Commission for Social Care Inspection
CSCI
Making Social Care Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

The Limes

Scarborough Road
Driffield
East Yorkshire
YO25 5DT

Lead Inspector
Eileen Engelmann

Key Unannounced Inspection
19th August 2008 03:16

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

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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 Limes
Address	Scarborough Road Driffield East Yorkshire YO25 5DT
Telephone number	01377 253010
Fax number	01377 253010
Email address	pam@limesresidential.co.uk
Provider Web address	www.limesresidential.co.uk
Name of registered provider(s)/company (if applicable)	Burlington Care Limited
Name of registered manager (if applicable)	
Type of registration	Care Home
No. of places registered (if applicable)	79
Category(ies) of registration, with number of places	Dementia (79), Old age, not falling within any other category (79), Physical disability (79)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category of service only:

   Care home only - Code PC,

   To service users of the following gender - Either

   Whose primary care needs on admission to the home are within the following categories:
   Dementia - Code DE
   Physical disability - Code PD
   Old age, not falling within any other category - Code OP
2. The maximum number of service users who can be accommodated is: 79

Date of last inspection New Service

Brief Description of the Service:

The Limes is a large detached building, set back from the road, and close to the centre of Driffield. The home is registered to provide personal care and accommodation for up to 79 people, some of who may have physical disabilities and/or dementia.

The home has two double rooms and the remainder are single; only two bedrooms on the dementia unit are without en-suite facilities and these two rooms are mainly used for respite stays.

The home has a selection of communal lounges, an activity room and different seating areas for people to enjoy. There are also several small internal courtyards with patio furniture and an enclosed garden. The home is well decorated with good quality furniture.

There is ramped and level access to and around the home and a passenger lift fro the upper floor. Access to the home is via the private driveway and there is ample parking for visitors and staff.

Information about the home and service provided is included in the homes statement of purpose and service user guide. These can be located within the home and the service user guide is issued to prospective service users.

Information about the home and its service can be found in the statement of purpose and service user guide, both these documents are available from the manager of the home, and copies are on display in the entrance hall of the home.

Information given by the manager on 19 August 2008 indicates the home charges fees from £350.00 to £475.00 per week. The level of fee is dependent on the type of care required and the different room facilities chosen by the individual. People will pay additional costs for optional extras such as staff escorts to appointments, hairdressing, private chiropody treatment, toiletries and newspapers/magazines. Information on the specific charges for these is available from the manager.

SUMMARY

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

The quality rating for this service is **2* stars**. This means that the people who use this service experience **good** quality outcomes.

In June 2008 the home was re-registered with the Commission for Social Care Inspection, due to the business being sold to new owners. This means that we look upon the home as a new service and this is the first visit since its re-registration.

Information has been gathered from a number of different sources over the past 2 months since the service was registered with the Commission for Social Care Inspection, this has been analysed and used with information from this visit to reach the outcomes of this report.

This unannounced visit was carried out with the manager, staff and people using the service. The visit took place over 1 day and included a tour of the premises, examination of staff and people's files, and records relating to the service. Informal chats with a people living in the home took place during this visit; their comments have been included in this report.

Questionnaires were sent out to a selection of people living in the home and staff. Their written response to these was poor. We received 8 from staff (40%) and 0 from people using the service (0%).

The manager completed an Annual Quality Assurance Assessment and returned this to us within the given timescale.

We have been notified of one safeguarding allegation (July 2008) about verbal abuse, which was investigated by the local social service team. The home carried out its own disciplinary procedure investigation and appropriate action was taken to resolve the issue.

What the service does well:

People in the home are provided with a warm, safe and comfortable place to live that welcomes visitors and makes them feel at home. The home is clean and staff work hard to make sure the building is odour free.
The home is welcoming and has a relaxed atmosphere. People living there said they are happy with their bedrooms and can bring in their own possessions, making it feel more like home.

People being cared for have good access to professional medical staff and are able to access external services such as dentists, opticians, physiotherapists, chiropody and dieticians, so their health is looked after and they are kept well.

What has improved since the last inspection?

In June 2008 the home was re-registered with the Commission for Social Care Inspection, due to the business being bought by new owners. This means that we look upon the home as a new service and this is the first visit since its re-registration.

What they could do better:

People who are working in the home have to attend more training around safe working practices to make sure they look after their health and safety and that of the people living in the home.

The person who owns the home must make sure there are enough staff on duty at all times (day and night) to meet the needs of the people using the service.

People working in the home need to continue to go to different training sessions, which will help them understand more about the different needs of the people using the service. This will make the service better as people working in the home become more confident in what they do and how they do things.

We would like to thank everyone who completed a survey or spoke to us during this visit. Your comments are very important to us and ensure this report includes the views of people who use the service or work within it.

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, 4 and 6.
People who use the service experience **good** outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People wanting to use the service undergo a needs assessment and are given sufficient information about the home and its facilities prior to admission, to enable them to be confident that their needs can be met.

EVIDENCE:

The people we spoke to said they received sufficient information to make an informed choice about the service before accepting the placement offer. These individuals have also received a contract/statement of terms and conditions from the home.

Each person has his or her own individual file and the funding authority or the home, before a placement is offered to the individual, completes a need assessment. The four files looked at during this visit were for two funded individuals and two self-funding people; all were living in the home at the time of its purchase and re-registration by the current owners.

The home develops a care plan from the assessments, identifying the individual's problems, needs and abilities using the information gathered from the person and their family.

Discussion with the manager indicated she goes out to assess individuals who have expressed an interest in coming into the home, and each person is given information about the service and life in the home.

Staff members on duty were knowledgeable about the needs of each person they looked after and had a good understanding of the care given on a daily basis. Discussion with five people showed that they were satisfied with the care they receive and have a good relationship with the staff.

Information from the Annual Quality Assurance Assessment and discussion with the manager and people living in the home indicates that all of the people using the service are of White/British nationality. The home does accept people with specific cultural or diverse needs and everyone is assessed on an individual basis. Discussion with the manager indicated that the home looks after a number of people from the local community, although placements are open to individuals from all areas.

Checks of the staffing rotas and observation of the service showed that the home employs seven care staff from overseas. The home is able to offer a limited choice of staff gender to people who express preferences about care delivery, as they employ 3 male care staff on the dementia unit. The information about people's preferences should be recorded onto the care plans.

Information from the training files and training matrix indicates that the majority of staff are up to date with their basic mandatory safe working practice training, or they are booked onto training in 2008. The home is registered with us to accept placements for people with dementia and the manager is aware of the need to introduce more robust staff training around dementia and challenging behaviour to ensure the staff are able to meet people's needs.

The home does not have any intermediate care beds and therefore standard six does not apply to this

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 and 10
People who use the service experience **good** outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The health, personal and social care needs of people living in the home are being met by the service and staff.

EVIDENCE:

Information from this visit indicates that the people who spoke to us are satisfied that the staff give appropriate support and care to those living in the home. People said they are able to make their own decisions about their daily lives most of the time; that staff treat them well and listen and act on what they say.

Discussion with the manager indicated that there are plans to change the format of the care plans and introduce a more simplified version that is easy to read and understand.

The care of four people was looked at in depth during this visit and included checking of their personal care plans. The care plan format used by the home is detailed and comprehensive, but some staff told us that they struggled to

keep them up to date. Those looked at were satisfactory although equality and diversity information about people's preferences regarding staff gender for personal care was not included in the plans. Discussion with the manager indicated she would ensure this was put into place as soon as possible.

People said that they have good access to their GP's, chiropody, dentist and optician services, with records of their visits being written into their care plans. They all have access to outpatient appointments at the hospital and records show that they have an escort from the home if wished. Comments from the people using the service indicate they are satisfied with the level of medical support given to them.

The staff weigh everyone on a regular basis and evidence in the plans show that dieticians are called out if the home has particular concerns about an individual.
A number of staff members raised some concerns about individuals on the dementia unit not having access to food at night, however discussion with the manager, provider and the cook indicated that there are basic provisions available overnight. Observation of the dementia unit showed there is a small kitchen accessible only by staff. This is stocked with drinks and snacks including bread, cereals and crisps.

Checks of the medication show the home is using Boots the Chemist as their pharmacy supplier and their MDS system of medication is in use.

Observation of the medication records show that on the whole these are completed to an acceptable standard; but we recommended that where staff are hand writing medication onto the sheets (transcribing), there should be two staff signing the entry to indicate they have both witnessed that the information on the sheet (name of medication, strength and administration methods) is correct.

Checks of the controlled drug stocks and the register show that these are up to date and correct.

People's comments show they are satisfied with the care and support offered by the staff. Chats with people using the service revealed that they are happy with the way in which personal care is given at the home, and they feel that the staff respect their wishes and choices regarding privacy and dignity. Observation of the service showed there is good interaction between the staff and people, with friendly and supportive care practices being used to assist people in their daily lives.

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 and 15.
People who use the service experience **good** outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are provided with choice and diversity in the meals and activities provided by the home. Individual wishes and needs are catered for and people have the option of where, when and how they participate in both eating and leisure activities.

EVIDENCE:

The home employs two activity co-ordinators who are responsible for carrying out the daily programme of leisure activities. They work Monday to Friday between 10am and 4pm and on Wednesdays both are on duty due to the bus trips out.

On the day we visited the home a number of people were sat in the activity lounge playing dominoes, doing Jigsaws and craftwork and generally socialising as a group.

One co-ordinator conducts activities with small groups in the dementia unit, three times a week, there are regular outside entertainers booked to come into

the home and on a Wednesday there is a day trip out using the community minibus.

The home has a television room with a Wii games console that individuals use to play tennis and bowls. One visitor told us that her grandson liked to spend time with their relative in this room as they both could do the Wii activities together.

Three people who spoke to us said they could join in activities when they wanted to and enjoyed the outings, especially in the better weather. One individual looked forward to playing bingo on Tuesdays and everyone liked the freedom to spend time alone in their rooms whenever they wished.

Discussion with one activity co-ordinator indicated that records are kept of activities carried out and show who attended. This information is transferred into people's care plans.

The co-ordinator told us she has attended some training around activities for the elderly, which she found useful and interesting. Skills and knowledge from this training are now being put into practise within the home. One recent activity is the putting together of a memory box with objects in it from days gone by. This is used to start conversations with people and encourage individuals to talk about their past lives and experiences with others.

Evidence seen at this visit indicates that people are encouraged to celebrate Christian events such as Birthdays, Easter and Christmas. People have access to the local churches and home visits are arranged on an individual basis.

Discussion with the people living in the home indicates that they have good contact with their families and friends. Everyone said they were able to see visitors in the lounge or in their own room and they could go out of the home with family. Visitors were seen coming and going during the day, staff were observed making them welcome and there clearly was a good relationship between all parties.

Three people spoken to were well aware of their rights and said that they had family members who acted on their behalf and took care of their finances. Two people who spoke to us look after their own affairs and praised the administration staff for their help and advice, they said 'the administrator is very good and gives us detailed information about our finances and rights'. There is some information and advice on advocacy and this is on display in the entrance hall.

The staff training matrix given to us on 19 August 2008 shows that some staff have attended training on the Mental Capacity Act, but there is no evidence that staff have received additional training around current legislation in equality, diversity and disability matters. The registered person should make

sure that staff have sufficient knowledge about human rights legislation, so they understand individual rights within the care home and out in the community.

Discussion with the cook indicates there is a wide range of diets catered for in the home including low fat, low potassium and diabetic choices. One cook has an NVQ 3 in catering and another is doing NVQ 2.

Five people spoken to said the meals in the home were very good and they enjoyed the food available.

Observation of the lunchtime meal showed the food was home made, and all the meals seen including the soft diets were presented in a satisfactory manner.

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 and 18
People who use the service experience **good** outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home has a satisfactory complaints system with some evidence that people's views are listened to and acted upon.

EVIDENCE:

The home has a complaints policy and procedure that is included in the statement of purpose and service user guide. It is also on display within the home. Five people who spoke to us during this visit have a clear understanding about how to make their views and opinions heard. People told us that 'we would talk to the staff or the manager if we had any problems'.

Checks of the complaints records in the home showed that the manager has dealt with one concern since the new owners took over, this was investigated and a written response given to the complainant.

Six members of staff raised concerns with us, both prior to the inspection and in the surveys, about staffing levels, food and training. They told us that they did not feel their views were being listened to. All these issues have been looked at during this visit and outcomes are recorded in the report.

Recent changes to the ownership of the home have caused some unrest amongst the staff and discussion with the provider indicated there is a need for

him to talk to the staff and listen to their concerns. We were assured that he would arrange a staff meeting as soon as possible to address these issues.

We were notified of one safeguarding of adults allegation in the home in July 2008, concerning verbal abuse of a person using the service. The home reported the allegation to the local safeguarding team (social services) who carried out an investigation. Evidence from the investigation showed the allegation to be truthful and the home completed a disciplinary meeting with a member of staff and the individual left the employment of the service.

Safeguarding issues and outcomes areas such as health care, staff supervision, staff training, complaints and safeguarding of adults have been looked at as part of this visit.

The home has policies and procedures to cover adult protection and prevention of abuse, whistle blowing, aggression, physical intervention and restraint and management of resident's money and financial affairs.

The staff on duty displayed a good understanding of the safeguarding of adults procedure. They are confident about reporting any concerns and certain that any allegations would be followed up promptly and the correct action taken.

The staff training matrix given to us on 19 August 2008 shows there is an ongoing training programme for staff to attend safeguarding of adults awareness training, and sessions were held in July and more are booked for August, September and October 2008.

Information from the staffing matrix given to us on 19 August 2008 showed there was training around dementia care in January, February and May 2008, but a number of staff told us that they did not feel confident about their level of skills and knowledge to meet the needs of people with dementia. The manager told us that she is looking into more robust training around this area of care. There is also a need to include training sessions on management of challenging behaviours so staff have the skills and knowledge to recognise and meet the needs of the people living in the home.

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, 22 and 26
People who use the service experience **good** outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The standard of environment within the home is good, providing people with a comfortable and homely place to live.

EVIDENCE:

We walked around the building and found it satisfactory and suitable to meet the needs of the people using the service. The home has an ongoing maintenance and refurbishment programme and the environment is clean, comfortable and homely. The domestic staff do an excellent job of keeping the premises clean and odour free and people told us that 'the staff visit every day to ensure our rooms are kept clean and tidy'.

Since the new owners of the home took over the service in June 2008 they have put a lot of time and effort into refurbishing and redecorating the premises.

The home is split into a residential unit and a dementia unit. The residential unit has a large, spacious dining room and a range of communal spaces including one for people who wish to smoke. People can sit out in the small patio areas, which have flat paving for those with mobility problems and they are provided with tables, benches and plants.

The dementia unit has one large lounge, which some staff feel is a bit crowded when everyone is in it. Discussion with the manager indicated there are tentative plans to enlarge this living space. There is plenty of outdoor space leading off from the dementia unit lounge. The outside area has flat walkways, lawn and gardens in an enclosed and secure space.

People have access to seven assisted bathrooms and all but two bedrooms are en-suite with toilets and hand washbasins.

The home is built on two floors, and people can access the upper level using the passenger lift or stairs. There is a ramp to the front entrance to enable people with mobility problems easy access to and from the home and walkways inside are kept clear of any obstacles.

Doorways to bedrooms, communal space and toilet/bathing facilities are wide enough for wheelchairs, and corridors are spacious and have enough room for people in wheelchairs or with walking frames to pass by comfortably. Discussion with the staff and manager indicates that there is a wide range of equipment provided to help with the moving and handling of the people using the service and to encourage their independence within the home. This includes mobile hoists and bath hoists, lifting belts, slide sheets, turntables, standing hoists and handrails. Staff have been provided with bleeps to carry that activate with the nurse call system, and the provider informed us at this visit, that contractors are coming in to extend the nurse call system to the television lounge and two toilet areas.

People with sight problems have access to audio books and there are headphones for those with hearing difficulties.

Discussions during this visit indicate that people using the service are satisfied with the laundry service provided by the home.

Infection control policies and procedures are in place, and staff have access to good supplies of aprons and gloves for use in personal care. The staffing matrix supplied to us on 19 August 2008 indicates that infection control training took place in January 2008 and May 2008. A further distance-learning course is available to staff in October 2008.

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 and 30
People who use the service experience **adequate** outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Staffing levels do not always meet the needs of the people using the service and there are times when people may need to wait for staff support and attention. As a result people do not receive consistent care.

EVIDENCE:

We spoke to five people who use the service during this visit and they were all satisfied with the care they receive and said that they did not have to wait too long for staff to come when they needed assistance. Individuals told us that 'staff are friendly, helpful and supportive. They are willing to talk to you or listen if you have any problems and nothing is too much bother'.

Eight staff who completed our surveys said that communication amongst themselves could be better and two said their induction process and training was good. Six staff expressed concerns that the numbers on duty at night were insufficient to meet the needs of the people in the home and to carry out additional tasks such as cleaning duties. The surveys also showed that some staff did not feel supported around training and development opportunities and supervision. Discussion with the manager and provider indicated that these concerns would be discussed at the next staff meeting.

At the time of this visit there were 75 people in residence and a further 2 individuals were due to come in. The staffing rota showed that the following staffing levels are in use -

7am to 3pm – 11 care staff on duty
2.30pm to 10pm – 9/10 care staff on duty
10pm to 7am – 5 care staff on duty

We spoke to the manager and provider during this visit, about the need to increase the number of staff on duty at night. Especially as from September 2008 there was an expectation from the management team that night staff would undertake a certain amount of cleaning duties in addition to their care tasks. The provider assured us that there was an active recruitment drive underway and he was aiming to increase the night staff levels to 6 or 7 people and increase the staff on the dementia unit by one person in an afternoon. The staffing figures will be monitored by us and looked at during the next visit.

38% of care staff at the home have an NVQ 2 or above in care and twenty - seven more staff are in the process of completing this training. The home has a mandatory staff training programme in place and discussion with the manager indicates that the majority of the staff are up to date with this or are booked onto refresher training for 2008.

The information in the staff training matrix is basic and the manager should consider including the names of staff who attended training and the dates of when training was last completed.

The manager and provider are aware of the need to expand the range of training to include sessions on conditions relating to old age, dementia and challenging behaviour.

The home has an equal opportunities policy and procedure. Information from the staff personnel and training records and discussion with the manager, shows that that this is promoted when employing new staff and throughout the working practices of the home.

The home has a recruitment policy and procedure that the manager understands and uses when taking on new members of staff. Checks of three staff files showed that police (CRB) checks, written references, health checks and past work history are all obtained and satisfactory before the person starts work.

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):

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

The management of the home is satisfactory overall and the home regularly reviews aspects of its performance through a good programme of audits and consultations, which includes seeking the views of people using the service, staff and relatives.

EVIDENCE:

The manager at the home is not currently registered with The Commission for Social Care Inspection, but her application is going through the process. She is a registered nurse and has been in post for almost 14 months.

The home has achieved the Local Council's Quality Assurance Award (QDS parts I and II).

Policies and procedures within the home have been reviewed and updated to meet current legislation and good practice advice from the Department of Health, local/health authorities and specialist/professional organisations. The manager and senior staff complete in-house audits of the home and its service on a monthly basis, and the registered individual does spot checks and completes the regulation 26 visits.

Feedback is sought from staff, the people using the service and relatives through regular meetings and satisfaction questionnaires. The manager said she is in the process of analysing the information and putting it together into an annual development report, to highlight where the service is going and indicate how the management team is addressing any shortfalls in the service.

Checks of the finance systems within the home found that handwritten records are kept for people's personal allowances; the administrator on a daily basis up dates these. Information from the Annual Quality Assurance Assessment indicates the majority of people have their families looking after their financial affairs, and checks of the system show their relatives top up the person's individual allowance account on a regular basis. People who have asked the home to look after their personal allowances are able to access their money on request, and receipts are kept for any transactions. All monies are kept safe and secure within the home and only the administrator or manager has access to the funds.

Maintenance certificates are in place and up to date for all the utilities and equipment within the building.

Accident books are filled in appropriately and staff are aware that regulation 37 reports must be completed and sent on to the Commission where appropriate.

The home has an up to date fire risk assessment in place and the handyman and staff are undertaking regular checks of the systems.

It is unclear from the staff training files how up to date individuals are with safe working practices, however work is ongoing to improve this aspect of care and we did not observe anything that indicates staff do not have the necessary skills to meet the needs of people living in the home.

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	3
5	x
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	***Score***
7	3
8	3
9	3
10	3
11	x

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

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

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

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

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

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.	OP27	18	The registered person must ensure there are sufficient staffing numbers and skill mix of staff to meet the assessed needs of the people, the size, layout and purpose of the home at all times, and additional staff are on duty at peak times of activity during the day. So people can enjoy a good quality of life and be confident that their health and social care needs will be met.	01/11/08
2.	OP18 OP30 OP38	18	The registered person must ensure that there is a training programme in place that ensures staff fulfil the aims of the home and meet the changing needs of the people using the service. Specialist training on the elderly and diseases relating to old age, management of challenging behaviour and dementia must be included in the training programme. So the health, safety and welfare of the people in the home is protected and promoted, and	01/11/08

			staff have the skills and knowledge to provide a high standard of care.	

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	The manager should ensure each person's care plan includes the individual's preference regarding staff gender for giving personal care.
2.	OP9	The manager should make sure that where staff are hand writing medication onto the sheets (transcribing), there are two staff signing the entry to indicate they have both witnessed that the information on the sheet (name of medication, strength and administration methods) is correct.
3.	OP14	The registered person should make sure that staff have sufficient knowledge about equality, diversity, disability matters and human rights legislation, so they understand individual rights within the care home and out in the community.
4.	OP28	50% of care staff should achieve an NVQ 2 or equivalent qualification by the end of June 2009.
5.	OP30	The information in the staff training matrix is basic and the manager should consider including the names of staff who attended training and the dates of when training was last completed.
6.	OP31	The manager should register with the Commission for Social Care Inspection by the end of December 2008.
7.	OP33	The manager should ensure an annual development plan for 2008/9 is available for inspection at our next visit.

Commission for Social Care Inspection
North Eastern Region
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