



Making Social Care
Better for People

inspection report

Care Home For Older People

North Ferriby Nursing Home

High Street

North Ferriby

East Yorkshire

HU14 3JZ

Announced Inspection

3rd November 2004

Commission for Social Care Inspection

Launched in April 2004, the Commission for Social Care Inspection (CSCI) is the single inspectorate for social care in England.

The Commission combines the work formerly done by the Social Services Inspectorate (SSI), the SSI/Audit Commission Joint Review Team and the National Care Standards Commission.

The role of CSCI is to:

- Promote improvement in social care
- Inspect all social care - for adults and children - in the public, private and voluntary sectors
- Publish annual reports to Parliament on the performance of social care and on the state of the social care market
- Inspect and assess 'Value for Money' of council social services
- Hold performance statistics on social care
- Publish the 'star ratings' for council social services
- Register and inspect services against national standards
- Host the Children's Rights Director role.

Inspection Methods & Findings

SECTION B of this report summarises key findings and evidence from this inspection. The following 4-point scale is used to indicate the extent to which standards have been met or not met by placing the assessed level alongside the phrase "Standard met?"

The 4-point scale ranges from:

- 4 - Standard Exceeded (Commendable)
- 3 - Standard Met (No Shortfalls)
- 2 - Standard Almost Met (Minor Shortfalls)
- 1 - Standard Not Met (Major Shortfalls)

'O' or blank in the 'Standard met?' box denotes standard not assessed on this occasion.

'9' in the 'Standard met?' box denotes standard not applicable.

'X' is used where a percentage value or numerical value is not applicable.

ESTABLISHMENT INFORMATION

Name of establishment

North Ferriby Nursing Home

Tel No:

01482 631301

Address

High Street, North Ferriby, East Yorkshire, HU14 3JZ

Fax No:

01482 631301

Email address**Name of registered provider(s)/company (if applicable)**

Mr Ian Holden

Mrs Sheila Holden

Name of registered manager (if applicable)

Sharon Kathleen Carter

Type of registration**No. of places registered (if applicable)**

Care Home

38

Category(ies) of registration, with (number of places)

Dementia - over 65 years of age (32), Old age, not falling within any other category (32), Physical disability (6), Physical disability over 65 years of age (32), Terminally ill over 65 years of age (32)

Registration number

B050000204

Date first registered

9th May 2003

Date of latest registration certificate

20th May 2003

Was the home registered under the Registered Homes Act 1984?**Do additional conditions of registration apply ?**

If Yes refer to Part C

Date of last inspection

Date of inspection visit		3rd November 2004	ID Code
Time of inspection visit		09:30 am	
Name of inspector	1	Jo Bell	110658
Name of inspector	2		
Name of inspector	3		
Name of inspector	4		
Name of specialist (e.g. Interpreter/Signer) (if applicable)			
Name of establishment representative at the time of inspection			

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INTRODUCTION TO REPORT AND INSPECTION

Every establishment that falls within the jurisdiction of the Commission for Social Care Inspection (CSCI), is subject to inspection, to establish if the establishment is meeting the National Minimum Standards relevant to that setting and the requirements of the Care Standards Act 2000.

This document summarises the inspection findings of the CSCI in respect of North Ferriby Nursing Home.

The inspection findings relate to the National Minimum Standards (NMS) for Care Homes for Older People published by the Secretary of State under the Care Standards Act 2000.

The Regulations applicable to the inspected service are secondary legislation, with which a service provider must comply. Service providers are expected to comply fully with the National Minimum Standards. The National Minimum Standards will form the basis for judgements by the CSCI regarding registration, the imposition and variation of registration conditions and any enforcement action.

The report follows the format of the NMS and the numbering shown in the report corresponds to that of the Standards.

The report will show the following:

- Inspection methods used
- Key findings and evidence
- Overall ratings in relation to the standards
- Compliance with the Regulations
- Required actions on the part of the provider
- Recommended good practice
- Summary of the findings
- Provider's response and proposed action plan to address findings

This report is a public document.

INSPECTION VISITS

Inspections are undertaken in line with the agreed regulatory framework with additional visits as required. This is in accordance with the provisions of the Care Standards Act 2000. The report is based on the findings of the specified inspection dates.

BRIEF DESCRIPTION OF THE SERVICES PROVIDED.

North Ferriby home is a large 18th Century Grade II listed building with a new wing adjoined by a large conservatory, this forms the entrance to the premises. The home is set in extensive gardens that are well maintained and easily accessible. It is family owned and the provider resides on the premises.

The home is registered for 38 service users with nursing needs, dementia care, physical disability and service users with palliative care needs.

PART A SUMMARY OF INSPECTION FINDINGS

INSPECTOR'S SUMMARY

(This is an overview of the inspector's findings, which includes good practice, quality issues, areas to be addressed or developed and any other concerns.)

The announced inspection took place on Wednesday 3rd November 2004. A new manager has recently been appointed. The manager, operations manager and provider were all available to assist with the inspection. All the requirements from the previous inspection have been actioned.

28 Standards were assessed at the inspection, of these 22 Standards were fully met (2 were requirements and 4 were recommendations)

Choice of Home (Standards 1-6)

(4 of the 4 Standards assessed were met) 1 was not applicable

The home has recently amended the statement of purpose which contains all the appropriate information. Assessments are carried out by suitably qualified staff and service users needs are in general being met. Trial visits can be arranged when required.

Health and Personal Care (Standards 7-11)

(3 of the 5 Standards assessed were met)

The home has in general good care plans in place. Fluid balance charts should be completed appropriately. The medication system was robust with all areas meeting the standard. The home records accidents and the incidence of pressure sores. The home must ensure that wishes of service users regarding death and dying are recorded.

Daily Life and Social Activities (Standards 12-15)

(4 of the 4 Standards assessed were met)

The home offers a range of activities, autonomy and choice are evident and visitors are welcomed at any time during the day. The meals provided are to a good standard which was commented on by service users.

Complaints and Protection (Standards 16-18)

(2 of the 3 Standards assessed were met)

The home offers individuals the opportunity to vote. Staff are aware of adult protection issues and training is available for all staff in this area. The home is in the process of investigating a complaint regarding care issues. The manager must be aware of how to use the internal complaints procedure.

Environment (Standards 19-26)

(5 of the 5 Standards assessed were met)

The home has a pleasant environment with suitable access for service users. The facilities provided are in sufficient numbers and health and safety recommendations have been considered.

Staffing (Standards 27-30)

(1 of the 3 standards assessed were met)

Staffing levels at the home are above the minimum levels. Currently 49% of care staff have an NVQ Level 2. Training and development takes place on a range of subjects, these records need to be completed consistently.

**Management and Administration (Standards 31-38)
(3 of the 4 Standards assessed were met)**

The new manager is positive, enthusiastic and forward thinking with experience in a range of nursing areas. She is keen to undertake her NVQ Level 4 and is aware of the homes aims and objectives. Health and safety records were inspected and all were well maintained. A quality assurance system is in place and staff handle service users valuables appropriately.

ADDITIONAL INSPECTION IN RESPONSE TO A COMPLAINT

Name of establishment/agency:	North Ferriby Nursing Home
Address of establishment/agency:	High Street North Ferriby HU14 3JZ
Telephone number:	01482 631301
Name of establishment/agency representative present at the time of additional inspection:	Lucy Holden-operations manager
Name of Inspector:	Jo Bell
Date of additional inspection:	11 th August 2004
Time of additional inspection:	1pm-3pm

Details of what prompted the additional inspection: (this should include the elements of the complaint described in broad terms e.g. complaint in relation to medication, staffing levels for care staff, cleanliness of premises etc)	Complaint made by a service users daughter regarding the following: <ul style="list-style-type: none"> • Funding • Action taken when an accident occurs • Misplacement of wedding ring • Cleanliness of service user after meals • Cleanliness of room
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Details of each element of the complaint and the outcome of each element:

Element of complaint	Outcome i.e. upheld, not upheld, unresolved
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1.Funding	To be discussed with social services
2. Action taken following an accident	Not upheld
3. Wedding ring misplaced	Investigated by the provider
4.Cleanliness of service user-mealtimes	Upheld
	Partially upheld (faeces was found and action had been taken)

Requirements arising from additional inspection (if any)	Timescale for action
4. Regulation 16(J) Standard 15-service users cleanliness must be maintained following a meal	Immediate and maintained thereafter
5. Regulation 16(J) Standard 24-service users rooms must be thoroughly cleaned when deposits of faeces are found	Immediate and maintained thereafter

Recommendations made at additional inspection (if any)
5. Standard 24-Consideration should be given to having locks fitted on service users doors

Requirements from last Inspection visit fully actioned?

YES

CONDITIONS OF REGISTRATION THAT APPLY (OTHER THAN NUMBERS AND CATEGORY OF SERVICE USERS).	Met (Yes / No)
None	

STATUTORY REQUIREMENTS IDENTIFIED DURING THE INSPECTION

Action Plan: The Registered Person is requested to provide the Commission with an Action Plan, which indicates how requirements are to be addressed with the time scale within which such actions will be taken. This action plan will be made available on request to the Area Office.

STATUTORY REQUIREMENTS

Identified below are areas addressed in the main body of the report, which indicate non-compliance with the Care Standards Act 2000, and accompanying Regulations 2001 and the National Minimum Standards. The Registered Provider(s) is/are required to comply within the given time scales. The code in "Standard" is a cross-reference to the Standards described in full in the section "Inspection Findings".

No.	Regulation	Standard *	Requirement	
1	15(1)	OP11	Wishes of service users regarding death and dying must be recorded in the service users care plan	3 rd December 2004
2	17(2)	OP16	The manager must investigate any complaint made to the home using the internal complaints procedure. A copy of the outcome must be forwarded to the CSCI.	3 rd December 2004

RECOMMENDATIONS

Identified below are areas addressed in the main body of the report, which relate to National Minimum Standards and are seen as good practice issues which should be considered for implementation by the registered Provider(s). The code in "Standard" is a cross-reference to the Standards described in full in the section "Inspection Findings".

No.	Refer to Standard *	Good Practice Recommendations
1	OP7	Fluid balance charts should be completed correctly and filed appropriately
2	OP28	50% of care staff should achieve and NVQ Level 2 or above by 2005
3	OP30	Individual training records should be reviewed to ensure they are all completed, and a training matrix should be implemented
4	OP31	The manager should complete an NVQ Level 4 or equivalent in management by 2005

* Note: You may refer to the relevant standard in the remainder of the report by omitting the 2-letter prefix e.g. OP10 refers to Standard 10.

PART B**INSPECTION METHODS & FINDINGS**

The following inspection methods have been used in the production of this report

Direct observation	YES
Indirect observation	YES
Sampling	YES
• Pre-inspection questionnaire	YES
• Records	YES
• Care plans / Care pathways	YES
• Meals	YES
• Activities	YES
• Other (Specify)	NO
'Tracking' care and support	YES
Group discussion with service users	YES
Individual discussion with service users	YES
Group discussion with staff	YES
Individual discussion with staff	YES
Discussion with management	YES
Service user survey	YES
Relatives/significant others survey/feedback	YES
Visiting professionals survey / feedback	YES
Tour of premises	YES
Formal interviews	NO
Document reading	YES
Additional inspection information:	
Number of service users spoken to at time of inspection	7
Number of relatives/significant others the inspectors had contact with	2
Number of letters received in respect of the service	0
CRB check for the responsible individual seen	YES
CRB check for the manager seen	NO
Certificate of registration was displayed at the time of the inspection	YES
Certificate of registration accurately reflected the situation in the service at the time of inspection	YES
Total number of care staff employed (excluding managers)	18
Total number of staff with nursing qualifications employed	5
Date of inspection	03/11/04
Time of inspection	0930
Duration of inspection (hrs)	9.0

The following pages summarise the key findings and evidence from this inspection, together with the CSCI assessment of the extent to which the National Minimum Standards for Care homes for older people have been met. The following scale is used to indicate the extent to which standards have been met or not met by placing the assessed level alongside the phrase "Standard met?"

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)

"0" or blank in the "Standard met?" box denotes standard not assessed on this occasion.

"9" in the "Standard met?" box denotes standard not applicable.

"X" is used where a percentage value or numerical value is not applicable.

Choice of Home

The intended outcomes for the following set of standards are:

- Prospective service users have the information they need to make an informed choice about where to live.
- Each service user has a written contract/ statement of terms and conditions with the home.
- No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
- Service users and their representatives know that the home they enter will meet their needs.
- Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
- Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

Standard 1 (1.1 – 1.3)

The registered person produces and makes available to service users an up to date statement of purpose setting out the aims, objectives, philosophy of care, services and facilities, and terms and conditions of the home; and provides a service users' guide to the home for current and prospective residents. The statement of purpose clearly sets out the physical environmental standards met by a home in relation to standards 20.1, 20.4, 21.3, 21.4, 22.2, 22.5, 23.3 and 23.10: a summary of this information appears in the home's service user's guide.

Range of fees charged From (£) To (£)

Any charges for extras

If yes, please state what the extra's are: chiropody, hairdressing, newspapers

Key findings/Evidence

Standard met?

3

The statement of purpose was amended in October 2004 this details the aims and objectives with a service charter. Facilities and services are discussed which identifies environmental standards and encompasses electrical services and equipment. Each section clearly details all the areas required to meet this standard. The staffing and qualifications, experience and organisational structure, and the admission criteria is set out in a user friendly format. The manager is aware of the home's aims and objectives and the information contained within this document.

Standard 2 (2.1 – 2.2) Each service user is provided with a statement of terms and conditions at the point of moving into the home (or contract if purchasing their care privately).		
Key findings/Evidence	Standard met?	0
Not assessed on this occasion.		

Standard 3 (3.1 – 3.5) New service users are admitted only on the basis of a full assessment undertaken by people trained to do so, and to which the prospective service user, his/her representatives (if any) and relevant professionals have been party.		
Key findings/Evidence	Standard met?	3
Assessments are undertaken by either a care manager or the new home manager. A discussion took place regarding the details in the assessment and the skills and experience needed to complete the assessment. Staff have recently had dementia training and the trained staff spoken to felt confident in assessing service users in this category. The home manager is an experienced general nurse with a good knowledge of the assessment process.		

Standard 4 (4.1 - 4.4) The registered person is able to demonstrate the home's capacity to meet the assessed needs (including specialist needs) of individuals admitted to the home.		
Key findings/Evidence	Standard met?	3
The home have made progress in meeting the assessed needs of individuals. The home has a range of categories including general nursing, dementia, terminally illness and physical disabilities. The manager is aware of how the environment affects the care they receive and impacts of daily routines. The service users who have palliative care needs are cared for in a different area from those individuals with dementia. Staff are aware that individuals must maintain their privacy and dignity and this should not be compromised in anyway. The home has nursing beds, specialist mattresses and equipment for moving and handling. Service users spoken to were happy in their environment and felt their needs were in general being met .		

Standard 5 (5.1 – 5.3) The registered person ensures that prospective service users are invited to visit the home and to move in on a trial basis, before they and / or their representatives make a decision to stay; unplanned admissions are avoided where possible.		
Key findings/Evidence	Standard met?	3
Trial visits are available upon request, these can be for a day, weekend or longer and can be negotiated with the manager of the home. This is commented on in the statement of purpose. Service users spoken to confirmed the trial visit was an option.		

Standard 6 (6.1 - 6.5)

Where service users are admitted only for intermediate care, dedicated accommodation is provided together with specialised facilities, equipment and staff, to deliver short term intensive rehabilitation and enable service users to return home.

Key findings/Evidence

Standard met?

9

Not applicable as the home does not provide this service.

Health and Personal Care

The intended outcomes for the following set of standards are:

- The service user's health, personal and social care needs are set out in an individual plan of care.
- Service users make decisions about their lives with assistance as needed.
- Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
- Service users feel they are treated with respect and their right to privacy is upheld.
- Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

Standard 7 (7.1 – 7.6)

A service user plan of care generated from a comprehensive assessment (see Standard 3) is drawn up with each service user and provides the basis for the care to be delivered.

Key findings/Evidence	Standard met?	2
<p>Service user care plans were examined, in general these contained risk assessments, waterlow scores, nutritional assessments, moving and handling assessments and bed rail assessments. Staff have progressed well in documenting information. Records could be easily tracked from admission to care, intervention and outcomes for each service user. These were reviewed on a regular basis and relatives and service users had been included in this process. In discussion with trained staff it was evident that fluid balance charts were not been completed correctly. One service users chart was examined and it was found that the fluid intake was omitted or the urine output was omitted and the action taken was unclear. Staff must be aware of how to complete fluid balance charts and the implications for if they are not completed. These records should be filed or archived and not destroyed. The manager was aware of this.</p> <p>See Recommendation from this inspection, No.1</p>		

Standard 8 (8.1 – 8.13)

The registered person promotes and maintains service users' health and ensures access to health care services to meet assessed needs.

No. of incidents where service users have been taken to Accident and Emergency during last 12 months

8

No. of service users with pressure sores at time of inspection (from information taken from care notes)

4

Key findings/Evidence

Standard met?

3

Each service user is registered with a GP and healthcare services can be accessed. One service user had been referred to the chiropodist and audiology department. Advice is sought from tissue viability, continence advisors, dieticians and infection control nurses when required. One GP who visited the home during the inspection confirmed how often he visits, this was also documented in the service users care plan. Nutritional assessments are routinely carried out which were inspected in the care plans. The incidence of pressure sores is documented and at the time of the inspection 4 were recorded. The treatment and intervention of these was easily identifiable.

Standard 9 (9.1 – 9.11)

The registered person ensures that there is a policy and staff adhere to the procedures for the receipt, recording, storage, handling administration and disposal of medicines, and service users are able to take responsibility for their own medication if they wish, within a risk management framework.

Key findings/Evidence

Standard Met?

3

The new manager has reviewed the medication system and the room where medication is stored. A medication policy is in place and staff spoken to were aware of how medication should be stored and administered. Medication charts were examined and found to be well maintained using the correct code and signature. The fridge temperature is recorded on a daily basis and controlled drugs are stored correctly. The treatment room was extremely clean and tidy and all medication was stored efficiently in labelled drawers and cupboards. The staff have worked hard to improve the medication system which will be audited on a regular basis.

Standard 10 (10.1 – 10.7)

The arrangements for health and personal care ensure that service users' privacy and dignity are respected at all times, and with particular regard to: personal care giving, including nursing, bathing, washing, using the toilet or commode, consultation with, and examination by, health and social care professionals, consultation with legal and financial advisors, maintaining social contacts with relatives and friends, entering bedrooms, toilets and bathrooms, and following death.

Key findings/Evidence**Standard met?**

3

Privacy and dignity was observed been maintained within the home. Toilets and bathrooms were clearly signed with vacant and engaged wording to promote privacy. Healthcare professionals consult with service users in their own rooms, this was confirmed by a GP and service users who were spoken to. During the inspection staff were observed speaking in a gentle and kind manner with service users, relatives were received in private and in communal areas. Service users were observed engaging in 'banter' with staff and other service users. Members of staff knocked on doors prior to entering and maintained dignity and privacy regarding washing and dressing.

Standard 11 (11.1 – 11.12).

Care and comfort are given to service users who are dying, their death is handled with dignity and propriety, and their spiritual needs, rites and functions observed.

Key findings/Evidence**Standard met?**

1

The home has a policy in place regarding death and dying. Staff in general are aware of how to care for a service user who is dying. Care plans were inspected and some were completed with the wishes of the service user, whilst on others this information was omitted. One relative spoken to said she was asked for details of her relative's funeral director when their condition deteriorated. This was discussed as this was clearly not appropriate at this difficult time. This information should be obtained and recorded as soon as possible following admission to ensure if a sudden death occurs the necessary information has already been obtained. The manager was aware that in this situation lessons needed to be learnt.

See Requirement from this inspection, No.1

Daily Life and Social Activities

The intended outcomes for the following set of standards are:

- 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.
- Service users maintain contact with family/ friends/ representatives and the local community as they wish.
- Service users are helped to exercise choice and control over their lives.
- Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

Standard 12 (12.1 – 12.4)

The routines of daily living and activities made available are flexible and varied to suit service users' expectations, preferences and capacities.

Key findings/Evidence	Standard met?	3
<p>The home has further developed the activities programme and details of this are in the 'Ferriby House' News, Regular activities take place which include; games afternoons, entertainers, film and video afternoons and coffee mornings. The home is planning a Christmas party which service users are looking forward to. Social history is recorded in the service users care plan, activities are more service user focused and work has progressed on understanding the needs of individuals to ensure the activities are stimulating and appropriate.</p> <p>During the inspection a coffee afternoon with Christmas gifts for sale was taking place for service users, visitors and friends, this was enjoyed by all who attended.</p>		

Standard 13 (13.1 – 13.6)

Service users are able to have visitors at any reasonable time and links with the local community are developed and/or maintained in accordance with service users' preferences.

Key findings/Evidence	Standard met?	3
<p>Visitors are able to visit at any reasonable time. Visitors sign in on each visit and they are able to be seen either privately or in a communal area. Service users spoken to confirmed this to be the case.</p>		

Standard 14 (14.1 – 14.5)

The registered person conducts the home so as to maximise service users' capacity to exercise personal autonomy and choice.

Key findings/Evidence	Standard met?	3
<p>Service users are able to exercise personal choice regarding the clothes they wear, the time they rise on a morning and go to bed. Mealtimes are flexible which service users confirmed and choice is offered regarding the activities they participate in. Personal autonomy is discussed in the statement of purpose.</p>		

Standard 15 (15.1 – 15.9)

The registered person ensures that service users receive a varied, appealing, wholesome and nutritious diet, which is suited to individual, assessed and recorded requirements, and that meals are taken in a congenial setting and at flexible times.

Key findings/Evidence**Standard met?**

3

The kitchen area was examined and found to be maintained to a satisfactory standard. Menus were available and contained a variety of hot and cold food. Service users' preferences are accounted for and the operations manager stated that no fixed budget is given to the chef they are able to order which food they feel is appropriate. Breakfast starts at 8am, lunch is served from 12.30 and evening meal from 5pm. Supper is offered at 8pm and drinks can be made upon request. The food offered is nutritious, wholesome and a good sized portion to suit the individual needs. Service users felt the food offered was a good standard and any issues could be discussed at the residents meetings.

Complaints and Protection

The intended outcomes for the following set of standards are:

- Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- Service users' legal rights are protected.
- Service users are protected from abuse.

Standard 16 (16.1 – 16.4)

The registered person ensures that there is a simple, clear and accessible complaints procedure which includes the stages and time-scales for the process, and that complaints are dealt with promptly and effectively.

No. of complaints made to the home during last 12 months	5
No. of these complaints fully substantiated	3
No. of these complaints partly substantiated	0
No. of these complaints not substantiated	1
No. of these complaints not yet resolved	1
No. of complaints sent direct to CSCI	1
Percentage of complaints responded to within 28 days	100 %

Key findings/Evidence

Standard met?

1

The home has a robust complaint policy in place, this is also detailed in the statement of purpose. A previous complaint was made to the home in which an investigation took place, the CSCI investigated parts of this complaint and the provider dealt with other issues. A summary of this is attached. Prior to this inspection a complaint was sent directly to the CSCI which involved one service user and the care they had previously received. A range of issues were identified which need addressing. This is in the process of been investigated by the manager and provider. The CSCI will be made aware of the outcome. As the manager is new to the home the provider must ensure that the manager is aware of the complaints procedure and how the process works.

See Requirement from this inspection, No.2

Standard 17 (17.1 – 17.3) Service users have their legal rights protected, are enabled to exercise their legal rights directly and participate in the civic process if they wish.		
Key findings/Evidence	Standard met?	3
Service users are able to participate in the civic process. Service users spoken to confirmed this to be the case. Voting takes place either through postal or proxy methods or in person. Details of service users on the electoral register are available in the home.		

Standard 18 (18.1 – 18.6) The registered person ensures that service users are safeguarded from physical, financial or material, psychological or sexual abuse, neglect, discriminatory abuse or self harm, inhuman or degrading treatment, through deliberate intent, negligence or ignorance, in accordance with written policies.		
The home has an Adult Protection procedure (including Whistle Blowing) which complies with the Public Disclosure Act 1998 and the Department of Health Guidance <i>No Secrets</i>	<input type="text" value="YES"/>	
No. of staff referred for inclusion on POVA lists	<input type="text" value="0"/>	
Key findings/Evidence	Standard met?	3
The home has a policy in place for the protection of vulnerable adults. Training took place on 17 th September for the manager and there is on-going abuse training for all staff. Staff attending. Staff spoken to had a good understanding of how to deal with abuse incidents and the manager was aware of the POVA register which came into force on 26 th July 2004.		

Environment

The intended outcomes for the following set of standards are:

- Service users live in a safe, well-maintained environment.
- Service users have access to safe and comfortable indoor and outdoor communal facilities.
- Service users have sufficient and suitable lavatories and washing facilities.
- Service users have the specialist equipment they require to maximise their independence.
- Service users' own rooms suit their needs.
- Service users live in safe, comfortable bedrooms with their own possessions around them.
- Service users live in safe, comfortable surroundings.
- The home is clean, pleasant and hygienic.

Standard 19 (19.1 – 19.6)

The location and layout of the home is suitable for its stated purpose; it is accessible, safe and well maintained; meets service users' individual and collective needs in a comfortable and homely way and has been designed with reference to relevant guidance.

Key findings/Evidence	Standard met?	3
<p>The home was clean and tidy and well maintained. Service users were comfortable in their environment and redecoration work was evident. The home has a refurbishment plan in place which the provider is responsible for maintaining. The home has a 8 person lift and stairs to all areas. Wheelchair access is available to the balcony area, and a stair lift has been installed to service 5 upstairs rooms in the new wing.</p>		

Standard 20. (20.1 – 20.7)

In all newly built homes and first time registrations the home provides sitting, recreational and dining space (referred to collectively as communal space) apart from service users' private accommodation and excluding corridors and entrance hall amounting to at least 4.1 sq. metres for each service user.

Key findings/Evidence	Standard met?	0
<p>Not applicable as this standard was previously met and the dimensions have not changed.</p>		

Standard 21 (21.1 – 21.8)**Toilet, washing and bathing facilities are provided to meet the needs of service users.****Key findings/Evidence****Standard met?****3**

There are a sufficient number of toilets and bathroom areas in the home. Separate bathrooms are located in each main area of the building and are equipped with hoists and bathing aids. Signs have been put on the toilet and bathroom doors with engaged and vacant signs to maintain service users' privacy and dignity. Service users spoken to felt the facilities provided were adequate to meet their needs.

Standard 22 (22.1 – 22.8)

The registered person demonstrates that an assessment of the premises and facilities has been made by suitably qualified persons, including a qualified occupational therapist, with specialist knowledge of the client groups catered for, and provides evidence that the recommended disability equipment has been secured or provided and environmental adaptations made to meet the needs of service users.

Key findings/Evidence**Standard met?****3**

An assessment of the premises has been undertaken, this was inspected and found to be satisfactory. The call bell system is accessible in all areas. All staff need to be familiar with the system to ensure they are aware when the call bell is urgent or an emergency. Moving and handling equipment was readily available and grab and handrails were observed throughout the home.

Standard 23 (23.1 – 23.11)

The home provides accommodation for each service user which meets minimum space as prescribed

Total number of single bedrooms with at least 10 sq.m usable space or additional compensatory space	<input checked="" type="checkbox"/>
Pre-existing homes only (1 April 2003) - single bedrooms below 10 sq.m usable space or additional compensatory space	<input checked="" type="checkbox"/>
Total number of wheelchair users accommodated for in rooms at least 12sq.m	<input checked="" type="checkbox"/>
Total number of wheelchair users accommodated for in rooms at less than 12sq.m	<input checked="" type="checkbox"/>
Total number of shared rooms at least 16 sq.m	<input checked="" type="checkbox"/>
Total number shared rooms less than 16 sq.m	<input checked="" type="checkbox"/>
Percentage of places within single rooms:	
100%	<input type="checkbox"/> NO
80% - 99%	<input type="checkbox"/> YES
Less than 80%	<input type="checkbox"/> NO
Total number of single bedrooms	<input checked="" type="checkbox"/>
Total number of single rooms with en suite	<input checked="" type="checkbox"/>
Total number of double rooms	<input checked="" type="checkbox"/>
Total number of double rooms with en suite	<input checked="" type="checkbox"/>

Key findings/Evidence**Standard met?**

9

Not applicable, as the standard has previously been met.

Standard 24 (24.1 – 24.8)

The home provides private accommodation for each service user which is furnished and equipped to assure comfort and privacy, and meets the assessed needs of the service user.

Key findings/Evidence**Standard met?**

0

Not assessed on this occasion.

Standard 25 (25.1 – 25 8)

The heating, lighting, water supply and ventilation of service users' accommodation meet the relevant environmental health and safety requirements and the needs of individual service users.

Key findings/Evidence**Standard met?**

3

The heating is supplied via a centrally heated radiator, risk assessments have taken place in respect of the use of radiator guards. Water is distributed at the recommended temperature and health and safety guidelines have been implemented. A light has been installed outside a dimly lit area which was discussed at the previous inspection.

Standard 26 (26.1 – 26.9)

The premises are kept clean, hygienic and free from offensive odours throughout and systems are in place to control the spread of infection, in accordance with relevant legislation and published professional guidance.

Key findings/Evidence**Standard met?**

3

The home has an infection control policy in place, a discussion took place regarding the process of removing laundry from either a service user's room or bathroom and it been received into the laundry area. Gloves, aprons and wipes were stored appropriately and infection control was discussed at the last staff meeting in October. Staff are aware of how to care for service users with MRSA and have a good understanding of the use of red/yellow bags.

Staffing

The intended outcomes for the following set of standards are:

- Service users needs are met by the numbers and skill mix of staff.
- Service users are in safe hands at all times.
- Service users are supported and protected by the home's recruitment policy and practices.
- Staff are trained and competent to do their jobs.

Standard 27 (27.1 – 27.7)

Staffing numbers and skill mix of qualified/unqualified staff are appropriate to the assessed need of the service users, the size, the layout and purpose of the home, at all times.

Number of staff /hours in respect of service user needs based on guidance recommended by Department of Health.

		Personal Care	Nursing
No. service users <i>High</i> needs	<input type="checkbox"/>	No. staff hours allocated	<input type="checkbox"/>
No. service users <i>Medium</i> needs	<input type="checkbox"/>	No. staff hours allocated	<input type="checkbox"/>
No. service users <i>Low</i> needs	<input type="checkbox"/>	No. staff hours allocated	<input type="checkbox"/>
No. of staff hours required	<input type="text" value="574"/>	No. of staff hours provided	<input type="text" value="729"/>
No. of full time equivalent first level registered nurses	<input type="text" value="5"/>		
No. of care staff	<input type="text" value="18"/>		
No. of ancillary staff	<input type="text" value="7"/>		
Key findings/Evidence		Standard met?	3

The Commission has been advised that the above recommended staffing guidance should only be applied to new registrations. For those care homes registered prior to April 2002 there is a policy of no regression therefore staffing levels must at least meet the minimum requirements of the previous regulatory authority.

During the inspection there were 3 trained staff on duty during the morning with 5 care staff. During the afternoon and evening these numbers decreased to 2 trained and 3 care staff. This is above the recommended staffing levels. Service users felt that staffing levels were adequate and their needs were quickly attended to.

A discussion took place with the new manager regarding the amount of time she would be supernumary in the home, details of this had yet to be finalised and would have an impact on the trained staffing hours.

Standard 28 (28.1 – 28.3)

A minimum ratio of 50% trained members of care staff (NVQ Level 2 or equivalent) is achieved by 2005, excluding the registered manager and/or care manager, and in care homes providing nursing, excluding those members of the care staff who are registered nurses.

No. care staff (excluding registered nurses) with NVQ level 2 or equivalent

8

% of care staff with NVQ level 2

49

%

Key findings/Evidence

Standard met?

2

The home currently employs 18 care staff, of these 8 have an NVQ Level 2 or above. This equates to 49% and therefore the home is on target to meet the 50% recommended by 2005.

See Recommendation from this inspection, No.2

Standard 29 (29.1 – 29.6)

The registered person operates a thorough recruitment procedure based on equal opportunities and ensuring the protection of service users.

Key findings/Evidence

Standard met?

0

Not assessed on this occasion.

Standard 30 (30.1 – 30.4)

The registered person ensures that there is a staff training and development programme which meets the National Training Organisation (NTO) workforce training targets and ensures staff fulfil the aims of the home and meet the changing needs of service users.

Key findings/Evidence

Standard met?

2

The home has a staff training and development programme, this is currently on the computer. Training offered includes induction training for all staff which incorporates mandatory training and is based on the TOPSS programme. Individuals training records need to be completed and it was suggested that a training matrix be developed to ensure the manager is aware when staff have or have not attended training sessions.

Currently training is highlighted also on the off duty and includes wound care, infection control, stroke management, dementia care and palliative care.

See Recommendation from this inspection, No.3

Management and Administration

The intended outcomes for the following set of standards are:

- 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.
- Service users benefit from the ethos, leadership and management approach of the home.
- The home is run in the best interests of service users.
- Service users are safeguarded by the accounting and financial procedures of the home.
- Service users' financial interests are safeguarded.
- Staff are appropriately supervised.
- Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- The health, safety and welfare of service users and staff are promoted and protected.

Standard 31 (31.1 – 31.8)

The registered manager is qualified, competent and experienced to run the home and meet its stated purpose, aims and objectives.

Key findings/Evidence	Standard met?	
The manager has recently joined the team at North Ferriby. She is an experienced RGN who have previously been a deputy manager and has gained skills and experience in all areas of nursing care and training and development. She is keen to commence her NVQ Level 4 in management and is clear in the direction the home needs to go to meet its aims and objectives. The manager has also applied to the CSCI to become a registered manager.		2
See Recommendation from this inspection, No.4		

Standard 32 (32.1 – 32.7)

The registered manager ensures that the management approach of the home creates an open, positive and inclusive atmosphere.

Key findings/Evidence	Standard met?	
Not assessed on this occasion, as the manager has recently joined the Home.		0

Standard 33 (33.1 – 33.10)

Effective quality assurance and quality monitoring systems, based on seeking the views of service users, are in place to measure success in meeting the aims, objectives and the statement of purpose of the home.

Key findings/Evidence**Standard met?**

3

The home has completed an annual service review in 2003 this details refurbishment, service user questionnaires, training, activities and general information. Staff meetings take place on a regular basis, this information was available and minuted. Residents meetings take place which service users confirmed. Audits of the care plans and medications take place which highlight areas for discussion.

Standard 34 (34.1 – 34.5)

Suitable accounting and financial procedures are adopted to demonstrate current financial viability and to ensure there is effective and efficient management of the business.

Key findings/Evidence**Standard met?**

0

Not assessed on this occasion.

Standard 35 (35.1 – 35.6)

The registered manager ensures that service users control their own money except where they state that they do not wish to or they lack capacity and that safeguards are in place to protect the interests of the service user.

Number of service users subject to Power of Attorney processes

 X

Number of service users subject to Enduring Power of Attorney processes

 X

Number of service users subject to Guardianship Orders

 X
Key findings/Evidence**Standard met?**

3

The home does not deal with any service user's finances. Financial advisor services can be obtained and service users are encouraged to deal with their own finances. The system for storing valuables for example jewellery was inspected (due to a previous complaint) a robust system is now in place for recording and maintaining valuables, this information is documented and the service user and member of staff sign to confirm valuables are being kept in the safe.

Standard 36 (36.1 – 36.5)

The registered person ensures that the employment policies and procedures adopted by the home and its induction, training and supervision arrangements are put into practice.

Key findings/Evidence**Standard met?**

0

Not assessed on this occasion.

Standard 37 (37.1 – 37.3)

Records required by regulation for the protection of service users and for the effective and efficient running of the business are maintained, up to date and accurate.

Key findings/Evidence**Standard met?**

0

Not assessed on this occasion.

Standard 38 (38.1 – 38.9)

The registered manager ensures so far as is reasonably practicable the health, safety and welfare of service users and staff.

Key findings/Evidence**Standard met?**

3

The home has health and safety records in place. These were inspected with the provider and all were in date and well maintained. Mandatory training takes place for fire safety, moving and handling, health and safety, food hygiene and infection control. The manager is clear about the action to take if staff do not attend mandatory training. The provider has carried out risk assessments on health and safety aspects of the home, these were in date and again extremely well maintained.

PART C**COMPLIANCE WITH CONDITIONS****(where applicable)**

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Lead Inspector**Jo Bell****Signature****Second Inspector****Signature****Locality Manager****Dianne Chaplin****Signature****Date**

Public reports

It should be noted that all CSCI inspection reports are public documents.

PART D

**PROVIDER'S RESPONSE TO IDENTIFIED
STATUTORY REQUIREMENTS**

D.1 Registered Person's comments/confirmation relating to the content and accuracy of the report for the above inspection.

We would welcome comments on the content of this report relating to the Inspection conducted on 3rd November 2004 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

Action taken by the CSCI in response to provider comments:

Amendments to the report were necessary

NO

Comments were received from the provider

YES

Provider comments/factual amendments were incorporated into the final inspection report

NO

Provider comments are available on file at the Area Office but have not been incorporated into the final inspection report. The inspector believes the report to be factually accurate

YES

Note:

In instances where there is a major difference of view between the Inspector and the Registered Provider both views will be made available on request to the Area Office.

You will also note that the Commission has identified in the inspection report good practice recommendations and it would be useful to have some indication as to whether you intend to take any action to progress these.

Status of the Provider's Action Plan at time of publication of the final inspection report:

Action plan was required

YES

Action plan was received at the point of publication

YES

Action plan covers all the statutory requirements in a timely fashion

YES

Action plan did not cover all the statutory requirements and required further discussion

NO

Provider has declined to provide an action plan

NO

Other: <enter details here>

NO

D.3 PROVIDER'S AGREEMENT

Registered Person's statement of agreement/comments: Please complete the relevant section that applies.

D.3.1 I _____ of _____ confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) and that I agree with the requirements made and will seek to comply with these.

Print Name _____
Signature _____
Designation _____
Date _____

Or

D.3.2 I _____ of _____ am unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) for the following reasons:

Print Name _____
Signature _____
Designation _____
Date _____

Note: In instance where there is a profound difference of view between the Inspector and the Registered Provider both views will be reported. Please attach any extra pages, as applicable.

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