



**Making Social Care
Better for People**

inspection report

CARE HOMES FOR OLDER PEOPLE

North Ferriby Nursing Home

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

Lead Inspector
Anne Prankitt

Unannounced Inspection
9th February 2006 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

| Reader Information | |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Document Purpose | Inspection Report |
| Author | CSCI |
| Audience | General Public |
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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 | North Ferriby Nursing Home |
| Address | High Street North Ferriby East Yorkshire HU14 3JZ |
| Telephone number | 01482 631301 |
| Fax number | 01482 631301 |
| Email address | |
| Provider Web address | |
| Name of registered provider(s)/company (if applicable) | Mr Ian Holden Mrs Sheila Holden |
| Name of registered manager (if applicable) | Ms Patricia Owen |
| Type of registration | Care Home |
| No. of places registered (if applicable) | 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) |

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 12th July 2005

Brief Description of the Service:

North Ferriby is a nursing home for up to 38 service users. The home is in a converted house which has retained many of the features of a period property. There is a garden to the rear of the property.

SUMMARY

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

The unannounced inspection took place over approximately seven hours. Three hours preparation took place prior to the inspection.

The registered manager, Pat Owen, was available throughout the course of the inspection. She was provided with feedback at the close. The general manager, Lucy Holden, was also available during the course of the day.

During the course of the inspection, some service users, visitors and staff were spoken with. The views of a visiting General Practitioner were also sought. Observations with regard to the general activity of the home were made.

Some records were looked at, including some care plans, health and safety records and complaints book, and discussion was held about training for staff and quality assurance systems at the home.

The communal areas of the home were inspected, and a sample of private bedrooms seen.

What the service does well:

The home provides an attractive environment for residents to live in. There are lovely gardens which can be seen from several parts of the building, and which residents appreciate. The home is kept clean and pleasant for residents.

People who would like to live at the home are visited by the registered manager before admission so that she understands their needs, and can confirm that they can be met by the home.

Each resident has a care plan which explains to staff the care that they need. Care staff are kept informed about the needs of people who live there, so that the care they receive is appropriate.

Residents enjoy the food at the home, and the choice that is available.

Visitors are welcomed at the home at all reasonable times, and staff take time to get to know them. One visitor said about the home 'it is superb'.

Staff and residents commented that they were able to talk openly to the management of the home, which will assist in any issues being dealt with efficiently.

Residents and visitors spoken with thought that the manager had assisted in making improvements at the home.

A visiting professional said that they were very satisfied with the care that was provided.

What has improved since the last inspection?

The conservatory roof has been sealed so that the room can now be maintained at a comfortable temperature for residents all year round.

A 'trolley shop' which sells mainly toiletries, has been introduced. The shop is non profit making, and has proved very popular with residents.

The registered manager ensures that additional cleaning systems are introduced so that unpleasant malodours are avoided. All areas of the home smelt clean and pleasant.

What they could do better:

Risk assessments need to be introduced with regard to the use of bed rails, the unlocked sluice room and use of a small flight of stairs for one resident without supervision.

The administration of some early morning medication needs to be reviewed to check that it is appropriate to be administered at this time.

The arrangements in place where the home safe keeps money for residents need to be reviewed.

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.

DETAILS OF INSPECTOR FINDINGS

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Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

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 at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

3 and 6

Sufficient information about current needs is collected before admission to the home so that prospective service users can be assured that their needs can be met.

EVIDENCE:

The home carries out preadmission assessment for all prospective service users, and the registered manager confirmed that they ensure that they receive a copy of the care management care plan where service users are referred via social services. The preadmission assessments for two recently admitted service users were inspected. These provided a range of initial information, from which care plans had already been developed.

The registered manager confirmed that the home does not provide intermediate care.

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 at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

7, 8 and 9

Service users' holistic needs are understood, and access to health care services enabled. However, further assessment of the use of bed rails and the administration of some early morning medications will assist in ensuring that the current systems in place are not in any way detrimental to the service users concerned.

EVIDENCE:

The registered manager has worked extremely hard in the redevelopment of the care plans, which provided staff with very good information about the care that is needed by service users, how it is to be provided, and any associated risks. The care plans are developed initially from the preadmission assessment. The plans explained how access for advice from health care professionals is sought where required, and residents who were able to comment were satisfied that their needs were being met. Discussion took place with a General Practitioner, who voiced his satisfaction with the home. Care staff are given regular handovers so that they are kept up to date about the current needs of each service user. The registered manager audits the care plans on a regular basis.

There are a number of risk assessments in place from which a care plan is developed should risk be identified. Discussion took place about the use of bed rails. Whilst consent for their use has been obtained, there had been no risk assessment completed prior to their use. The use of bed rails for one particular service user also needs to be reassessed and reviewed.

The medication system is subject to regular audit. The records seen on the day of the inspection were well kept, signed up to date, and included a photograph of the service user to whom the medication belonged. The registered manager has recently changed to a monitored dosage system, and stated that the home received good support from the dispensing chemist and GP service. A random audit of medication evidenced that stock held balanced with records kept, including controlled drugs, which are stored appropriately. A separate control sheet is completed for the recording of the administration of Temazepam. Whilst this is good practice, it is recommended that it be recorded in a controlled drugs register in which the pages are bound and numbered. This has been discussed with the registered manager who has agreed to introduce this forthwith. There are a number of early morning medications which are administered by the night staff. The registered manager must:

- Check that it is appropriate for the medication to be given without food, and discuss with the General Practitioner alteration of the administration times where deemed necessary.
- Ensure that service users who are given medication at this time are satisfied with this routine.

There is a homely remedies policy in place, to which the registered manager confirmed that the General Practitioner has signed up to. Only some of the medications that have been agreed that can be given without prescription are being used. It was agreed that it would be good practice to review the policy with the GP, so that any medication which is no longer appropriate for inclusion can be removed.

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 at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

14 and 15

Service users' rights to make choices and to maintain contacts with friends and family is respected and upheld. Their dietary needs are taken into account within a menu with which they are satisfied.

EVIDENCE:

Visitors to the home are made extremely welcome. One the day of the inspection, one visitor had enjoyed lunch with their relative. Service users thought that there were no restrictions placed on visiting. The activities organiser provides a range of meaningful activities which service users may choose to join. Those spoken with particularly enjoyed the novel reading sessions. Service users are provided with a written agenda of forthcoming events which they may choose to join. One service user enjoys access to the internet. Service users were satisfied that they were able to exercise choice in their daily lives. One comment about rising times made by one service user was discussed with the registered manager, who intended to look into the matter raised.

There is a two weekly menu operated, within which service users are provided with a number of choices. Service users spoken with stated that they were satisfied that there was sufficient choice. The chef is provided with information about the likes, dislikes and food allergies pertaining to individual service users. Three meals are provided each day, and night staff have access to the kitchen in order that service users can be provided with snacks should this be required. Dietary needs are catered for including liquidised diets, which are served in separate portions.

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 inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

16 and 18

Service users are protected by an open culture which informs staff of their responsibilities where abuse is suspected, and inspires confidence that complaints or concerns will be dealt with.

EVIDENCE:

There have been no complaints made to either the home or to the Commission for Social Care Inspection during the period since the last inspection. Service users spoken with felt confident, should they have any complaints or concerns, that the management would deal with these satisfactorily.

Staff were very clear about what they would do should they suspect abuse at the home, including their responsibilities for reporting such matters, and the fact that they were not in a position to 'keep secrets' where abuse was suspected.

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 at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

EVIDENCE:

None of the standards were assessed at this inspection

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 at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

28 and 30

Care is provided to service users by care staff who are suitably trained to carry out the work that they do.

EVIDENCE:

Staff undergo a range of training to assist them in the work that they do. New starters undergo a period of induction, which is based on the 'Skills for Care' standards, and which includes information about abuse awareness. There is an ongoing programme of NVQ training in level 2 and 3 in care. There is a dedicated staff training room. Staff receive statutory training, which includes fire safety and infection control. They also receive additional training specific to the needs of service users who live at the home. This includes training in dementia awareness, wound care and continence care. The registered manager will soon attend a 'train the trainer' course in order that she and an already qualified member of staff may update all staff in moving and handling procedures. The registered manager also acts as mentor for overseas staff who are undertaking their adaptation training at the home.

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 at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

33, 35 and 38

There are well organised management systems in place, and health and safety matters are taken seriously. This assists in keeping service users safe and satisfied with the service provided.

EVIDENCE:

The home carries out bi annual quality surveys, when questionnaires are sent to service users, who receive a copy of the results. The home is in receipt of the Quality Development Scheme Award for East Riding parts 1 and 2. Regular audit takes place of systems at the home, such as the medication system, care plans and safety of bed rails equipment, and there is a planned decorating schedule in place. In addition to this, residents meetings are held, and minutes taken. The general manager stated that, during the meetings, service users are kept updated about forthcoming plans and events. Service users also receive a monthly newsletter.

The registered manager safe keeps personal monies for one service user. A record needs to be kept of ingoings, outgoings and current balance. She agreed to introduce this. The general manager has found it necessary to hold an account for one service user in her name. It has not been possible to set up the account in the name of the service user concerned, despite several efforts being made. She intends to refer the matter to social services in order to seek alternative arrangements. Service users are able to manage their own finances should this be their choice, and individual lockable facilities are provided so that they are able to keep their money safe.

The registered provider has developed a well organised system to ensure that the premises is kept well maintained. The general manager confirmed that any outstanding works have been completed. She explained that the nurse call system has recently been serviced, but that the certificate has not yet been received. She agreed to forward a record of the in house fire alarm test, which she stated is carried out on a weekly basis. A repairs and maintenance sheet keeps record of necessary in house repairs, and when they are completed. The kitchen staff keep records of their cleaning schedule and of fridge and freezer temperatures.

Risk assessments have been carried out in connection with the unguarded radiators throughout the home, and in conjunction with the health and safety executive. The assessment concludes that the registered provider is satisfied that the temperatures of the radiators are safe for them to remain unguarded.

In order to reduce risk from falls from the first floor, the banister has been extended, and the registered manager confirmed that nobody who is able to mobilise independently is allocated a bedroom on this floor.

The sluice room was unlocked, and contained a hot water supply which was unregulated. The registered manager agreed to complete a risk assessment to confirm that service users who may access the room are not subject to unnecessary risk, and to identify any safety systems that need to be put into place following the assessment.

The means by which one service user transports themselves unsupervised down a small flight of steps leading from their room was discussed with the registered manager, after the service user had explained the difficulties that they experience in doing so. The registered manager agreed to look into the matter, to ascertain what further systems could be introduced to protect the safety of the service user concerned.

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 | X |
| 5 | X |
| 6 | N/A |

| HEALTH AND PERSONAL CARE | |
|---------------------------------|--------------|
| Standard No | Score |
| 7 | 1 |
| 8 | 3 |
| 9 | 1 |
| 10 | X |
| 11 | x |

| DAILY LIFE AND SOCIAL ACTIVITIES | |
|-----------------------------------------|--------------|
| Standard No | Score |
| 12 | X |
| 13 | X |
| 14 | 3 |
| 15 | 3 |

| COMPLAINTS AND PROTECTION | |
|----------------------------------|--------------|
| Standard No | Score |
| 16 | 3 |
| 17 | X |
| 18 | 3 |

| ENVIRONMENT | |
|--------------------|--------------|
| Standard No | Score |
| 19 | X |
| 20 | X |
| 21 | X |
| 22 | X |
| 23 | X |
| 24 | X |
| 25 | X |
| 26 | X |

| STAFFING | |
|--------------------|--------------|
| Standard No | Score |
| 27 | X |
| 28 | 3 |
| 29 | X |
| 30 | 3 |

| MANAGEMENT AND ADMINISTRATION | |
|--------------------------------------|--------------|
| Standard No | Score |
| 31 | X |
| 32 | X |
| 33 | 3 |
| 34 | X |
| 35 | 1 |
| 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 | OP7 | 13,15 | Risk assessments must be completed and reviewed on a regular basis where service users have bed rails fitted to their bed, to ensure that they do not pose unnecessary risk to the service user. | 28/02/06 |
| 2 | OP9 | 13 | With regard to the administration of early morning medication, the registered manager must: <ul style="list-style-type: none"> • Check that it is appropriate for the medication to be given without food, and discuss with the General Practitioner alteration of the administration times where deemed necessary. • Ensure that service users who are given medication at this time are satisfied with this routine. | 28/02/06 |
| 3 | OP35 | 17,20 | Written record must be kept of all transactions made on behalf of service users where monies are kept on their behalf. Accounts into which service users' monies are paid must be in the name of the service user to whom the money belongs. | 28/02/06 |

| | | | | |
|---|------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 4 | OP38 | 13 | <p>The registered manager must complete a risk assessment with regard to the unlocked sluice room. In the interim, service users must be kept protected from unnecessary risks until such time that any risk is identified, and suitable safety measures put into place where applicable.</p> <p>The registered manager must carry out a risk assessment for the service user discussed at the inspection, to ensure that safety measures are put into place where necessary to reduce the risk from accident where they access the stairs without the supervision of staff.</p> | 09/02/06 |
|---|------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|

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 |
|-----|-------------------|-------------------------------|
| | | |

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