



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name: North Ferriby Nursing Home
Address: High Street
North Ferriby
East Yorkshire
HU14 3JZ

The quality rating for this care home is: two star good service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:
Eileen Engelmann

Date:
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This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

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

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

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Inspection report

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Internet address

www.csci.org.uk

Information about the care home

Name of care home: North Ferriby Nursing Home
Address: High Street
North Ferriby
East Yorkshire
HU14 3JZ
Telephone number: 01482631301
Fax number: 01482631301
Email address: lucyj@callnetuk.com
Provider web address:

Name of registered provider(s): Mr Ian Holden, Mrs Sheila Holden
Name of registered manager (if applicable)
Ms Patricia Owen
Type of registration: care home
Number of places registered: 38

Conditions of registration:

Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	0	32
old age, not falling within any other category	0	32
physical disability	6	32
terminally ill	0	32

Additional conditions:

Date of last inspection

Brief description of the care home

North Ferriby Nursing Home is able to care for up to 38 residents. The building is Grade II listed and has retained many of the fine features of a period property. There are 30 bedrooms, twenty-two of these are for single occupancy most having en suite facilities. The two rooms at the top floor have a magnificent view of the Humber Bridge and estuary. The home is decorated to a high standard, in a traditional style. There are large, well-kept gardens to the rear of the property. The home is close to the centre of the village and local amenities. There is ample off street parking for visitors. The home is accessible to all service users via use of ramps, a stair lift and vertical passenger lift. Information about the home can be found in the statement of purpose and service user

Brief description of the care home guide, copies of these are on display in the entrance of the home and can be obtained from the manager on request. Information about the fee levels in the home were unavailable at the time of this visit, as the provider is in the process of updating the information. Anyone wishing to obtain this information can request it from the manager.

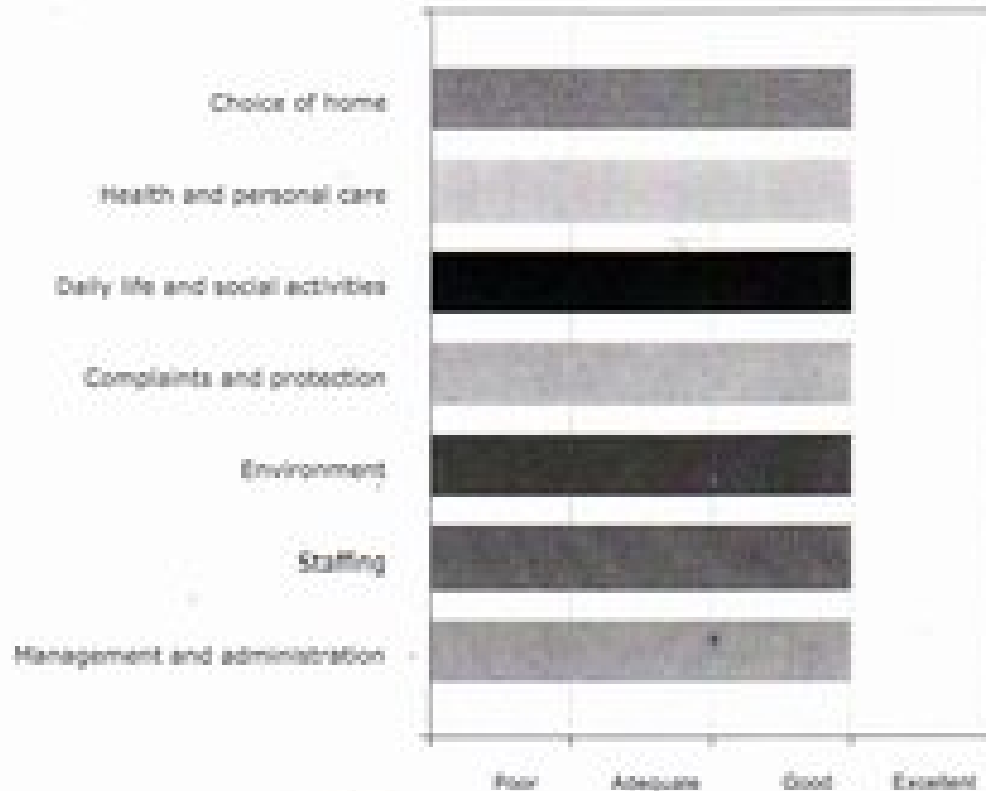
Summary

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

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

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

Information has been gathered from a number of different sources over the past 12 months since the service was last visited, 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 number of 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 good. We received 8 from staff (80%) and 7 from people using the service (70%).

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

We have reviewed our practice when making requirements, to improve national consistency. Some requirements from previous inspection reports may have been deleted or carried forward into this report as recommendations – but only when it is considered that people who use services are not being put at significant risk of harm. In future, if a requirement is repeated, it is likely that enforcement action will be taken

What the care home 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.

People told us that 'we feel fortunate that our relative was able to come here as the standards are high and the atmosphere friendly' and 'I am a long stay person with no great faults to find about the service'.

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?

The manager and staff have worked hard to keep standards within the home at a high level. Work practices and record keeping continue to be improved upon and reflect the individual needs, wishes and choices of the people using the service.

What they could do better:

The home has worked hard to meet the standards within this report. We have made two recommendations around good working practices and these will be followed up at the next visit to the home.

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.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website www.csci.org.uk. You can get printed copies from enquiries@csci.gsi.gov.uk or by telephoning our order line -0870 240 7535.

Details of our findings

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- Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this 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 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:

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 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. One file we looked at was for a person who has specific cultural needs, information about their needs and care was included on a transfer letter, kept within the plan. We saw that the staff of North Ferriby had worked hard to ensure this person received the correct care, but the cultural information had not been transferred onto their care plan as specific instructions. We recommended that the staff use the

Evidence:

information from the transfer letter to develop the equality and diversity aspects of the persons care plan.

Those people living at the home who receive nursing care undergo an assessment by a registered nurse from the local Primary Care Trust, to determine the level of nursing input required by each individual.

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.

We sent surveys out to a selection of people who use the service before we visited the home, one person told us that 'my son and his wife inspected the home and I came here from hospital on their recommendation' and another person's relative said 'I took my cared for person to the home to get his opinion and we asked lots of questions to make sure he would be happy there as he was not happy in the last home'.

Staff members on duty were knowledgeable about the needs of each person they looked after and had a good understanding of the care given on a daily basis. Information from the people's surveys showed that they were satisfied with the care they receive and have a good relationship with the staff. Individuals commented that 'an often difficult job is covered very well. It is reassuring for me to know that my relative is well cared for' and 'the care is very good, there is always the challenge of time for the staff and more 1-1 time would be nice'.

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

The home is unable to offer a choice of staff gender to people with regard to care delivery, as they do not have any male care assistants or nurses. The manager told us that this was due to a lack of suitable applicants and that she discussed the care arrangements with prospective people before they came into the home.

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

Evidence:

information from the transfer letter to develop the equality and diversity aspects of the persons care plan.

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Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this 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 the people living in the home are clearly documented and are being met by the service and staff. The medication at the home is well managed promoting good health.

Evidence:

Information given to us in people's surveys, and during discussions on this visit with people and relatives, indicates that individuals are satisfied with the care they receive and enjoy life in the home. Seven people said the staff listened to them and acted on what they said, and individuals comments were that 'most staff understand what I want', 'staff are very kind and helpful and we are treated with respect' and 'the home has very supportive staff and a good matron'.

The care of four people was looked at in depth during this visit and included checking of their personal care plans.

On the whole the care plans detailed the needs and abilities of individuals and set out

Evidence:

the actions required by staff to ensure peoples wishes and choices are respected and their care needs met. The plans looked at have been evaluated on a monthly basis and any changes to the care being given is documented and implemented by the staff. Information about the person's social interests, likes and dislikes, spiritual needs and wishes regarding death and dying are included within the individuals care plan. People and relatives are able to input to their plan and changes to their care is discussed with the individual where possible.

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

Entries in the care plans specify where individuals have dietary needs, including supplement drinks and specialist diets. The staff weighs 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.

The nurses within the home carry out specialist tasks such as wound dressings with the wound care and progress being recorded in a person's care plan. Pressure areas are monitored carefully and proactive measures include risk assessments and special mattresses/beds and seat cushions.

The medication policy for the home says that individuals can self-medicate if they want to and after a risk assessment has been completed and agreed. All of the people spoken to prefer to have staff administer their medication.

Checks of the medication records showed these are up to date and accurate, including those for controlled drugs and refrigerated items. However, we recommend 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.

Relatives commented that they are kept informed of their relative's wellbeing by the staff; they are regularly consulted (where appropriate) on their care and feel involved in their lives. Overall there is a good level of satisfaction with the care being given to the people living in the home.

Chats with people 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

Evidence:

regarding privacy and dignity.

Observation of the service showed there is good interaction between the staff and people; with friendly and supportive help being given to assist individuals in their daily lives.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this 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 using the service are provided with choice and diversity in the activities and meals 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 activity co-ordinator to deliver a programme of events on a Monday, Wednesday and Friday afternoon, with additional hours if outside activities or evening events are taking place. At the moment there is a weekly programme of events that includes a range of group activities and one to one sessions. People told us that there was always something for them to do. One person said 'approximately once a month an outside entertainer is at the home. We enjoy these very much. The stimulation is very necessary and enjoyable'.

The mobile library visits on a regular basis, bringing a supply of large print books for those with visual difficulties, and one person receives books on compact disc from the Royal National Institute for Blind People.

Evidence:

The manager said that there is a regular Church of England service (once a month) within the home and people can also go to the local church services and religious celebrations as requested. The home provides special meals and cakes for birthdays and helps people celebrate all major Christian festivals such as Easter, Harvest Festival and Christmas.

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 area of the home. There are meetings where the viewpoints and opinions of those living in the home can be expressed and the management team will listen and take action where needed. Visitors said they are kept informed of any important issues affecting their friend/relative and felt that staff did a good job of supporting people to live the lives they choose.

The staff training matrix given to us on 4 November 2008 shows that some staff have attended training on current legislation in equality, diversity and disability matters. This training is also backed up by staff handouts, induction training and in the NVQ sessions.

Observation of the midday meal showed it to be well prepared and presented, and the kitchen staff had made an effort to provide soft diets in an attractive way. Staff were organised when serving the meal and a number of individuals were seen to offer assistance to people who need help with eating and drinking.

People and relatives are pleased with the quality and quantity of the meals served, saying 'the food is very good and there is always a choice given'. The home offers people the option of eating in the dining rooms or in their own room. One dining room is for more able bodied individuals, whilst the other is for those needing help and assistance with eating and drinking.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this 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 feel that their views are listened to and acted upon. Visitors and people using the service are confident about reporting any concerns and the manager acts quickly on any issues raised.

Evidence:

The home has a complaints policy and procedure that is found within the statement of purpose and service user guide. It is also on display within the home. The policy and procedure is available in a large print format and an audio version if requested by an individual.

People's survey responses showed individuals have a clear understanding about how to make their views and opinions heard and those people spoken to said 'we can talk to the staff and the manager comes round every day to see us and will discuss any problems at this time'.

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

The staff on duty displayed a good understanding of the safeguarding of adults

Evidence:

procedure. They are confident about reporting any concerns and certain that any allegations would be followed up promptly and the correct action taken.

The staff training matrix given to us on 4 November 2008 shows there is an ongoing training programme for staff to attend safeguarding of adults awareness training, and sessions were held in May and June 2008.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this 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:

Walking around the home it is clear that the environment is spacious, welcoming and decorated/furnished to a high standard. The main part of the home is a well maintained, listed building with additional rooms being provided in a more modern purpose built wing. People have access to a number of communal facilities including a spacious conservatory, lounge, two dining rooms and a seating area in the main foyer.

People are provided with five communal bathrooms fitted with assisted bath seats/hoists and two shower rooms. Staff have eight electric hoists to aid moving and handling of people with mobility problems and there are hand rails and flat walkways throughout the building to encourage people to mobilise independantly where possible. Accommodation is provided on three floors with a passenger lift or stairs to all levels. Before admission the manager risk assesses each person to ensure the rooms available are suitable for the persons level of mobility.

The sensory impairment team visit the home on a regular basis to support people using the service and to offer advice and guidance to the staff. Staff have already

Evidence:

received training and advice around basic sign language to help them communicate with some people living in the home.

The laundry facility is sited in the basement of the home and is sufficiently large enough to provide separate clean and dirty laundry areas so that cross infection risk is reduced. Discussions during this visit indicate that people using the service are satisfied with the laundry service provided by the home.

Infection control policies and procedures are in place, and staff have access to good supplies of aprons and gloves for use in personal care. The staffing matrix supplied to us on 4 November 2008 indicates that infection control training is part of the rolling programme of development sessions provided by the company.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this 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 staff induction, training and recruitment practices are good, resulting in an enthusiastic workforce that works positively with people to improve their whole quality of life.

Evidence:

Checks of the staffing rotas and observation of the service showed that the home employs staff from overseas, including a number of adaptation nurses who are working towards gaining their nursing registration with the Nursing and Midwifery Council. Discussion with the manager indicated that the home is an equal opportunities employer and that policies and procedures are in place and followed as part of the recruitment process.

Staff members told us that they work as a team and this includes covering shifts when others are on leave or sick. Staff feel that their induction and training helps them meet the needs of people who use the service.

We spoke to two people who use the service during this visit, and they were satisfied with the care they receive and said that they did not have to wait too long for staff to come when they needed assistance. Individuals told us that 'staff are friendly, helpful and supportive'.

Evidence:

At the time of this visit there were 34 people in the home and information from the annual quality assurance assessment about the number of staffing hours provided, and information gathered during the visit about the dependency levels of the people using the service, was used with the Residential Staffing Forum Guidance and showed that the home is meeting the minimum hours asked for in the recommended guidelines.

85% of care staff at the home have an NVQ 2 or above in care and all new starters undergo an induction programme. The home has a mandatory staff training programme in place and discussion with the manager indicates that the majority of the staff are up to date with this or are booked onto refresher training for 2008. Nurses are supported in maintaining their own professional portfolio of practice in order to keep their Personal Identification Number (PIN) from the Nursing and Midwifery Council (NMC) up to date.

The home has a recruitment policy and procedure that the manager understands and uses when taking on new members of staff. Checks of three staff files showed that police (CRB) checks, written references, health checks and past work history are all obtained and satisfactory before the person starts work. Nurses at the home undergo regular registration audits with the Nursing and Midwifery Council to ensure they are able to practice.

Three staff files were looked at and they contained evidence of a variety of training events attended over the past year including safeguarding of adults, moving and handling, fire management, infection control, dementia care, diabetes management, equality and diversity, palliative care and medication training.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this 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 registered manager is Mrs Pat Owen, she is a registered nurse and has completed her Registered Managers Award. She has been in post for five years and keeps her skills and knowledge up to date with regular training sessions pertinent to her role. Staff and people who answered our surveys told us that 'the manager is supportive and has an active, hands on approach to care', which ensures that staff receive regular supervised practice and the standards of care provided are monitored daily.

The home has achieved the Local Council's Quality Assurance Award (QDS parts I and II). Policies and procedures within the home have been reviewed and updated to meet current legislation and good practice advice from the Department of Health,

Evidence:

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 is in daily contact with the service.

Feedback is sought from the people living in the home and relatives through regular meetings and satisfaction questionnaires, and the manager has produced a development report as part of this process to show the responses from individuals. We recommended that the manager continue with this process and that she should also 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 computerised records are kept for people's personal allowances; the administrator on a daily basis up dates these. Information from the Annual Quality Assurance Assessment indicates the majority of people have their families looking after their financial affairs, and checks of the system shows that only 6 or 7 people have accounts in the home. The home usually pays up front for any services such as chiropody and hairdressing and then sends a monthly bill to the person responsible for the individuals finances. People who have asked the home to look after their personal allowances are able to access their money on request, and receipts are kept for any transactions. All monies are kept safe and secure within the home and only the administrator or manager has access to the funds.

Maintenance certificates are in place and up to date for all the utilities and equipment within the building. Accident books are filled in appropriately and regulation 37 reports completed and sent on to the Commission where appropriate.

Staff have received training in safe working practices and the manager has completed generic risk assessments for a safe environment within the home. Risk assessments were seen regarding fire, moving and handling, bed rails and daily activities of living.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards

No.	Standard	Regulation	Requirement	Timescale for action
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Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action
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Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
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Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No.	Refer to Standard	Good Practice Recommendations
1	2	The manager should ensure that where cultural and equality/diversity information is gathered as part of the pre-admission assessment, then this is recorded in the person's care plan as part of their ongoing needs, wishes and choices.
2	9	The manager should ensure that where staff are hand writing medication onto the sheets (transcribing), there are two staff signing the entry to indicate they have both witnessed that the information on the sheet (name of medication, strength and administration methods) is correct.
3	33	The manager should ensure that the annual development plan contains information about how the home has acted on the feedback of relatives, people using the service and others; indicating the actions taken or changes to service that have occurred due to the information received.

Helpline:

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Textphone: 0845 015 2255 or 0191 233 3588

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Web: www.csci.org.uk

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

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