



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Parklands

**21-27 Thundersley Park Road
South Benfleet
Essex
SS7 1EG**

Lead Inspector
Mr Trevor Davey

Unannounced Inspection
11th February 2008 10:30

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	Parklands
Address	21-27 Thundersley Park Road South Benfleet Essex SS7 1EG
Telephone number	01268 882700
Fax number	01268 882749
Email address	parklandsoffice@bjp-healthcare.co.uk
Provider Web address	
Name of registered provider(s)/company (if applicable)	Canaryford Limited
Name of registered manager (if applicable)	Mrs Tina Ann Coveley
Type of registration	Care Home
No. of places registered (if applicable)	54
Category(ies) of registration, with number of places	Dementia (54), Old age, not falling within any other category (54)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following categories of service:
Care Home with Nursing - Code N

to service users of the following gender:
Either

whose primary care needs on admission to the home are within the following categories:

Old age, not falling within any other category - code OP
Dementia - Code DE

2. The maximum number of service users who can be accommodated is 54.

Date of last inspection 20th April 2007

Brief Description of the Service:

Parklands Nursing Home is a purpose built establishment, which provides nursing and personal care for up to fifty-four older people. The accommodation includes a six-bed unit for people who require a period of rehabilitation or respite care.

Facilities are provided on two floors and a shaft lift is available. Accommodation includes single and double bedrooms with ensuite facilities, lounges and dining rooms. There is also provision for communal bathroom and toilet facilities.

There is a patio area and ample car parking facilities. The home is near to the local shops at South Benfleet, the railway station and other local amenities.

The current rate of fees range from £378 to £650 per week. Additional charges are made for hairdressing, chiropody, toiletries, newspapers and magazines. Information about the home is made available to prospective residents in the Statement of Purpose and Service Users' Guide.

SUMMARY

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

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

The Key Inspection site visit covered a period of 10.50 hours and covered all key standards.

The registered provider for the home, and registered manager together with staff, residents, relatives and visitors were available during the site visit and were spoken with. Their comments and contributions received were helpful in assisting the Inspector to prepare the report.

As part of the site visit, a tour of the premises took place. Personal care records and other official records within the home were inspected. The information included in the annual quality assurance assessment form (AQAA) which had been submitted to the Commission for Social Care Inspection was also used in compiling the inspection report. This form gives home is the opportunity of recording what they do well, what they could do better, what has improved as well as future plans for improving the service. Feedback from survey information that the home had obtained in February 2008 was also inspected. Approximately 62% of the questionnaires drawn up by the home itself and given to residents for completion, had been returned to the management.

Matters relating to the outcome of this inspection were discussed with the registered provider and registered manager. Full opportunity was given for discussion and/or clarification both during and at the end of the site visit.

What the service does well:

The management team are committed to promoting high quality care and ongoing improvements have taken place in the home since the last inspection. The home has a quality assurance system in place, which includes listening to people who use the service. As part of this exercise, feedback from completed questionnaires completed by residents and relatives, was made available to us. In addition, we spoke to health care professionals.

Overall, comments were positive with a high percentage of the feedback expressing satisfaction that personal choice, daily routines and wishes of residents were being respected. When we spoke to some of the visitors during

the site visit, they were positive in their comments and said that they had seen an improvement in the health of their relatives since being admitted to the home. They also mentioned that staff are approachable, helpful and always had time for them. A number of positive comments from residents were made to us regarding the standard of care, food and that staff were very responsive. The registered provider told us that the home has a policy of being open, transparent and responds promptly to complaints. This was evidenced in the record of complaints and responses provided.

The home provides a good variety of social and recreational activities that reflects the interests of residents both as a group and as individuals. An activities leader co-ordinates these activities with the assistance of other staff and we observed one of these sessions which included a word quiz, taking place during the site visit.

Meals provided by the home take into account the choice and suggestions made by residents. Menus were available on the tables showing what was available for the day as well cards giving residents the opportunity to make any comments should they wish to do so.

The home is committed to providing a comprehensive training programme, which is targeted to ensure that staff are equipped with the skills necessary to meet specific nursing and care needs. This is regularly updated and the manager and other staff within the home have approved training certificates covering certain topics. There is also an excellent working relationship with other health care professionals who give regular input to the staff team.

From the sample checks made of personal care records, pre-admission assessment information as well as the recording of care plans and risk assessments, these were in place and updated regularly. There was evidence to show that the views of residents and/or relatives had been taken into consideration when reviews had taken place.

Records were available to show that robust recruitment procedures had been followed before new staff had been appointed. Health and safety procedures were in place as well as records evidencing the updating of maintenance servicing contracts.

What has improved since the last inspection?

This since the last inspection, requirements and recommendations, which had been identified in the report, had been met. These include better consultation with residents about their interests and activities required to meet personal needs and expectations, responding promptly to any complaints and making any necessary changes to improve practice. Recruitment checks are fully completed before people are employed at the home. As a result of listening to people who use the service, the home have stated in their self-assessment

(AQAA) form, that photographs of personnel are now displayed in the reception area and name badges are worn by all staff to help with identification. These were seen when carrying out the site visit. Care plan information has been updated. Improvements have also been made regarding the standard and variety of food provided. Refurbishment has been carried out in the home and soft furnishings replaced.

What they could do better:

To maintain confidentiality, the management should ensure that all day/night log report sheets for residents are stored securely and not left unattended where other people could gain access to personal information.

Regular monitoring should take place to ensure that health and safety policies are always followed. This refers to a potential hazard to residents where they could be at risk of falling because of trailing leads of electrical equipment.

As part of the home's overall quality assurance arrangements, individual survey information should also include the views of health care professionals who are involved with the service.

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 and 6

People who use the service experience **excellent** quality outcomes in this area.

Residents can expect to have their care needs assessed by the home to ensure that the proposed placement is suitable.

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

EVIDENCE:

A sample check was made of pre-admission information that was available and this also included people who had been admitted to the rehabilitation unit. There was evidence to show that the manager and other health care professionals had been involved in this process which included information gathered as a result of visits to hospitals. Information was clearly documented and included medical comments, current medication as well as referral forms from hospital. There was also a plan of the care assessment, which included diet and weight, oral health, foot care, mobility and dexterity. Where

appropriate, information had been recorded showing any history of falls and risk assessments had been included for staff to follow. Other examples of risk assessments included dealing with potential epileptic seizures. Personal information with likes and dislikes had been included as well as relevant past history.

There was also opportunity during the site visit to speak to Macmillan nurses and local doctors. They made positive comments regarding the professional relationship that existed with the home particularly when dealing with palliative care issues and how regular consultation takes place with staff to ensure residents' needs were properly being met. This included regular liaison with occupational therapists and physiotherapists.

Some of the residents spoken with were complimentary regarding the care and support provided by staff since being admitted to the home. They said that this had brought about overall improvements to their health and condition as a result of the care and treatment received and in some cases, improved mobility. Visitors spoken with also confirmed that they were pleased with the improved condition and progress their relatives had made. Staff were said to be helpful as well as having the time to discuss any matters of concern. Feedback from the home's own questionnaire completed by residents, showed that over 90% of people felt staff were friendly and helpful. Approximately 58% felt that information on the rehab unit on admission from hospital wards was poor. The home have acknowledged in their self-assessment (AQAA) form that they need to update the brochure to include more information on the rehab unit. It was noted that a copy of the Service User's Guide was available for residents in their rooms.

It was evident from conversations and records inspected, that residents had been appropriately assessed to ensure the home could meet their needs. The management have also acknowledged how they need to improve the information available for people who wish to use the rehab unit.

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** quality outcomes in this area.

Residents can expect to have a plan of care drawn up by the home that details all their assessed needs and the management of risk and can expect to receive the services of health care professions.

Residents can expect the home to manage the administration of medication in accordance with accepted good practice guidelines.

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

EVIDENCE:

A sample of personal care records were inspected which included care plans, risk assessments, reviews and day/night log record sheets. Since the last inspection, ongoing improvements had been made in the detail and recording of information. Care plans had been drawn up which showed identified needs as they related to individual residents. These included moving and handling, the use of bed rails, management of diabetes, wound assessment chart,

continence assessment, dependency rating scale, waterlow pressure score and nursing care plan. Information included identified tasks, handling methods as well as the date and the signature of the floor co-ordinator nurse. As part of the evaluation and review procedure, short and long-term goals had been recorded. Where possible, residents or their representative had signed care plans as part of the consultation process. There was evidence to show that care plans had been regularly reviewed and updated to reflect changing needs and how these should be addressed. Short and long-term goals had also been included. The care manager is responsible for overseeing that information included in care plans and other personal records, is up to date. The general manager and registered provider also carry out spot checks. Day and night log reports had been completed on a regular basis to show when checks had been carried out as well as the treatment and care provided. It was noted that in one resident's bedroom, this information had been left unattended on a chest of drawers and was available for people to see. The management should ensure that any confidential personal information is properly secured to safeguard the privacy and dignity of residents.

Staff were observed to be responding appropriately and attending to residents in a friendly and professional manner. Some of the staff spoken with confirmed that they had received training in palliative care, moving and handling and they felt confident in their role to provide appropriate care and support to residents. Staff were also observed to be competent and sensitive when assisting residents in the use of moving and handling techniques including hoisting manoeuvres and other equipment. Proper use of disposable gloves and aprons were being used to minimise the spread of infection in accordance with infection control procedures. During the site visit, health care professionals told us that staff consulted them for advice, were very co-operative and professional in their approach. A visiting doctor said that they had not come across any injuries as a result of falls in the home or of ulcers that needed treatment. Records were available for inspection showing where medical advice and treatment had been provided to individual residents.

Overall, comments from residents and visitors spoken with were positive. Staff were said to be good, gentle and responsive. Some residents confirmed that any changes to their care plan had been discussed with them. Another resident said that they had been admitted from hospital and that they were very pleased with the care received. They were regularly checked by staff and pressure areas that had occurred prior to being admitted to the home, were now healing. Some of the residents spoken with were aware of their key workers and enjoyed a good supportive relationship which they found helpful. Other positive comments were made by residents and visitors confirming that they were satisfied with the care provided including the toileting arrangements and that incontinence issues were managed well. Letters of appreciation received from relatives and residents were made available for inspection. Positive comments were made acknowledging the kindness and affection of staff as well as the good standard of care provided. Other families commented

that whenever they visited, they were kept up-to-date with information regarding their relatives' condition and that staff were very sensitive in dealing with end of life issues.

A check was made of the medication administrative arrangements in the home with the care manager. From the sample checks made, the medication administrative records (M.A.R.) were being completed in accordance with agreed procedures. Recorded entries corresponded with prescription instructions and nurses within the home have received updated training in medication procedures. Photographs of individual residents had been included to assist in clearly identifying residents when medication is administered. Entries in the controlled drugs register were correct and we carried out a sample check to ensure the balance of tablets coincided with the records of medication administered. Records were available for inspection to show that these records had been audited twice a day by staff. Approximately 97% of questionnaires completed by residents showed they were satisfied with the medication arrangements in the home.

In their self-assessment (AQAA) form, the home acknowledged that they needed to amend care plans where there have been significant changes to the condition of residents. There was evidence to show that action had already been taken to update this information. In addition, senior staff had been instructed to contact families immediately any changes occur and relatives spoken with, confirmed that they were being kept informed. There have also been staff meetings and additional training to promote "Person centred" care when dealing with the identified care needs of residents and how these should be met.

Residents and relatives spoken with felt they were treated with respect and their right to privacy was being upheld.

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** quality outcomes in this area.

Residents can expect to receive a balanced diet and assisted in maintaining family/friend/community contact. Residents can be assured of a meaningful activities/recreational programme that meets their needs and interests.

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

EVIDENCE:

Since last inspection, the range of social and recreational activities has improved. We spoke with the activities co-ordinator who is responsible for promoting social recreational activity in accordance with the needs and interests expressed by residents. An activities assistant is also involved together with the hairdresser who provides therapeutic pastimes such as pedicures. Time was spent in one of the lounges observing a few of the residents who were participating in a quiz, one was colouring pictures and another resident was having their nails varnished. Several visitors were also in the lounge at the time. A variety of activity resources were available including bygone objects and puzzles. Records were inspected of individual interests and activities in which residents had been involved. These included playing

cards, drawing, crosswords, meals out, and reminiscent sessions. An activities programme was displayed in the dining room for each day that included quizzes, residents' meetings, balloon play, hair, beauty and pamper Day. Sing-along sessions and cinema club are also part of the social activities provided by the home. Some of the residents spoken with said how they participated in some of these activities and that they are consulted on a one-to-one basis regarding their personal interests, likes and dislikes. Some of the residents spoken with said they attended residents' meetings. Residents and visitors said that sometimes entertainers visit the home and other residents make use of the local library. Residents also confirmed that they were able to spend time in their rooms as well as being able to choose their own preferred daily routines whenever possible. In their self-assessment (AQAA) form, the home acknowledge that they want to do more to encourage residents to go on outings such as to shops and Southend sea-front. They are also planning to recruit an activities co-ordinator at weekends. A number of visitors were spoken with during the site visit and families are encouraged to be involved and to interact with the staff team.

Some of the residents spoken with were complimentary about the overall presentation and standard of meals provided and confirmed that they were given alternative meals to choose from. As a result of comments made by residents, the home has now entered into an arrangement with an outside catering company who provide staff for preparing and cooking meals as well as maintaining food and hygiene regulations in the kitchen areas. There is regular liaison and meetings take place between the registered provider and the catering company. Menus were displayed on the dining-room tables and these are rotated on a four- weekly basis. On the day of the site visit, there was a choice of ham, fried eggs, chips and beans or pilchard salad and two alternative deserts for lunch. Pizza and an assortment of sandwiches were available for supper together with cake or yoghurt. Residents spoken with also mentioned that there was a choice for breakfast that included cereals, grapefruit, toast, scrambled egg and bacon. As well as drinks during the day, bed time milky hot drinks, cakes or biscuits were also available. Cards were also placed on dining-room tables to enable residents to make comments on the food provided. A number of residents spoken with were complimentary regarding the standard of food and the variety available. Diabetic needs had also been taken into consideration. Records were also available of meals provided to individual residents together with daily fridge and freezer temperatures.

The responses from the survey questionnaire issued by the home to residents, indicated that at least 89% felt that the food was sufficient, nicely presented with a good variety and that table cloths and cutlery were always clean.

From conversations, observation and records available, the home has been able to demonstrate its ability to ensure equality and diversity is promoted as part of the quality of life and experience of residents who live in the home.

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** quality outcomes in this area.

Residents can expect to have their complaints taken seriously and be assured that they will be protected by the home's "safeguarding adults from harm" procedures.

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

EVIDENCE:

The Statement of Purpose and Service Users Guide clearly explains the complaints procedure. Since 1st July 2007, ten complaints had been recorded and evidence was available to show that these had been investigated and appropriate action taken with appropriate responses provided to the complainants. The registered provider operates an "open-door" policy and users of the service are encouraged to raise any issues of concern so that these can be promptly dealt with. Overall, residents and relatives spoken with felt that the registered provider and staff team were approachable and were confident that matters could be raised and discussed. Letters and cards from relatives were also available expressing compliments and appreciation to the home for the care provided.

Policies and procedures on "safeguarding adults from harm" were in place and appropriate training is given to staff that was documented. The registered provider has demonstrated that where necessary, appropriate and robust measures had been taken to deal with any incident that may place residents at risk from harm or abuse.

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 and 26

People who use the service experience **good** quality outcomes in this area.

Residents can expect to live in a clean, safe and comfortable environment.

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

EVIDENCE:

The premises of the home were clean and hygienic and there were no offensive odours. No concerns were expressed by residents regarding the cleanliness of their rooms. Some of the staff spoken with confirmed that they had attended training on infection control procedures. Residents spoken with were satisfied with their accommodation and the facilities provided. Appropriate furniture and equipment had been provided to meet residents' needs. Positive comments were made by residents regarding the response of the home when equipment failed or needed attention. One of the call bells that wasn't working had been repaired that morning. Since the last inspection, the home has been

refurbished with new floor coverings, curtains and wallpaper. Wherever possible, the home purchases and maintains their own mechanically operated beds. All residents have pressure-relieving mattresses and bedrooms are always redecorated when they become vacant. Residents and visitors had been complimentary about the environment of the home in the survey forms completed as part of the home's quality assurance procedures. In their self-assessment (AQAA) form, the home are planning to give residents a choice of colour schemes for their bedrooms.

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 **good** quality outcomes in this area.

Residents can expect to be cared for by suitable numbers of staff on each shift that meets their needs.

Residents can be assured that records will be able to demonstrate that the home has followed robust recruitment and employment procedures.

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

EVIDENCE:

Staff rotas were available and the normal provision of staff allows for the general manager (who is supernumerary), care manager, a minimum of one qualified nurse, one senior care co-ordinator, between eight and ten care assistants covering the early shift and between six and seven care assistants covering the late shift. One qualified nurse with four other care staff on awake duty, provide night cover. There is an overlap of one hour between the hours of 7 a.m. and 8 a.m. In addition, between the hours of 7 p.m. and 11 p.m. three staff are available to give additional assistance. The staffing establishment also allows for a part-time activities organiser and assistant, four domestic staff, laundry assistant, administrative and maintenance staff. Regular kitchen staff are provided by an outside caterer. The registered provider is regularly in the home and always contactable. The home is now in a

position where there is a regular core group of staff that helps to promote consistency in the delivery of care and nursing practice that has resulted in less use of agency staff.

Recruitment records were checked for recent members of staff who had been appointed. These included application forms, proof of identification, written references as well as P.O.V.A. First and Criminal Record Bureau (CRB) disclosures. Contracts of employment had also been issued. There were no outstanding issues so far as recruitment records were concerned.

Staff spoken with confirmed that they had completed induction courses which included health and safety, fire procedures, moving and handling. They also confirmed that they had complied with all the recruitment procedures. The home has a policy of encouraging staff to register for National Vocational Qualification (NVQ) Levels 2/3 certificates and some of the staff spoken with confirmed that they had been encouraged to pursue this training. From information included by the home in the self-assessment form (AQAA), 31% of the care staff have obtained NVQ Level 2 or above and a further 25% are working towards achieving these qualifications. Positive comments were made by some staff regarding the training offered and how this had helped to make them feel more confident in fulfilling their roles in the home.

Staff had a good understanding of the key worker role and felt they benefited by having a system of rotating around the home that gave them added experience of the different levels of care and support required. Training records and certificates were available for inspection which confirmed that staff had attended a variety of courses. These included palliative care, other aspects of personal care, dementia care, safeguarding adults from harm procedures, as well as infection control and control of substances hazardous to health (COSHH). Four staff have been registered and approved for 'training the trainers' in moving and handling. Others courses include basic food hygiene and safe handling of medicines. One of the health care professionals spoken with during the site visit confirmed that they provide palliative care training for staff and sessions take place at least twice a year. As part of their quality assurance procedures, the home carried out a staff survey in 2007. The feedback received showed that over 35% felt that the ongoing training they had received was thorough and applicable to their job role. A further 45% considered the training to be adequate but there was room for improvement. In the self-assessment (AQAA) form completed by the home in July 2007, the management have stated that they wish to increase training for all staff in the next twelve months.

Some of the staff spoken with confirmed that different staff meetings are arranged which include the management team, nurse team meeting and a general staff meeting. Records were available of meetings that had taken place.

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 and 38

People who use the service experienced **good** quality outcomes in this area.

Residents can expect to live and be supported in a home where the management and administration of the service is good.

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

EVIDENCE:

The registered provider and registered manager have continued to develop the service to ensure that it is run in the best interests of residents. Since the last inspection, the manager has completed the Registered Manager's Award and previously, attended a four-day holistic dementia care course for which a certificate was available. Evidence is available to show that meetings with residents and consultation have taken place. The home has also included

survey questionnaires as a means of obtaining the views of residents and relatives regarding the service provided. Staff have also been included in this exercise as part of the quality assurance procedures. By doing this, the home has demonstrated that it is prepared to listen to the users of the service with the result that changes and improvements have been made since the last inspection. It is recommended that any future surveys also include the views of other health care professionals who regularly visit and are in touch with the home.

Records and certificates were available regarding maintenance and servicing agreements in relation to equipment, as well as the health and safety of the premises. These included up-to-date certificates for gas and electrical safety. A fire risk assessment was in place that had been updated in December 2007. Records were also available of other fire procedures and equipment checks carried out. It is understood that the fire officer has given advice regarding emergency evacuation procedures and it is recommended that clarification be obtained from the fire officer regarding the expected role of staff should evacuation of the building be necessary. Risk assessments for a safe working environment are completed by an outside agency. It was noted during the site visit, that a trailing flex from one of the vacuum cleaners was left unattended on the first floor that could have been a hazard to residents. This was pointed out to the registered provider who agreed to immediately arrange for additional power points to be installed to overcome this problem. Staff should be regularly monitored to ensure that at all times the use of equipment does not pose a risk to the safety of residents in the home.

Staff spoken with confirmed that supervision takes place and records were available.

Records were made available for inspection showing the transactions of personal allowances held by the home on behalf of residents. Two staff signatures had been included and receipts issued. A sample check was made of money being held which agreed with the balances shown in the financial records. Many of the relatives take direct responsibility for the financial arrangements of residents staying in the home.

In the self-assessment (AQAA) form completed by the home, it is acknowledged that there is a need to improve communication and engagement with residents, relatives and staff. From this inspection, there is evidence to show that this is beginning to take place on a more regular basis. It is recommended that an action plan with timescales be drawn up as a result of the feedback received to identify improvements which need to be made in the home and the service provided.

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	3
2	x
3	4
4	x
5	x
6	4

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	4
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	x
23	x
24	x
25	x
26	3

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

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
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

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.	OP1	More information should be made available to prospective residents regarding the services and care provided within the rehab unit. This is to enable people to have an awareness of how they can benefit from this facility.
2.	OP7	Staff should be reminded of the need for personal care records to be kept secure. This is to ensure confidentiality is maintained at all times.
3.	OP33	The home’s quality assurance procedures should include the views of other health care professionals who are involved with the home. This is to enable the management to gather a wider perspective of opinion regarding the services provided.
4.	OP38	Further clarity should be obtained from the fire officer regarding the expected role of staff in emergency evacuation procedures. This is to ensure the health and safety of residents and staff is maintained.

5.	OP38	Staff should be monitored to ensure practices are always followed to minimise the risk of injuries to residents and staff. This is to enhance the health and safety of people in the home.
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