of their medication, a good, varied, balanced diet, and multidisciplinary support ensures peoples' health and wellbeing are promoted.

A great deal of effort is made to help people maintain links with the community around the home, so they benefit from familiar, supportive or fulfilling relationships and experiences. Their privacy is respected, promoting their dignity and their rights. Choice is promoted, so people can retain control of their lives.

The staff team has a good basic level of knowledge and skills to guide their care giving and ensure peoples' safety. They have good training and support, helping them to provide the care people need.

The manager has the knowledge, skills and experience to ensure the home is run in the best interests of the people that live there. A variety of strategies promote this. People enjoy a pleasant, homely environment, benefiting from the ongoing investment in their surroundings; their views, concerns or complaints are used to try to improve the service they receive; practices used by the home help protect peoples' finances.

What has improved since the last inspection?

The manager, Lynne Brown, has been registered with us, to confirm she is suitable to be in charge of the home. The owning organisation carries out unannounced visits to the home, with reports produced that identify strengths and weaknesses of the service, to inform development and improvement of the service.

Care plans had more detail about people's needs and how staff should meet them. They had been reviewed more regularly, to ensure that changing needs were met. Medication systems had been made safer, also promoting peoples' welfare. One staff felt care had improved, through having a stable staff team in recent months, which enabled better communication.

The laundry has been enlarged, promoting safer systems that will benefit both residents and staff. Some doors have been fitted with holders that meet fire safety recommendations whilst enabling people to keep their bedroom door open if they wish.

There is now a bank account bank account solely for people's personal spending money, an account not used by the registered person in connection with the carrying on or management of the care home.

What they could do better:

Suggestions from residents and relatives included better attention to providing preferred gender of carer for personal care; better response times to calls for assistance, particularly around mealtimes, and more staff presence in some lounges to ensure people's needs are met in a timely way.

There have been some improvements in staffing arrangements, but action should be taken to ensure staff numbers and the skill mix are sufficient to meet people's needs in a timely and proper way both day and night.

Systems in place inform staff well generally about people's care needs. However, every care plan should be sufficiently detailed - particularly with regard to social and mental health needs, and how to meet all needs - to ensure that people receive the individualised care they need.

There are opportunities for fulfilment, although a more individualised approach informed by people's personal histories will enhance some individuals' quality of life better.

Safeguarding policies and practices are used to try to protect people from abuse, although improving some written risk assessments and aspects of recruitment would make these more robust.

Additional attention to health and safety matters would further protect everyone at the home, including ensuring there are suitable facilities for maintaining personal hygiene.

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. The summary of this inspection report can be made available in other formats on request.

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.

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

3. The home does not provide intermediate care.

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

Good efforts are made both to get to know and to provide information to people who are thinking about moving in to the home, to ensure the home will be suitable for each person who goes to live there.

EVIDENCE:

One relative told us that he was happy with the pre-admission assessment and admissions process, saying that the family had received enough information, including CSCI reports, before making a decision about the home. The relative told us, "All in all, I have been impressed with the home".

The Statement of Purpose and Service User guide has recently been reviewed, to ensure they contain accurate information about the home and the service it offers. To ascertain whether or not the home can provide the care needed by prospective residents, the manager visits people at home or in hospital to

complete a pre-admission assessment and talk about the services offered. Two assessments seen were generally comprehensive, with the exception of social needs (see standard 12). The manager said the person then received a copy of that information, with confirmation of whether or not the home could meet their particular needs. The home had recently advised someone that the home would not be able to admit them, because the assessment showed they had some needs other than those that the home was set up to provide for and they would therefore not be able to care for them properly.

Surveys and conversation with staff showed they felt the home was a suitable place for people who were being admitted, in that staff had the skills and experience to meet their care needs.

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):

7-9 & 10.

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

Systems in place inform staff well generally about peoples' care needs, although lack of adequate detail in some care plans may prevent truly individualised care for everyone.

Regular reviews and multidisciplinary working ensures people receive good health care, with good medication systems also helping to protect people's welfare.

There is good respect for peoples' privacy, promoting their dignity and rights.

EVIDENCE:

People spoken with were generally happy with the care provided at the home, comments including, " I am very pleased overall". Some said their care had been discussed and agreed with them. They also confirmed staff knew what help to give when assisting them. One visitor said the care given to their relative when they had been ill was "excellent"; we were also told, "I can't

praise them highly enough". Two other visitors said, "The care is good", with one adding, "Mum always looks well cared for".

We looked at four care plans and associated records. Care plans generally identified peoples' health and personal care needs, including their abilities and what they could do independently as well as what help they needed. There was some good detail about how peoples' likes and dislikes - for example, what time they liked to get up or go to bed, and what they liked to wear. Three staff said that care plans generally had the information they needed to care for people appropriately, and that the daily report/handover was a good opportunity for discussing any changes, etc.

However, some care plans said little about how needs should be met. For example, two care plans for people said to be restless and agitated did not include why they might be restless, or how to alleviate this. Others said, "Encourage fluids/diet" without giving a daily intake goal. One care plan did not have full guidance on when a catheter might be needed for that person (- one being used intermittently), or on how to maintain it. We also saw risk assessments - considering mobility and related problems such as falls or pressure damage from immobility, for example. Some very individual risks, such as choking, had been identified. No clear action to reduce or manage this risk was included for one person, although staff explained the person had a pureed diet to help reduce the risk of choking. Without clear detail and instructions, staff may not always meet, or safely meet, the needs of individual people.

Social and psychological needs were less well addressed in some care plans. Social or personal histories had not been obtained for everyone, so staff might not have information needed to offer personalised or person-centred care to individuals. When asked about this, a nurse said they had recently discussed specific ways of getting such information, which the manager confirmed was being followed up. However, key-workers' weekly care notes for each person did reflect people's psychological wellbeing.

People who were asked said staff were vigilant about their health needs, and would speak to a doctor promptly. Records showed people were weighed (some less regularly than others), and their nutritional needs monitored. A diabetes nurse specialist and GP had been contacted regarding one person with unstable diabetes; a change in medication by the GP and associated guidance was clearly recorded in the care plan and on the medication chart. Care notes showed that people have access to a range of health professionals, including specialist nurses for wound care, chiropodists, occupational therapists, physiotherapists and out-patient services. Two surveys from community-based health care professionals were very positive about the care given at the home.

No one was currently self-medicating. People asked were happy that staff managed their medication for them, and felt they were sufficiently consulted

about it. Care records seen included medication reviews by GPs. Medicines requiring refrigeration were kept accordingly, with records showing appropriate storage temperatures - thus ensuring their effectiveness. Two controlled medicines were checked and found to be stored correctly, with accurate records kept. There are arrangements for disposal of unwanted medicines, but a quantity had not been disposed of in a timely way; the manager said she would address this.

Several people said that staff were respectful, helpful, kind, "and always smiling". They also said staff were very good at respecting their privacy, although some said they would prefer to have female only staff for very personal care needs in order to maintain their dignity (see also standard 14). This was recorded in some care plans but not others. A community-based health care professional said they were able to see people in private, and that staff always knocked before entering bedrooms. Shared toilets and bathrooms had simple locks to ensure privacy, as did bedroom doors. One visitor told us that staff respect the private time that a husband and wife need and that was much appreciated.

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 – 15.

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

There are adequate regular opportunities for fulfilment, although plans for a more individualised approach will enhance some individuals' quality of life better.

Excellent attention is given to maintain links with peoples' families, friends and the community around the home, helping to ensure people benefit from familiar, supportive or fulfilling relationships.

There is good promotion of peoples' choice, offering them control in their lives.

People enjoy a good, varied and balanced diet.

EVIDENCE:

The monthly activity programme included an entertainer, bingo, quizzes, film afternoon, aromatherapy and a 'gentle exercise' session. The manager said bus trips to local places of interest would be organised for the summer months. An 'Activities' photo album available showed people enjoying organised social

events. A monthly communion service is held at the home. One person told us this was important to them, as they could no longer attend church.

Care records we saw lacked detail about people's interests, hobbies and spiritual needs, some only reflecting people's current situation rather than informing about how they used to spend their time, etc. and making use of that information. This may affect the success of attempts to give people fulfilling lives.

Records for three people suggested that they had engaged in very little social activity – for one, only a 'hand massage' was noted in a six month period. The manager felt this was a reflection of poor recording rather than lack of attention. One record was fuller, even including how the person had joined in with or enjoyed the event, etc. - which is helpful when reviewing the effectiveness of social care planned for individuals. Most people asked said they had enough to do with their time, and they did not get bored. However, two also said they did not join in with planned activities because of their disabilities. And a care plan for a person said to be restless said one-to-one social activities were to be offered - but 'Activity' records indicated this had only happened twice in three months (refer to standard 12). The manager said the activities programme had not yet been developed to fully include people at the home with dementia (who needed a more individualised approach), although some of the existing opportunities would be suitable. She said she would look into these matters, to try to ensure people are not excluded because of disabilities, with suitable activities offered to everyone.

Some people knew about activities on offer, with information seen in bedrooms. The manager was heard to inform people about the flower-arranging session taking place after lunch. Staff said this activity had been arranged as a result of the home's recent survey on preferred activities. However, one person told us they wanted some gentle exercise (as noted in a care plan review). They were unaware that 'N.E.L.E.' (Necessary Enhancement of Life for the Elderly) on the written programme was an exercise session, and had thus been missing opportunities to fulfil a personal goal.

People living at the home told us that their visitors felt welcome, and were free to come and go when they wished. Relatives spoken with felt the home communicates fairly well and that they were informed of any significant changes or issues. Two couples said that staff respect their space, and the home had made particular arrangements for one couple when having Sunday lunches together.

Most people described a flexible routine at the home. One person said, "They do what you want, rather than what they want. An excellent place!" Another offered the example that they had been able to have a lie in that morning until after 11am. One felt they enjoyed "plenty of freedom".

Some care plans stated the preferred gender of staff to assist people with personal care, but this was not always adhered to; other care plans did not mention the matter – which the manager said she would address. Two people said that everyone was “very nice” but they would prefer only female staff to provide personal care - which didn’t always happen. Another person said they didn’t mind male staff attending to them, describing them as “very professional”.

Staff were heard to offer simple choices to people, for example, whether they wanted to participate with activities, and what they would like to drink and eat. People seen had call bells within reach. Information on an advocacy service was displayed around the home. Some notices were in large print, so people could read them more easily; the manager said other information could be provided as such.

A list of special occasions seen in the kitchen included dates important to people who lived at the home (birthdays, anniversaries, etc.) as well as national days (St Patrick’s Day, for example), etc. with related menu suggestions. People spoken with were generally happy with the food provided, but one person told us the quality of the food “can vary depending on who is cooking”. Another said, “We don’t go hungry”. People told us that they could request drinks and snacks in the evening after suppertime.

People knew what was for lunch on the day of the visit and told us that there was always an alternative, as seen during lunchtime. Meals were presented nicely, including the pureed meals. People needing assistance with meals were helped in a discreet way, with a member of staff sitting with them, ensuring that they had sufficient to eat. However, a number of people needed help and one meal was left for at least 20 minutes before staff were able to help that person. Staff said that meals would be “warmed up in the microwave” if necessary.

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.

There is a good attitude to complaints, with peoples' views, concerns or complaints used to try to improve the service they receive.

There are adequate safeguarding policies and practices in use, to try to protect people from abuse, although improving risk assessments would make these more robust.

EVIDENCE:

People spoken with knew who to speak with should they have any concerns or complaints. One person told us, "You only have to say and they will try to put things right". A resident said they would speak to the matron/manager if they had a complaint, finding her approachable, but they were also in no doubt they would tell staff if there was a problem. One relative told us that the manager had responded promptly and in a positive way about a concern raised in the past. A log of complaints was seen – they covered a variety of issues; action taken was noted, with follow-up three weeks after the complaint was made (although it was seen in one case that the relevant person's care plan had not been updated to reflect the concern raised). The manager has occasionally contacted us about certain concerns brought to her attention, and has been focused on achieving the best outcome for the complainant in these conversations.

People asked said they felt safe with the staff, both regarding their care skills and their trustworthiness. Photos of staff and regular visiting activities providers were displayed, to inform and reassure people. One nurse and two care staff confirmed that they had received adult protection training to ensure people's wellbeing was safeguarded. This knowledge is also part of the national qualification some staff have gained or are undertaking. All spoken with had an understanding of adult protection issues and all were clear about their responsibility to report any concerns. Induction records showed that all new staff receive training to raise staff awareness of issues and procedures.

One person had a lap-belt, felt necessary to ensure their safety when in their wheelchair. As a potential restraint, staff had risk-assessed this, but the record had little information about how long the lap-belt should be used for and what other strategies could also be used to keep this person safe. It was noted that this person sat in the same chair for a number of hours.

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):

19 & 26.

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

People enjoy a pleasant, homely environment, benefiting from ongoing investment in their surroundings, though care should be taken to ensure facilities for maintaining hygiene standards are adequate.

EVIDENCE:

Those asked liked their rooms, and said facilities such as hot water supplies and lighting in the evenings were satisfactory. Bedrooms had been personalised, with one person saying their family had been encouraged to put up shelves and pictures as they wished. There is a good standard of décor throughout the home, with several areas having been re-carpeted since the last inspection.

The home employs a handyman, and various maintenance records were seen of checks he carried out to promote safety of water systems, equipment such

as wheelchairs and bedrails, etc. People who lived at the home and staff said minor repairs were carried out quickly.

Raised toilet seats were seen, which help people to be more independent. Two baths had broken hoists; one person said they had had to use a bath on another floor for some weeks because of this. The manager said the engineer was due that day to install the new equipment already obtained for one, and has since confirmed this has been done, whilst there were plans to convert the other to a wet room/shower room.

Surveys from people who lived at the home said the home was always clean and fresh, and those who were asked said they were satisfied with day-to-day cleaning of their bedrooms. During the inspection, areas looked clean and were free from malodours, apart from one toilet with a very unpleasant odour; the manager said she would investigate this. Access to hand-cleansing facilities was an issue in two toilets and a sluice room, hindering basic infection control.

The new laundry provides space and equipment for staff to work safely. Staff said there had been 'teething' problems, but that overall it was an improvement. They said disposable gloves and aprons were available, and described appropriate systems in place for handling soiled laundry.

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 – 30.

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

Staff numbers and the skill mix are adequate, but need ongoing monitoring to ensure they remain sufficient to meet peoples' needs in a timely and proper way day and night.

The staff as a team have good knowledge, skills and support to guide practice and ensure peoples' safety, helping them to provide the care residents need.

Aspects of recruitment need improvement to ensure prospective staff are suitable to work at the home.

EVIDENCE:

Several people spoke highly of the staff. Comments included, "Staff are very good, smiling and helpful", "Want something done and they do it", and "Staff are kind and considerate". One person felt that the night staff deserved particular praised, saying, "The night staff are wonderful. They always come quickly when you need them".

During the visit, staff seemed continuously occupied but the home was calm and orderly - including at the mealtime observed - although one staff commented it had been very busy the day before (Sunday). A visitor told us that weekend staffing levels were sometimes lower, with staff under pressure.

The pre-inspection questionnaire suggested at least a third of people at the home needed a lot of help from staff. Some staff had concerns about adequacy of staffing levels to meet peoples' needs fully at night, and to have enough time for required paperwork; others felt levels were sufficient. Both surveys from community-based healthcare professionals suggested care should be taken to ensure staffing was sufficient for the levels of peoples' needs. We noted staff did not visit one lounge for 45 minutes, where one person was struggling to have a drink and another was agitated at times. However, staff came quickly when a call bell was used. People elsewhere also said staff answered bells quickly, but others said they could wait 15 minutes or more, especially around mealtimes. A relative said this was their only concern but added, "I can't criticise staff as they do a good job". One person in their room who said it was "difficult to get hold of staff" thought numbers had been reduced recently, which the manager confirmed had happened because of lower occupancy.

Care records and talking with people showed they went to bed at their preferred times in the evening, despite fewer staff after 8pm. When asked about evening events or activities, one staff member said twilight shifts were being considered, which would make these possible.

None of the four staff recruitment files seen had all the records required to ensure robust recruitment. Two staff recruited through an agency did not have references from their last employer; other references were addressed "to whom it may concern" rather than referring to the home. It appeared two staff members had started working at the home prior to police checks being obtained, although evidence of a timely check has since been supplied for one.

Personnel files showed that two new staff had had a broad induction, helping them understand their role and how to care for people safely. One told us they had received "a lot of training", with support from other staff and the manager. The pre-inspection questionnaire shows no staff have left for six months. One staff member said, "There are good opportunities for training here." Of 22 care assistants, almost half have a recognised care qualification, and seven others are undertaking one. Some nurses act as 'link nurses', updating others on a particular aspect of nursing care - infection control or diabetes, for example. A person living at the home who had poor sight said staff were mindful of their problem, and felt well looked after. Two staff felt planned dementia training would be very useful. However, individual training records were not up to date, with no overview kept, so it was difficult to assess the care team's level of knowledge or skills as a whole. The manager had begun to address this, providing further evidence of progress since the visit.

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):

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 good knowledge, skills and experience to ensure the home is run well, with various strategies used to ensure the home is run in the best interests of people that live there, including practices that protect peoples' financial affairs.

There is adequate attention to health and safety matters, but additional measures would further protect everyone at the home.

EVIDENCE:

The manager has recently been registered with us. She has a mental health nursing qualification as well as a recognised management qualification, but she

intends to undertake the Registered Manager's Award, consolidating her experience and learning to achieve a qualification relevant to her current role. She had recent updating on caring for people showing certain behaviour, training which one staff said she had since passed on to them.

One relative described the manager as "marvellous", adding "She will always come and talk through any problems and is really thoughtful". People spoken with (residents, visitors and staff) felt she was available to them as individuals, and were very positive about her supportive management style.

Service User Guides were seen in bedrooms – providing information about the home. Meetings or surveys are used regularly to formally get residents and relatives' views of the service they receive. Survey findings are made available in an information file kept at the entrance to the home, with minutes from meetings also displayed. One person said their spouse went to the relatives' meetings and found them useful. People spoken with felt that their suggestions were taken on board and acted upon. One relative told us, "The manager will always listen to our suggestions". Staff confirmed minutes of staff meetings are available, so those who have not attended can be aware of discussions.

The company representative carries out unannounced inspections of the home, identifying for themselves good practice as well as matters needing attention. One staff said more audits were being carried out now, with the manager following up any issues arising with the individual staff concerned. The manager is reviewing work patterns, to ensure that peoples' needs are always met at busier times of day.

A bank account has been set up since the last inspection, separate to the home's affairs, for safekeeping of spending money belonging to people who live at the home. We saw records of receipts and expenditure of individuals' monies, with two signatures to verify each transaction and receipts available for particular entries we asked about. Staff confirmed copies of these accounts are given to the individual concerned (or their representative), if they wish to check the records themselves.

Staff spoken with confirmed they had had recent mandatory training, such as manual handling, infection control and fire safety. One staff survey said more equipment would be useful (without specifying what). During the visit, staff said there was sufficient, adding there were new hoists. One person had had some falls recently; their care plan included the risk of falling, but it had not been reviewed with regard to these latest falls.

The pre-inspection questionnaire showed maintenance or servicing of gas and electrical systems was up-to-date. People said fire alarms were tested very regularly; records did not show the recommended weekly testing, although other fire safety checks were recorded appropriately. The manager confirmed alarms were tested weekly, and said she would ensure records were kept up-

to-date. Window restrictors had been fitted, to reduce risks of falls from upper windows. A maintenance record showed restrictors had been checked within the previous fortnight, but we found one of a less robust design was broken. This was mended immediately, and the manager agreed to record that sufficient checks were carried out, to ensure people's safety.

The kitchen looked orderly, and in-house catering audits had been carried out. However, recent temperature checks for one freezer were -10° to -17°C , showing it was not being kept as cold as recommended for food safety i.e. -18°C or colder. Staff asked were not fully aware of newer food safety regulations. The manager said she would follow this up, to ensure the home had safe catering systems.

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	2

STAFFING	
Standard No	Score
27	2
28	3
29	1
30	3

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

Are there any outstanding requirements from the last inspection?

No

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.	OP29	19 - Schedule 2	You must not employ someone to work at the home unless you have specified information and documents, to ensure they are suitable to work at the home.	30/06/07
2.	OP38	13(4)	To ensure the health and welfare of people at the home, risks must be fully assessed, reviewed and managed - particularly with regard to falls from windows, food safety, and individual risks such as falling.	30/06/07

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	Care plans should include peoples' social & personal needs, based on a comprehensive assessment that includes social interests, hobbies, religious and cultural needs, social contacts and relationships, to ensure they are offered personalised care even if their needs change.
2.	OP12	In order that the life people experience at the home

		<p>matches their own preferences and satisfies their social & recreational needs or interests -</p> <p>a) Peoples' interests and preferences - including preferred gender of carers - should be recorded;</p> <p>b) Particular consideration should be given to those with dementia, other mental impairment, or sensory impairment in line with good practice; and</p> <p>c) Opportunities should be given for stimulation through recreational activities that suit peoples' needs, preferences and capacities.</p>
3.	OP18	<p>Risk management for use of potential restraints such as lapbelts should include providing sufficient individualised information (such as diverse strategies for ensuring a particular person's wellbeing, time limits, etc.) so they are only used appropriately, protecting people who live at the home from harm.</p>
4.	OP26	<p>Bathroom and hand hygiene facilities should be kept available throughout the home, ensuring good standards of hygiene and promoting the wellbeing of everyone at the home.</p>
5.	OP27	<p>You should, with regard to the size of the home, the number & needs of the people that live there, ensure that at all times suitably experienced persons are working at the care home in numbers appropriate for the welfare of residents.</p>

Commission for Social Care Inspection

Ashburton Office

Unit D1

Linhay Business Park

Ashburton

TQ13 7UP

National Enquiry Line:

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

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