



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*  
Jan  
Dulieu

*Unannounced*  
12 July 2005 9:30

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
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<b>Reader Information</b>	
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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](http://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](http://www.tso.co.uk/bookshop)

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# SERVICE INFORMATION

<b>Name of service</b>	North Ferriby Nursing Home
<b>Address</b>	High Street North Ferriby East Yorkshire HU14 3JZ
<b>Telephone number</b>	01482 631301
<b>Fax number</b>	01482 631301
<b>Email address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Mr Ian Holden
<b>Name of registered manager (if applicable)</b>	Ms Patricia Owen
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	38
<b>Category(ies) of registration, with number of places</b>	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**      3/11/04

### **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 inspection of the home was unannounced. The registered manager Mrs Pat Owen was present for the inspection. A tour of the home was conducted and both service users and relatives contributed their views about the care delivered in the home. Service user plans of care were also inspected.

## **What the service does well:**

The registered manager has a knowledgeable, 'hands on' approach to the nursing care of the service users in the home. Mrs Owens assists her staff in the mornings and this has a positive effect on morale in the home. The input by the owners also contributes positively to the family atmosphere.

The home is clean and welcoming.

Staff receive a wide variety of training and the registered manager is very committed to this and a robust system of staff supervision.

## **What has improved since the last inspection?**

The service is consistently improving and meeting the National Minimum Standards. In particular the service user plans of care contain a wide range of assessment documentation and evidence of regular evaluation.

A range of outings and activities are available for service users.

## **What they could do better:**

The conservatory lounge is uncomfortably warm during the summer. Ceiling blinds and a fan system would ensure that this room could be used throughout the year.

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](mailto:enquiries@csci.gsi.gov.uk) or by contacting your local CSCI office.

# **DETAILS OF INSPECTOR FINDINGS**

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Health and Personal Care (Standards 7-11)

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Management and Administration (Standards 31-38)

Scoring of Standards

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 standard(s) 1 and 5**

Service users are supported to make an informed choice about coming to live in the home.

### **EVIDENCE:**

The registered manager and responsible individual have developed the literature available for prospective service users coming into the home. Service users and their family are encouraged to visit the home prior to admission.

## 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 standard(s) 7,8 and 10**

Service users receive a high standard of nursing care.

### **EVIDENCE:**

Service users are well cared for and both service users and relatives commented on the kindness and competence of the staff. They expressed particular confidence in the manager and said that 'nothing was too much trouble'.

The plans of care for service users are well developed and meet their nursing care needs. The plans of care inspected include entries on each shift by the nursing staff.

## **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 standard(s) 12 and 13**

Service users have access to activities and outings which they enjoy.

### **EVIDENCE:**

The home has activities available and care staff also take service users on short outings. Some service users enjoy trips to the local public house opposite the home.

Visitors are encouraged and supported to be involved in the home and they can access the manager if they wish to raise any concerns.

Service users can maintain their own individual routines and staff respect their preferences and wishes. Service users said that they feel relaxed, comfortable and well cared for.

## **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 standard(s)**

These standards were not inspected on this occasion.

**EVIDENCE:**

## 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 standard(s) 19,20,23 24 25 and 26**

Service users live in a clean and well maintained environment within the limits of a period conversion.

### **EVIDENCE:**

The home is clean and odour free with the exception of one room which the registered manager is aware of. The smell of urine in this room must be addressed and overcome to ensure the dignity of service users is not compromised.

The staircase carpet has been replaced and there are plans to re carpet the hallway.

The first floor landing area has a raised metal rail to raise the height of the banister rail. A risk assessment has been conducted to address the considerable risk of service users who may be confused or have dementia to fall through the rail. Visitors children are also at risk and this must be made clear to all visitors. The rail has been in place for a number of years and has not caused any concern, however the responsible individual and registered manager must remain vigilant regarding the risk.

Service users rooms are attractively decorated and contain their personal items of furniture and items.

## 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 considers Standards 27, 29, and 30 the key standards to be inspected at least once during a 12 month period.**

**JUDGEMENT – we looked at outcomes for standard(s) 27 and 29**

Service users benefit from being cared for by carefully recruited staff who have access to a variety of training opportunities.

### **EVIDENCE:**

The personnel records contained evidence of two references being obtained and criminal records bureau checks are conducted.

There is a staff rota available and the staffing levels meet the minimum standard required for the numbers of service users in the home at the time of inspection.

There is a strong emphasis on training within the home and staff have access to a variety of training opportunities including NVQ training.

## **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 33, 35 and 38 the key standards to be inspected at least once during a 12 month period.**

**JUDGEMENT – we looked at outcomes for standard(s) 31,32 and36**

Service users live in a well managed home with caring staff.

### **EVIDENCE:**

The registered manager inspires confidence in service users and staff and is effecting positive change in the home to ensure standards of care are raised and maintained .

Records of staff supervision indicate that staff are being regularly supervised, training records indicate that staff are receiving both mandatory training and NVQ training.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

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

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	3
2	x
3	x
4	x
5	3
6	x

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	3
9	x
10	3
11	x

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

COMPLAINTS AND PROTECTION	
Standard No	Score
16	x
17	x
18	x

ENVIRONMENT	
Standard No	Score
19	2
20	3
21	3
22	x
23	3
24	3
25	3
26	2

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

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	3
33	x
34	x
35	x
36	3
37	x
38	x

no

Are there any outstanding requirements from the last inspection?

### **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.				
2.				
3.				
4.				
5.				
6.				

### **RECOMMENDATIONS**

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	19	The registered manager should continue to review the risk assessment regarding the first floor banister rail and remain vigilant about ensuring service users placed on this floor as well as visitors and their children.
2.	26	The registered manager should address the odour of urine in one room identified at the inspection.
3.		
4.		
5.		

## **Commission for Social Care Inspection**

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