



*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*  
Ms Anne-Marie Foster

*Key Unannounced Inspection*  
21st November 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
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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>	F/P 01482 631301
<b>Email address</b>	
<b>Provider Web address</b>	<a href="http://www.northferribynursinghome.co.uk">www.northferribynursinghome.co.uk</a>
<b>Name of registered provider(s)/company (if applicable)</b>	Mr Ian Holden Mrs Sheila 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**      9th February 2006

## **Brief Description of the Service:**

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.

Weekly fees range from £400- £600 as at October 2006. These fees do not include items such as hairdressing, chiropody and newspapers.

# SUMMARY

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

This unannounced site visit took place over seven hours, with extra time for preparation. Information about the service was gathered from a variety of sources including this site visit. A pre inspection questionnaire had been completed by the home and returned to the Commission. Eight residents and two relatives were spoken with on the day, along with most of the staff on duty. The inspector looked at a selection of residents care files, staff files, and the home's records. The communal areas of the home were inspected, and with permission, residents' rooms were looked at. The registered manager, general manager and proprietor were available to assist the inspector on the day.

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

The home carries out detailed assessments on prospective residents before accepting them for admission, so that they can be sure that they are able to meet that person's needs.

The home provides a high standard of care, and residents say that their health, personal and social care needs are well met. One resident told the inspector "the staff work hard they are very kind and caring".

Residents are offered a choice of good quality activities and the home maintains its links with the community, which helps to address people's social, spiritual and recreational needs.

Residents receive a well-balanced, wholesome and appetising diet. The home is committed to buying good quality, fresh, local produce. One resident said "I cannot fault the food"

Residents live in a very clean, well-maintained home where their safety is seen as a priority.

The home has a good system to monitor the quality of service that it provides, and seeks the views of the residents and their relatives so they can influence the way that the home is run.

The health, safety and welfare of the residents and staff are promoted and protected by good management.

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

The registered manager has improved the residents' care plans. Individual risk assessments have also been improved. This will help staff to be more aware of the residents care needs any of any risks, plus what action they must take to reduce those risks.

The administration of early morning medicines has been reviewed. Only essential drugs are given before breakfast time.

The way that resident's monies are held for safekeeping has been reviewed and improved. This will help to protect people from financial abuse.

A risk assessment has been carried out for the sluice room. The room is now labelled for 'staff only' and a warning sign over the sink makes people aware of the hot water. This room is not on one of the main routes in the home, and residents do not use this area.

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

The registered provider and registered manager should continue to work with staff to try to further improve the lives of the residents.

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. The summary of this inspection report can be made available in other formats on request.

# **DETAILS OF INSPECTOR FINDINGS**

## **CONTENTS**

Choice of Home (Standards 1-6)

Health and Personal Care (Standards 7-11)

Daily Life and Social Activities (Standards 12-15)

Complaints and Protection (Standards 16-18)

Environment (Standards 19-26)

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.**

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

3 and 6

Quality in this outcome area is **excellent**. Prospective residents have a thorough assessment of their needs before they are accepted into the home, so that they, and their relatives can be assured those needs can be met. This judgement has been made using available evidence including a visit to this service.

### **EVIDENCE:**

The registered manager and general manager go out to assess the personal, social, and health care needs of prospective residents.

The registered manager is an experienced qualified nurse who is able to make an accurate assessment of care needs, and the home will not accept anyone for admission if those needs cannot be met.

Residents spoken with say that their needs are being met. One person told the inspector that they had a visit from the registered manager prior to admission and that they were also offered a 'trial visit' to see if they liked the home. Four residents' care files were examined. The inspector looked at the pre admission assessment forms. These were detailed and linked in well to the plan of care. Staff use the assessment to help them understand the needs of the new resident.

The home does not offer 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.**

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

7,8,9 and 10

Quality in this outcome area is **good**. Residents live in a home where their care needs are made a priority, and they are supported by an experienced group of staff. This judgement has been made using available evidence including a visit to this service.

### **EVIDENCE:**

The registered manager has worked hard to improve the residents plans of care. Five were looked at. These were well written; with good detail about what actions care staff must take to meet resident's care needs.

Resident's care plans included risk assessments. There is a general risk assessment and more specific ones, where needed. Examples include those residents requiring bed rails, or at risk from falls.

Residents are supported at the home and their health and well-being is promoted. Residents looked well cared for, including those that were poorly and cared for in bed. Staff are confident in making referrals to other health

professionals where necessary, such as the tissue viability nurse (a nurse that specialises in pressure ulcers) and community dietician.

The medication system was inspected. The home use the monitored dosage system (blister packs) and these are also colour coordinated. The qualified nurse who was administering the drugs said that the system was very straightforward and user friendly.

Each medication administration record looked at showed no signatures missing. The controlled drug stock was examined. These drugs are stored correctly and the records were accurate. Temazepam is now stored as a controlled drug, as is good practice. There is a monthly medication count, to check that the stock of drugs is correct, and drugs that are no longer required are disposed of in the correct way.

Staff have improved the way they administer early morning medication. This was identified as a problem at the last inspection, and only the essential drugs are now given before breakfast.

Staff at the home were observed 'in action' on the day of the inspection. The inspector noted their interactions with residents. The home benefits from employing an experienced, stable group of staff and also number of staff from overseas who have integrated well with existing staff. Five residents spoken with told the inspector that "staff are very kind and patient", "staff work well", and "staff are polite". One relative agreed with these comments, and had an obvious rapport with the staff on duty. Staff were seen to respect people's privacy. They used the preferred term of address and knocked on doors before entering. Shared use a screen, provides more privacy.

## Daily Life and Social Activities

### The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

**The Commission considers all of the above key standards to be inspected.**

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

12,13,14 and 15

Quality in this outcome area is **good**. Residents live in a home where they are helped to make choices, and where they can access a variety of quality activities. This judgement has been made using available evidence including a visit to this service.

### EVIDENCE:

Residents say that the daily routine is flexible, and that they can make choices about how to spend their day. The home employs an activities organiser who attends three days a week, and residents are given opportunities for stimulation through recreational activities.

The activities organiser and staff record peoples' likes and interests. Activities include biography reading, novel reading, current affairs and bingo, a library, and a shop trolley are also provided. The activities organiser is also keen to talk with the residents on a one to one basis.

Events are arranged with outside entertainers, who provide piano concerts and singing. Examples of community links include church services, the Women's Institute, British Legion, local library and the nearby pub. Two

residents spoken with said "there is enough to do here", and " we have plenty of variety".

There is a monthly North Ferriby Nursing Home newsletter, which is popular with service users and staff. It provides a link, and opportunity for communication, to people involved with the home. .

Resident's rooms were looked at. Each room was clean and comfortable and well decorated. Service users are assisted so that they can personalise their room by bringing in some of their possessions and furniture. There are a variety of rooms to choose from, some larger than others and residents are able to make a choice that is compatible with their needs.

The lunchtime meal was observed. Roast pork was served and enjoyed by the residents. The meal was well presented, and looked both appetising and wholesome. People can choose to eat in the dining rooms or in their own room. Staff were available to assist in a discreet, quiet way.

The chef was spoken with, and it was apparent that the home prides itself on good quality, nutritious food. The cook and chef make themselves available to the residents each day, and get to know peoples' likes and dislikes. The home does not have a restricted budget for food, and prefers to buy fresh, good quality, local produce.

The dining rooms and tables were pleasantly set out. A good menu offering choices at lunchtime, with a flexible evening menu is available. The home has found that this works well and meets with the residents' approval. The choice is varied and appetising and the evening meal is cooked to order. Residents receive an appealing, nutritious diet in pleasing surroundings.

# Complaints and Protection

## The intended outcomes for Standards 16 - 18 are:

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

**The Commission considers Standards 16 and 18 the key standards to be.**

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

16 and 18

Quality in this outcome area is **good**. Residents live in a home where they can be confident that any complaint would be taken seriously and acted upon. This judgement has been made using available evidence including a visit to this service.

### EVIDENCE:

The home has a clear complaints policy, which is available in the service users guide, and will investigate and respond in a timely fashion. Each person spoken with was sure then if they had a complaint that they would be listened to and taken seriously. Residents said, "I would report a complaint to matron" and "my grumble has been sorted out quickly".

Staff said that the registered manager was open and approachable and they would not hesitate in reporting a complaint to her. The home has received no complaints since the last inspection in January 2006.

Residents meetings are held monthly and this gives people an opportunity to raise concerns. The minutes of these meetings are recorded, and actions are taken to address any concerns. Residents are protected by the complaints procedure.

Staff were clear about what they would do should they suspect abuse at the home, and they knew their responsibilities for reporting such matters. The home has recently sent each staff member a pamphlet about adult abuse. This summarises the local authority's guidance and will remind staff about their role in protecting the residents.

## Environment

### The intended outcomes for Standards 19 – 26 are:

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

**The Commission considers Standards 19 and 26 the key standards to be inspected.**

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

19 and 26

Quality in this outcome area is **good**. Residents live in clean, pleasant, comfortable surroundings that are well maintained. This judgement has been made using available evidence including a visit to this service.

### **EVIDENCE:**

The home is very clean and well maintained. The bedrooms are redecorated whenever they become vacant.

Whilst the home is a Grade II listed property, it has been converted to suit its purpose as a nursing home, and residents enjoy attractive, spacious, communal areas such as the large conservatory and dining rooms. The grounds are kept tidy and there is a large private lawned garden, with seating areas for people to enjoy. The home complies with fire safety and environmental health regulations. There is a plan of maintenance for the fabric

of the building, which includes for example, inspection of the roof and repair and purchase of equipment. The resident's safety and comfort is protected by the regular maintenance of the environment.

Residents' bedrooms are clean, tidy and pleasantly decorated. Residents bring their own possessions and this helps the rooms to look individualised and homely.

The premises are kept clean and free from offensive odours throughout. The laundry was inspected. Staff use dissolving laundry bags, which go straight into the machine then on to a hot sluice wash. This minimises the contact that people have with soiled laundry. Staff have ample supplies of aprons, gloves and hand washing facilities. The risks from cross infection are therefore reduced.

There is an effective call bell system in place and staff answered calls promptly on the day of the site visit.

The home has more than the required number of assisted baths and showers, which means there are plenty of opportunities available for residents to bathe.

The home has ample storage space for hoists and wheelchairs and other equipment and this helps the home to look spacious and tidy, and be comfortable for the residents.

## Staffing

**The intended outcomes for Standards 27 – 30 are:**

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

**The Commission consider all the above are key standards to be inspected.**

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

27,28,29 and 30

Quality in this outcome area is **good**. Residents are supported by a stable group of staff, and there are enough staff available to meet their needs. This judgement has been made using available evidence including a visit to this service.

### **EVIDENCE:**

The inspector examined the staff rota. The home employs good numbers of staff. Each day there are at least two qualified nurses on duty and some days there are up to four. Whilst the registered manager (matron) is extra to the staff rota, she is a qualified nurse and likes to be available on the 'shop floor' for staff and residents each morning. She can then be kept aware of peoples' needs.

Staff are at least eighteen or over with the majority of staff being experienced, long standing employees.

The home has a training programme. This includes the National Vocational Qualification (NVQ) Certificate in Care. Half of the care staff have their NVQ level 2 or 3, certificate and another two care staff started working towards the qualification in September 2006. Overseas nurses are completing a course so that they can work as qualified nurses in this country. This system is working

well at the home and residents' needs are met by the skill mix and qualifications of staff.

The recruitment procedure was examined. The registered manager and general manager interview new recruits. Five staff files were looked at and each of these contained the documentation required by legislation. Police checks, two written references and an employment history were available and this good practice helps the residents to be better supported and protected from harm.

The staff training programme was looked at. Staff have access to training opportunities, and this year have attended training in dementia awareness, health and safety updates, fire safety, first aid, stroke management, manual handling, oral hygiene, catheter care and medication updates. Some of the training is provided for the qualified staff and is then passed on to the other care staff.

Staff spoken with told the inspector they were "able to do enough training". Staff were competent to do their jobs.

## Management and Administration

**The intended outcomes for Standards 31 – 38 are:**

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

**The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.**

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

31,33,35 and 38

Quality in this outcome area is **excellent**. Residents benefit from living in a well managed home, that is run in their best interests. This judgement has been made using available evidence including a visit to this service.

### **EVIDENCE:**

The registered manager (matron) is a qualified, experienced nurse who holds the assessors award and has experience in teaching clinical skills.

The general manager and the home's proprietor support the registered manager on a daily basis.

The home has an effective quality assurance system whereby it can monitor its progress and identify any areas that need improving. Twice yearly questionnaires are sent out to seek the views of residents and their relatives. These seek their views about whether the home is meeting peoples' needs. The home has the East Riding Quality Development Scheme (QDS) awards for providing a quality service to local people.

The system for safekeeping resident' monies was looked at. The home looks after small amounts of people's cash, and records are kept of each transaction made. This money is stored safely and is available at the service user's request. The inspector looked at this cash along with the records and found that the accounts balanced properly.

The proprietor and general manager take great care in promoting the safety and welfare of staff and residents. A clear programme of maintenance, decoration and renewal is evident, which helps to keep the environment comfortable and pleasant

The registered manager has now carried out a risk assessment for the sluice room. This was identified as a problem at the previous inspection. The door now has a large sign saying ' Staff Only'. There is a new sign to warn people of the very hot tap water. The sluice is away from the main routes.

The registered manager and proprietor arrange for all staff to be told about safe working practices. This takes place during the induction period for new starters and then updates are carried out at a later date. The training includes, for example; fire safety, first aid, food hygiene, infection control and moving and handling.

The inspector made a tour of the home, and no hazards were identified. Hot water temperatures were tested and were found to be within an acceptable range, which will help to reduce any risk of scalding. A sample of service certificates were looked at including those for; the passenger lift, gas boiler electrical system, fire alarm system and appliances, hoists, portable appliances. These were all found to be up to date and in order. The home responds quickly to requirements made, and management staff work hard to keep both residents and staff safe.

# 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	4
4	X
5	X
6	N/A

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

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

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

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

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

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	4
34	X
35	3
36	X
37	X
38	4

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

**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

## **Commission for Social Care Inspection**

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