



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Bessingby Hall Residential and Nursing Home

**Bessingby Hall Nursing & Residential Home
Bessingby
Bridlington
East Yorkshire
YO16 4UH**

Lead Inspector
Eileen Engelmann

Key Unannounced Inspection
11th August 2008 10:00

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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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	Bessingby Hall Residential and Nursing Home
Address	Bessingby Hall Nursing & Residential Home Bessingby Bridlington East Yorkshire YO16 4UH
Telephone number	01262 601362
Fax number	01262 601362
Email address	helen@bessingbyhall.co.uk
Provider Web address	www.bessingbyhall.co.uk
Name of registered provider(s)/company (if applicable)	Burlington Care Limited
Name of registered manager (if applicable)	Manager post vacant
Type of registration	Care Home
No. of places registered (if applicable)	51
Category(ies) of registration, with number of places	Dementia (51), Old age, not falling within any other category (51), Physical disability (51)

SERVICE INFORMATION

Conditions of registration:

1. The Registered person may provide the following category of service only:
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
Dementia - Code DE
Physical disability - Code PD

2. The maximum number of service users who can be accommodated is: 51

Date of last inspection New Service

Brief Description of the Service:

Bessingby Hall is a period property situated on the outskirts of Bridlington in the village of Bessingby. The home is registered to provide personal and nursing care for up to fifty-one older people some of whom may have dementia care needs or physical disabilities.

The main part of the house has thirty-two single bedrooms, seventeen of which are en-suite; there are also three double rooms with en-suite facilities. It has three lounges, a dining room, two bathrooms and a shower room. There is ramped and level access to and around the home and a passenger lift giving access to the upper floors.

The home has a separate section to support twelve people who have needs associated with dementia. There are ten single bedrooms and one shared bedroom, none of which are en-suite, in this part of the home. It can be self-contained and has its own dining room, lounge, and bathroom. Entry to the main part of the house is via a coded doorway.

The home has a large well-tended garden and patio area. Access to the home is along a driveway and there are plenty of parking spaces for staff and visitors. People living in the home would need transport to the amenities of the local village and the town of Bridlington.

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 11th August 2008 indicates the home charges fees from £346.50 to £550.00 per week, plus the nursing band fee where applicable. 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 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 adequate. We received 3 from staff (30%) and 3 from people using the service (30%).

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

We have been notified of two safeguarding of adults allegations (July 2008). The first was regarding medication practises within the home. The safeguarding team from the local social services investigated this and evidence was found to show medication practises in the home required improvement. The provider has provided the safeguarding team with an action plan of how these improvements will be implemented and monitored.

The second allegation was around physical assault, of a person using the service, by a member of staff. This allegation is currently being investigated by the safeguarding team and the police.

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 working in the home must make sure that the way they record and give out medication gets better. This will make sure that the health and welfare of the people who live in the home is protected.

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, three were living in the home at the

time of its purchase and re-registration by the current owners and one person is newly admitted to the service.

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. The person who was admitted only a short time ago has a written offer of a placement in their file, however the letter is dated the day after they came into the home. The registered person should make sure that offers of a placement following an assessment go out to the prospective user of the service before they are admitted; so they are able to make an informed choice about admission to the home.

People using the service are very pleased with the care and support given by the staff, they said 'the staff are caring and friendly and everyone is well care for'.

Information from the Annual Quality Assurance Assessment and discussion with the manager and people living in the home indicates that the majority of people using the service are of White/British nationality, however the home does have some people from other European countries.

The family of one individual have a good deal of input into this person's care due to language difficulties. They are putting a picture book together, for the staff to use with their relative, that uses both English and their native language. The key worker for this person also uses a language dictionary to ensure communication is effective.

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 and 21 female care staff.

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 service.

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. 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 on the whole 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. One person told us that 'the staff do their best, but they are rushed off their feet and we have to wait for assistance at the busy times of the day'.

Discussion with the manager indicates that the care plan format has been reviewed and up dated since June 2008.

The care of four people was looked at in depth during this visit and included checking of their personal care plans. The content of the plans is easy to follow and on the whole completed to an acceptable standard. It was discussed with the manager that there are a few areas in the care plans that staff need to take more time over and these include

- Where individuals have challenging behaviour such as verbal or physical outbursts of aggression, a management plan detailing how staff are to handle the situation must be in the person's care plan.
- Where staff are recording professional visits, these could be more detailed showing why the professional individual has been called out, if anything has been prescribed or care altered and why.
- Where an individual is on a diet and fluid chart the staff must complete these fully over the 24-hour period, as those seen tended to be done from 8am to 5 pm only and did not give a true picture of intake and output.
- Where an individual has bed rails in place a risk assessment must be completed. This was not in place for the person newly admitted to the home. Discussion with the manager indicated that this is not usual practise but may be due to staff shortages causing a lack of time for paperwork to be completed in full. We were assured the risk assessment would be done immediately.

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. Discussion during this visit with the manager and staff raised concerns that some individuals are losing weight. This may be due to some changes in diet but also the fact that staff are finding it difficult to feed everyone at breakfast due to low staffing levels. This was discussed with a director of the service during this visit and later with the provider. We were given verbal and written assurances that staffing levels would be increased to meet the needs of the people using the service, and that menus and the food provided would be reviewed to ensure a healthy and nutritious diet was offered to everyone.

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. The manager told us that only the qualified nurses give out medication.

There has been a recent safeguarding allegation about poor medication practises in the home, this was investigated by Social Services and they found that nurses were not recording the amount of medication coming into and out of the home. This made it impossible to audit if medication had been given correctly and therefore the allegation of not giving medication to a respite person was upheld. The provider set out an action plan to improve practices and this plan included staff counting and recording medication in and out for respite individuals, medication audits and spot checks.

Checks at this visit showed that staff are still not consistently recording medication coming into the home, although for the majority of records this was in place. This was discussed with the manager, who said she would call a staff meeting to clarify the nurses' responsibilities regarding this practice.

One person whose care was looked at by us during this visit has an agreement in his care plan from his GP for essential medication to be given covertly such as in their food or drinks. The manager should ensure that the care plan for this person carries an assessment of the person's capacity and identifies who carried out the assessment and when, the care plan should identify how medication is to be given and have agreed review dates and evidence that these have been carried out.

A recommendation was made by us 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. Fridge medication is in date and stored correctly.

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** quality 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 an activities organiser for four days a week (28 hours) and she is responsible for planning and organising the formal weekly programme of social events. The home has outside entertainers booked twice a month, and people have access to outings on the minibus every Monday. The mobile library visits on a regular basis and there are a range of large print books and audiotapes made available to those who enjoy reading/listening to literature. The activity organiser told us that she is in the process of developing family history profiles in the care plans, this also looks at an individual's likes and dislikes and preferences regarding social interactions. This will help her to build an appropriate programme of activities, which will suit most people's needs.

On the day of this visit people were enjoying a sing-a-long session in the main lounge and two individuals told us that they take part in a variety of daily events. One person said 'there are enough things for me to do', 'I can join in when I want to' and 'I like to spend time on my own and the staff respect this'.

Records are kept of all the social interactions going on in the home and 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 there are weekly visits by the Salvation Army. The Catholic priest comes in once a month and additional 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.

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. 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 11th 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.

Information given to us in the Annual Quality Assurance Assessment (July 2008) indicates that mealtimes at the home are very busy periods. The manager stated that "more than half the people living in the home have to be prompted or fed, which creates a high staffing dependency". As discussed in the Health care section of this report the staff and manager have some concerns about meeting the nutritional needs of the people using the service, due to poor staffing levels. This was discussed with the provider within 24 hours of this visit and we were given assurances that additional staff were being recruited.

People are able to eat their meals in their own bedrooms, the lounge or in the dining rooms. Observation of the lunch time meal during this visit showed that staff were sat offering people assistance were needed and there were at least three different options of meals given out to people, including soft diets and

those for diabetics. Presentation of the meal was acceptable and specialist cutlery and plate guards were available.

Two people who spoke to us said they found the meals to be very nice. One person who has specific preferences regarding meals and their diet was seen to be offered appropriate food to meet their needs.

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. 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 and all of the survey responses from people using the service showed individuals have a clear understanding about how to make their views and opinions heard. People told us that 'we would talk to the staff if we had any problems'.

Checks of the records in the home show that there have been no formal complaints received since the service was re-registered in June 2008, and that the manager deals with any niggles and grumbles on a daily basis.

We have been notified of two safeguarding of adults allegations (July 2008). The first was regarding medication practises within the home. The safeguarding team from the local social services investigated this and evidence was found to show medication practises in the home required improvement. The provider has provided the safeguarding team with an action plan of how these improvements will be implemented and monitored.

The second allegation was around physical assault, of a person using the service, by a member of staff. This allegation is currently being investigated by the safeguarding team and the police.

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.

There is an ongoing training programme for staff to attend safeguarding of adults awareness training, and a number of staff have attended in the last 12 months.

Checks of the accident records in the home show a high number of incidents where staff are being assaulted by people on the dementia unit. Some staff have attended training around dementia care, but there is a need to include 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. This was discussed with the manager who said she is arranging training with a local company, and she hopes this will be completed by the end of 2008.

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** quality 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 environment is wonderful, and absolutely spotless'.

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.

People were seen to be using the three lounges and two dining rooms during this visit and observation of the communal areas found these to be warm, bright and odour free.

People living in the home have access to outside gardens and lawned areas that are well kept and have ramps for disabled individuals using wheelchairs or Zimmer frames.

The home is built on three floors, and people can access the upper levels 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, bath hoists and handrails. Bed rails are used in some rooms where individuals have been perceived as being at risk of falling out of bed. The staff and the maintenance man do checks of the rails weekly to ensure they are fitted correctly and in working order, and risk assessments are signed by the person or their family and kept in the individual's care plan.

The home is in the process of creating a walk-in shower room to replace one of the existing bathing facilities, and this work is due to be completed by November 2008.

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. Discussion with the staff indicates they understand the basics of infection control, but checks of the training programme shows that few people have received formal training in this area of care. This has been recognised by the manager and training sessions in infection control have been booked for 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** quality 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:

Comments from the relatives and people using the service indicate that the home is extremely busy at times and individuals may wait for attention at peak times, but the friendly attitude of the staff and their willingness to help make up for this.

Discussion with the manager and staff indicate there are times when the home is understaffed due to sickness, annual leave and a high turnover of staff itself. We have discussed the need to ensure sufficient staff are on duty at all times, especially at night, with the new provider, and he has assured us that staff recruitment is a priority.

The layout of the home with its separate dementia unit creates some problems when staffing the service. The dementia unit (nurse call) is not linked to the rest of the home and this makes it difficult for staff to ask for additional assistance from the main part of the building in an emergency. At the moment the staffing rotas show that the home has the following people on duty

Early Shift – One nurse and six care staff
Late Shift – One nurse and five care staff
Night shift – One nurse and two care staff

We expressed our concerns that there is only three staff on duty at night given that there are two separate units to look after. Discussion with the provider indicated that this would be increased to four staff immediately. We will monitor this over the next few months.

Concerns around there being enough staff on duty to feed people at mealtimes have already been discussed in previous sections of this report (Health and Daily living).

Staff and the manager told us that on the dementia unit especially there is a high demand for staff assistance at mealtimes, there is also a high incidence of challenging behaviour events that have resulted in some staff injuries. We have asked in the past that the dementia unit has three staff on duty during the day. Given the dependency rating of the current people using this part of the service, we feel that this remains valid. The provider must ensure enough staff are on duty to meet the needs of this client group.

21% of care staff at the home have an NVQ 2 or above in care and seven more staff are in the process of completing this training. The home has a mandatory staff training programme in place and information from the staff training matrix indicates that the majority of the staff are up to date with this or are booked onto refresher training for 2008. The manager is 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 four 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):

31, 33, 35 and 38

People who use the service experience **good** quality 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. She has completed her Registered Managers Award and is a qualified nurse, although her registration with the Nursing and Midwifery Council is not active. The manager has previous management experience in other care services and has been in her current post for one year.

The home has Investors in People status and has achieved the local Council's Quality award (QDS Parts I and II). Meetings for people using the service and their families/friends are held on a regular basis and minutes are circulated to people living in the home. Staff have meetings with the manager and everyone is encouraged to join in with discussions and voice their opinions. People and staff agreed that they are able to express ideas; criticisms and concerns without prejudice and the management team will take action where necessary to bring about positive change.

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 the people using the service and relatives through regular meetings and satisfaction questionnaires. This information must be analysed and put together into an annual development report as part of this process, to highlight where the service is going and/or 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 updates 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, except for the gas safety certificate. This has been booked for August 2008 and a copy of the certificate will be sent to us on completion.

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

training 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	2
10	3
11	X

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

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.	OP9	17	<p>Accurate records must be kept of all medications, received, administered, leaving the home or disposed of to ensure there is no mishandling.</p> <p>The registered provider must make sure that medications in the custody of the home are handled according to the requirements of the Medicines Act 1968, guidelines from the Royal Pharmaceutical Society, the requirements of the Misuse of Drugs Act 1971.</p> <p>To make sure people receive their medication correctly and their health and safety is not put at risk.</p>	01/11/08
2.	OP15	12(1)(a) (b)	<p>The registered person must ensure that mealtimes are unhurried with people being given sufficient time to eat, and staff are available to offer assistance with eating where necessary.</p> <p>To ensure that the nutritional needs of the people using the service are met.</p>	01/11/08

3.	OP27	18	<p>The registered provider 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.</p> <p>So people can enjoy a good quality of life and be confident that their health and social care needs will be met.</p>	01/11/08
4.	OP30 OP38	18	<p>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.</p> <p>So the health, safety and welfare of the people in the home is protected and promoted, and staff have the skills and knowledge to provide a high standard of care.</p>	01/12/08

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.	OP3	The registered person must ensure that people using the service or their representatives receive formal written

		confirmation that the home, taking into consideration the assessment, is able to meet their needs. This should be given to people prior to their admission.
2.	OP7	The manager should make sure that care plans and associated documents are monitored regularly and that staff take more time when recording to ensure all areas are consistently completed to a high standard.
3.	OP9	The manager should ensure that the care plan, for people who are given medication in a covert manner, carries an assessment of the person's capacity and identifies who carried out the assessment and when, the care plan should identify how medication is to be given and have agreed review dates and evidence that these have been carried out.
4.	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.
5.	OP14	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.
6.	OP26	The registered person should make sure that staff receive appropriate training on the control of spread of infection in accordance with relevant legislation and published professional guidance.
7.	OP28	50% of care staff should achieve an NVQ 2 or equivalent qualification by the end of June 2009.
8.	OP31	The manager should register with the Commission for Social Care Inspection by the end of December 2008.
9.	OP38	The registered person should ensure the gas safety certificate is sent to us by the end of September 2008.

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