



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Birchgrove Nursing Home
Address:	1 Stanford Avenue Brighton East Sussex BN1 6AP

The quality rating for this care home is:	two star good service
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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:	Date:
Elizabeth Dudley	1 3 1 1 2 0 0 8

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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Information about the care home

Name of care home:	Birchgrove Nursing Home
Address:	1 Stanford Avenue Brighton East Sussex BN1 6AP
Telephone number:	01273566111
Fax number:	
Email address:	birchgrcarehome@aol.com
Provider web address:	

Name of registered provider(s):	Birchgrove Healthcare (Sussex) Ltd
Name of registered manager (if applicable)	
Type of registration:	care home
Number of places registered:	60

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	60	0
old age, not falling within any other category	0	60
physical disability	60	0
Additional conditions:		
The maximum number of service users to be accommodated is 60.		
The registered person may provide the following category/ies of service only: Care home with nursing - (N) to service users of the following gender: Either Whose primary care needs on admission to the home are within the following categories: Dementia (DE) Physical disability (PD) Old age, not falling within any other category (OP).		

Date of last inspection								
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Brief description of the care home
Birchgrove accomodates up to 60 older people who require either general or mental health nursing care. It has 18 single rooms and 21 double rooms and all rooms have en suite facilities consisting of a wc and handbasin. There are also 7 assisted bathrooms in the home. The home is divided into four units, two of these units

Brief description of the care home

accommodate people with mental health conditions of the elderly. There are three lounges and one dining room and all five floors are accessible by shaft lift. There is a landscaped rear garden. Birchgrove is situated close to the centre of Brighton, and although there is limited car parking at the home, it is served by a local bus service and not far from the main railway station.

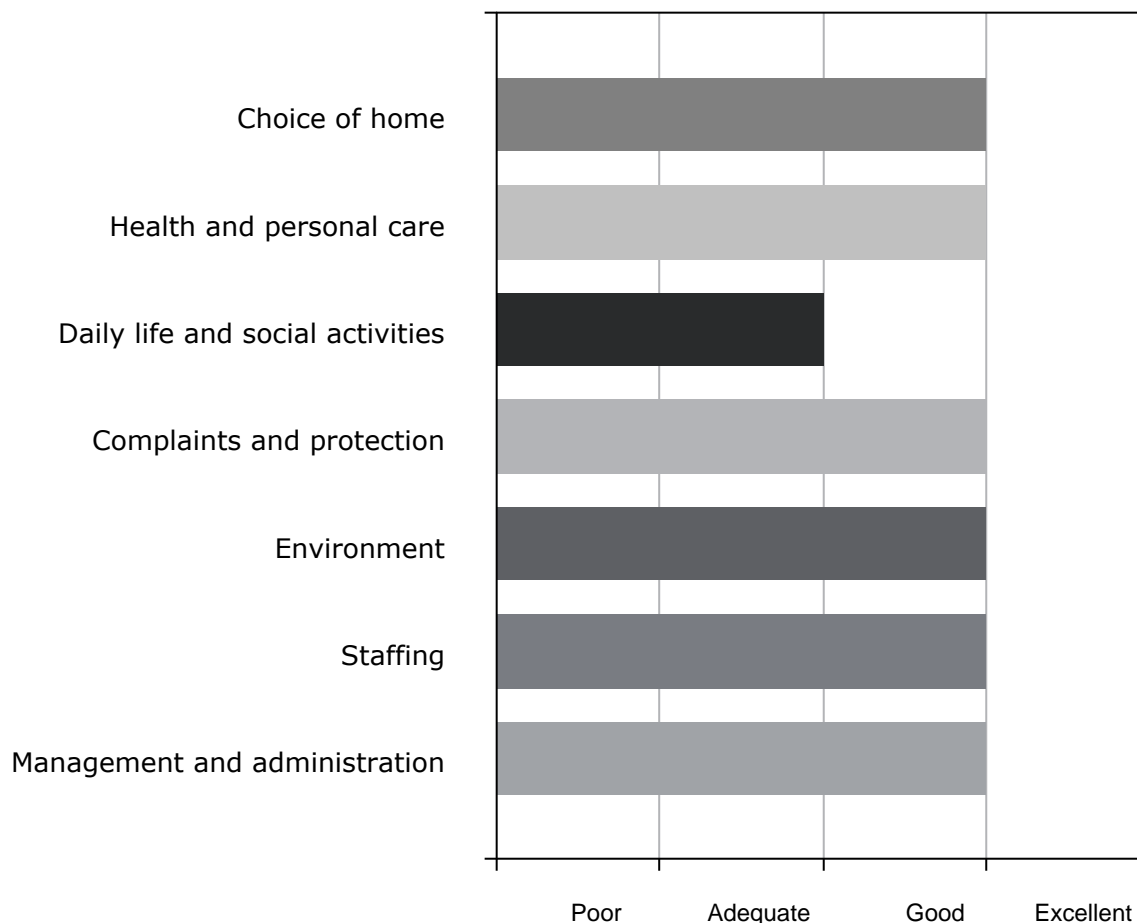
Summary

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:

This unannounced key inspection took place on the 13th November 2008 over a period of eight hours and was facilitated by Mrs C Turnbull, the home manager.

During the inspection the inspector was accompanied by an 'Expert by Experience', this is a lay person who has experience of a particular aspect of care homes, either by being a resident in one themselves, or having a relative who has been a resident in a similar home. On this occasion the duties of the Expert by Experience was to observe the daily routine and interaction of staff with residents during a part of the day, including lunchtime on the elderly mental health units in the home. She was present in the home for around four hours, and following this provided feedback to the inspector and the manager and a written report of her findings. These have been incorporated

into the report. Throughout the report she will be referred to as the Expert.

Other methods used to inform the judgements made in this report included discussions with residents, visitors to the home and the staff, examination of documentation such as care plans, menus, personnel files and health and safety information. A tour of the home also took place.

Prior to the inspection fifteen surveys were sent to residents and relatives to gain their perspective of the home. Twelve of these were returned, mainly from residents, and these generally provided positive comments about the home. Comments from residents included: " Quite satisfied with the home and the care I receive" " I am happy here with the care and the activities". " The staff are inadequate and do not always listen to me or act on what I say". " Generally the staff are good, but there are some who are not so willing, sometimes they don't have time to do things".

Five staff surveys were also received and these showed that they generally felt supported in their work and that the ethos in the home was good. They showed an awareness of their role and the expectations of the residents in their care, but also identified that at times there was insufficient time to get everything done.

The Annual Quality Assurance Assessment, a document required by legislation which identifies what has been achieved by the home and future plans, was received by the CSCI prior to the date it was required and included accurate information about the home. This was also used to inform the inspection.

This service has changed aspects of its registration to a "Limited" company and for legislation purposes had to be inspected as a new service.

The fees currently charged range between four hundred and ninety pounds to eight hundred and fifty pounds per week, and extra services such as hairdressing, chiropody, aromatherapy and some outings, are not included in the fees. Current charges for these are available from the home.

Residents, management, staff and the expert by experience are thanked for their help courtesy during this inspection. The management and staff are thanked for their hospitality.

What the care home does well:

The service provides a pleasant, well maintained and clean home which accommodates older people for both general and mental health nursing care.

The standard of care planning was good and identified all the physical and psychological care needs of the residents, along with the care that was to be given to meet these needs.

Residents spoken with said that they enjoyed the meals and that they had a choice of menu. Menus showed that a nourishing and varied diet was provided and that fresh fruit and homemade cakes and desserts were offered.

The home is committed to staff training and has over 50% of the care staff have attained the National Vocational Qualification level 2 in Care, with other staff being supported by the home to undertake levels 3 and 4. Supplementary training relating to the needs of the residents is also offered to both care staff and registered nurses.

Staff receive mandatory training including moving and handling and fire training and this is updated at regular intervals.

Other agencies such as the health protection agency, local hospices, the Alzheimers society and the care home support team are contacted on a regular basis to ensure that the staff are delivering care which is reflective of up to date knowledge and research.

Recruitment practices within the home are robust with all information and background checks required to protect residents and to comply with regulation being included in personnel files.

What has improved since the last inspection?

The home has upgraded the main passenger lift in the past twelve months, and has redecorated one of the lounges and some resident's accommodation.

An full time activities organiser, who has experience and has attended courses in supplying leisure activities to the older person has been employed.

The manager has recently undertaken a course on ' Dementia mapping' (a way of ensuring that residents with dementia and associated conditions are enabled to live a fulfilled life); and the home is taking part in a pilot study run by a local university on person centred care in the mentally frail elderly.

The deputy manager has attained her Registered Manager's Award, and one of the registered nurses has become a trainer for moving and handling. Another registered nurse liaises with the Health Protection Agency as the ' Infection control champion' to ensure that there are robust infection control procedures in place in the home, and that staff are practising these.

What they could do better:

The home should ensure that all residents have choices within their daily lives, particularly around leisure activities and personal care, and that staff are aware of the need for the care that they give to be person centred.
Staff should receive formal supervision at bi-monthly intervals to ensure that the services offered by the home are meeting resident's expectations.
Whilst medication administration and practice is generally good, senior staff must ensure that medications for residents are received from the pharmacy in a timely manner and nurses must also be vigilant not to leave medications unattended with residents.

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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Outstanding statutory requirements

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.

The home provides up to date information to prospective residents and offers a four week trial period.

The manager or the deputy manager assess all prospective residents to ensure the home can meet their needs. A comprehensive preadmission assessment is formed and this provides the information to commence the care planning process.

Currently prospective residents do not receive written confirmation that their needs can be met.

Evidence:

The Statement of Purpose and Service User Guide have been recently reviewed and reflect the change of management that has taken place. These documents are produced in a format which is easy to read and for residents in the home to use, with all residents being given a copy of the Service User Guide.

Evidence:

Recent admissions to the home of residents whose first language is not English, lead to discussions with the manager over the possibility of providing the Service User Guide in alternative languages.

All residents, both those funded privately and those funded by the local authority, are given a copy of the home's 'Terms and Conditions of Residence' and a contract. Both these documents meet the National Minimum Standards and Regulations.

Either the manager, or her deputy, assess prospective residents. Four preadmission assessments were examined and these were found to be to a high standard, giving comprehensive information relating to the individual's needs, which is used in the initial formation of the individual's care plan.

The manager does not currently inform prospective residents in writing that the home can meet their needs, but gave assurances that this would be addressed, therefore no requirement was made.

Residents receive a copy of the home's contract prior to admission to aid transparency. A four week trial period at the home is offered to enable prospective residents to be sure that they wish to live at the home and that it can provide the care and services that meet the resident's expectations.

The home admits residents for respite, permanent, continuing and intermediate care. There are no residents currently accommodated in the home for intermediate care.

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 standard of care planning reflects the assessed needs of the residents and ensures that the appropriate care is given.

The standard of medication administration generally safeguards the resident.

Evidence:

Six care plans were examined relating to residents accommodated throughout the units. These were person centred and contained comprehensive and good information regarding the care required by these residents.

Mental health, nutritional, catheter and wound care plans were in place and all parts of the plans had been reviewed on a monthly basis, and in some cases, more frequently. There was evidence that care plans had been reviewed in consultation with the residents. Nursing charts such as fluid and turning charts seen in residents' rooms were up to date and residents are weighed on a monthly basis.

A survey received from staff said that ' There is involvement in the care plans by the

Evidence:

residents, which allows them to identify the needs that require addressing and helps us to give the care in the way they want us to do it. Monthly meetings are held with residents and their relatives to discuss and update the plans of care if there are any changes'.

Residents would benefit from a specific night care plan being put in place which identifies the care they require during the night and specifies the time they prefer to go to bed and to rise in the morning. This is particularly relevant to those residents who are not so cognitively able and cannot speak for themselves, and whose relatives may have this information.

Care staff would benefit from clearer directions for basic care being included in the care plan and moving and handling care plans should include the type of equipment to be used including hoist sling sizes.

Whilst consent forms for the use of bed rails were in place, risk assessments relating to the usage of bed rails require more detail to address the safety aspects and means of minimising the risks involved.

Generally there are registered general nurses and registered mental health nurses working on each shift and there is constant liaison between them to ensure that residents receive holistic care appropriate to their needs.

Some residents living at the home do not have English as their first language and the staff have cards with appropriate key words in the resident's language. Interpreters have also been brought in as required to ensure that these residents have their care in a manner that they expect.

Relatives spoken with said "The care and attention that our relative is given is of a high standard and all their needs are met" " The staff are extremely supportive, they are always welcoming and communicate well by phoning us if there is a problem, my mother is warm and content".

A survey from a health care professional, obtained by the home as part of their quality monitoring process stated " the home delivers a high standard of care"

Whilst care plans are person centred, some areas of practice do not entirely support this: This was particularly evident in the EMI units and has been discussed in detail in the section entitled ' Daily life and Social Activity'. However the home has been accepted to participate in a pilot research study on person centred care, all staff will participate and receive training on the application of this.

Evidence:

Medication rounds were seen taking place and medication records examined. It was noted that in the case of one resident some medication had been out of stock for eight days although the registered nurse said that they had tried to obtain these and this resident had also refused another medication for three weeks. Consultation with the General practitioner should take place regarding this, either for a substitute medication or to prevent more of this specific drug being prescribed. A nurse was also seen leaving a resident's medication on his lunch tray in one of the EMI lounges and she was absent for several minutes getting water. This practice could put other residents at risk. It was noted however that all nurses were vigilant in locking the drug trolley when they were required to move away from it.

All staff within the home have taken part in the Liverpool Care Pathway and Gold Standards Framework (nursing tools to ensure that people are kept free from pain and have a nationally acclaimed standard of care when reaching their end of their lives) and staff have also attended courses at the local hospice.

Notifications received by CSCI identify that both the Liverpool care pathway and Gold Standards Framework are used regularly at the home and that the nurses are very familiar with all methods of pain control including syringe drivers.

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 **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Whilst residents are given the opportunity to pursue leisure activities, these are not always wholly inclusive, or sufficient time available for activities, given the complex needs of the residents and the size of the home.

Some areas of daily life do not support the home's policies of person centred care and could impact on resident's dignity.

Residents enjoy a varied and nutritious menu, which is well prepared and presented, but staff do not encourage all residents to enjoy the social opportunity afforded by meal times

Evidence:

The home provides a variety of leisure activities for the residents, with a programme being displayed in all of the three lounges a copy given to those residents who choose to remain in their rooms. The activities offered include crosswords, quizzes, reminiscence, entertainments, parties and outings. A cocktail party for all residents and relatives is planned before Christmas and a carol concert and Christmas party will also be taking place.

Evidence:

Currently a full time activities coordinator who works Monday to Friday is employed, and the manager is in the process of recruiting another part time coordinator to increase the amount of time that activities are provided. Given that the home has two EMI nursing units as well as the general nursing units, the provision of both leisure activities and mental stimulation is a very important part of holistic care.

The Expert by Experience who accompanied the inspector spent her time observing residents in both of the EMI units which resulted in the following observations being made: Some activities provided on the EMI units excluded some residents whilst some other residents were clearly bored with the activity. The activities coordinator spent a lot of time on the lower EMI unit doing a crossword with a resident, but this meant that other residents were excluded and spent their time dozing. The activities coordinator held valuable one to one conversation with this resident, although he needed to bend to make eye contact due to the physical condition of the resident, he continually reassured her both by words of comfort and stroking her hand.

Conversely Very little interaction was seen between the aromatherapist and the resident receiving this therapy and the expert said that there was no interaction until it was finished. At one stage in the day, residents in the upper EMI unit were involved in a game of throwing balloons. One resident sitting with three balloons in their lap said 'I would like to get rid of these' and other residents indicated they were bored with the game and its associations. It was questioned whether this was a sufficiently adult activity. It was noted that one resident became clearly annoyed with another resident resulting in a nurse saying 'are you being naughty again', an inappropriate way of speaking to adult residents.

Some of the residents in the EMI units were able to recognise that they were depressed and apologised for crying, "I cry all the time too much. God in Heaven, too much" whilst another resident said 'I'm sorry I'm so depressed, I'm depressed all the time'. Both these residents shared a room. Other residents spent a lot of time sleeping. One of the Registered nurses informed the expert that in the case of one resident, this was due to her medication. (However examination of medication records showed that few sedative drugs are administered and the majority of these are on an 'as required' basis). It was noted that residents who were sleeping in their chairs were not woken up to be offered drinks when the morning coffee and fruit was served and that a resident who was admiring the grapes on the table said 'those plums look nice' was not offered a 'plum' by the carer but asked if she was hungry and that lunch would be served soon. Some members of staff may require more training in the interpretation of the needs of residents with dementia. Residents sleeping in chairs appeared uncomfortable and discussions around this were held with the manager. The

Evidence:

upper EMI unit provides space for residents to walk around whilst this is limited on the lower unit, and discussions were held with the manager regarding the appropriate placement of residents in order for their individual needs to be met. More cognitively able EMI residents were mixed with those who were sleeping or noisy and were clearly annoyed by some of them.

Staff said that residents on the lower EMI units are changed into their nightwear after supper and go back into the lounge, whilst residents can go to bed when they wish, the routine of getting them into nightclothes in the early evening impacts on both dignity and choice.

Discussions were held with the manager regarding night staff getting residents washed and dressed early morning . On the upper floor EMI unit it was made known that all residents except two had been washed and dressed by the night staff. This is not person centred care and indicates that the unit is being run to the convenience of the staff rather than the resident. It could also lead to personal care being given in a rushed manner. Some residents from the general care units choose to spend time in the EMI units and the Expert noted that these residents were better dressed and accessorised than those in this unit. This could indicate that staff have more time to give attention to those on the general units.

Whilst residents on the general nursing units said that they had choice around the activities of daily living, this was not so apparent on the EMI units where person centred care did not appear to be practised to the extent of the general units.

Some residents from the EMI units are encouraged to spend time and take meals with the residents from the general units in the main lounges and dining room.

Residents in the general nursing units said that the activities provided were good but they wanted to have more of them, the majority of these residents who were spoken with were aware of the provision of activities and could make a choice regarding which activities they wished to join in. Care plans include social care plans and these are updated daily by the activities organiser.

Visitors spoken with said that they were welcome at any time and that they could stay for meals with residents if they wished. Interdenominational religious services are held monthly, these are supplemented by visits from the Baptist church three monthly and informal visits from both the RC priest and the Rabbi. The home has a Muslim and Buddhist resident, and varying arrangements are in place to enable them to practice religious worship.

Evidence:

The home provides a varied and nutritious menu, with two or more choices provided at each meal. The chef stated to the expert that the only dietary requirements were for those residents with lactose intolerance but later told the inspector that he is aware of the different ethnic dietary needs and preferences, and provides for this, and although the home is not providing Kosher or Halal food at present is able to source this if required. Chinese food is being provided to one resident as required. He is also aware of various medical dietary needs including diabetic and renal dietary requirements.

There were adequate supplies of fresh, frozen and other foods available and the kitchen was exceptionally clean.

Most cakes and desserts are home made and the presentation of all meals, including pureed meals, was good. Residents are able to have a cooked breakfast if they wish.

The home has been awarded three stars in the Environmental health 'scores on doors' initiative, and the records required by the Environmental Health Authority were in place and up to date. Catering staff have the ' Food hygiene' certificate.

Whilst heated trolleys for taking the food around the units are provided, staff were seen transferring the food to ordinary trolleys on the middle floor and risking the food becoming cold. Many of the residents, particularly on the EMI units require assistance with meals, and although the home has brought in extra staff at mealtimes, staff appeared rushed. It was noted that several staff remained standing to assist residents with meals and made little eye contact or spoke with residents. This turned meal times from a social activity into a task, and this time would be a good opportunity for staff to talk with residents. The majority of residents take their meals in their rooms or in the unit lounges.

No residents in the EMI units were assisted to eat at a table, even the more mobile and cognitively able residents were given trays on side tables. Whilst staff said that this was their choice, they should be encouraged to sit at dining tables to encourage them to participate in a normal life style and to make mealtimes a social occasion.

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.

Residents can be assured that any complaints or concerns that they may have will be addressed in an open and transparent manner. Comprehensive records are kept of complaints and concerns and the manner in which they have been addressed. The manager is aware of the national policies and protocols involved in reporting adult safeguarding issues to ensure that they are correctly investigated and residents are fully safeguarded. Senior members of staff are undertaking safeguarding training with the local authority.

Evidence:

There have been twelve complaints since the last inspection, one of which is still waiting for an outcome. The majority of the complaints related to staffing levels on the EMI units, which although addressed, is still being monitored. One concern was made directly to CSCI.

There is a complaints procedure displayed in the main body of the home and included in the Service User Guide, although in a survey received by CSCI, one resident said that they were unaware of how to make a complaint. Records are kept of complaints and concerns and evidence seen of how these have been addressed.

There has been one adult safeguarding issue since April 2008, whilst the home was between managers. The correct reporting procedure was not initially followed by senior

Evidence:

members of staff, but the provider has addressed this. Arrangements have now been made for senior staff to attend safeguarding training provided by the local authority.

On examination of records it was noted that prior to the current manager commencing the home, there had been one incident of verbal abuse to a resident. Although investigations had taken place and the incident addressed, it had not been forwarded to the adult safeguarding team.

Staff receive adult safeguarding training in their induction and update this during 'in house' training.

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.

Attention to the standard of cleanliness and decor around the home has resulted in a pleasant and comfortable environment for residents.

Good practices were seen in the prevention of infection, and recently reviewed policies and ongoing training ensure that staff are fully aware of how to protect residents against infection.

Failure to monitor the integrity of window restrictors could pose severe risk to residents.

Evidence:

Maintenance within the home takes place on a continuous basis. Within the past year redecoration of one of the lounge areas and several bedrooms has taken place and the main passenger lift has been upgraded, the home has more improvement plans for the coming twelve months which includes retiling of the kitchen.

There are four main lounges and a separate dining room within the home and communal space includes a landscaped garden area which is accessible to, and used by, all residents within the home.

All areas of the home are accessible by shaft lift and there are some wheelchair lifts to enable residents to access areas of the home that have variables in levels.

Evidence:

The EMI units are secure units accessed by key pad, but many of the residents in these units are brought into the main lounges, especially at times when there are functions or activities taking place.

Resident's accommodation consists of eighteen single rooms and twenty one double rooms, and all bedrooms have an en suite facility. The Statement of Purpose states that the double rooms are for 'residents that prefer to share' and the manager stated that residents are consulted and their agreement gained when a new person comes in to share the room. All of the rooms are pleasantly decorated and furnished and residents are encouraged to bring in personal possessions. Individual lockable drawers or cupboards are provided for resident's valuables.

The temperature of hot water in residents outlets are monitored on a regular basis and records showed that these are maintained within recommended parameters.

Two window restrictors were not working and one of these windows were able to be fully opened. This was addressed in the short term by the manager locking it, but assurances were given that this would be repaired. Subsequent to the inspection the manager confirmed that this has taken place. Some method of monitoring the window restrictors should be put in place.

Whilst all rooms have en suite bathrooms there are also seven assisted bathrooms within the home. No communal toiletries or washcloths were found in these rooms and the standard of cleanliness was good.

Other equipment to enable residents to maintain independence include moving and handling aids, call bells, handrails and shaft and wheelchair lifts. The home has been assessed by an occupational therapist.

The standard of cleanliness throughout the home was good and the home was free from odour. Staff were seen to be wearing protective clothing for both care and domestic tasks and there were supplies of alcohol hand gel.

The home has taken part in the Health Protection Agency's infection control initiative and training plan and has a designated member of staff as 'infection control champion'. It is the role of this member of staff to attend infection control meetings, liaise with the Health protection agency and cascade information to the staff and manager within the home.

Policies and procedures relating to infection control have been reviewed recently.

Evidence:

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.

There are sufficient staff on duty over a twenty four hour period and the home is continuing to find ways to address those times of day when the work load is especially high.

Staff are given encouragement and opportunity and support to undertake training in areas relevant to the care of the residents to ensure that residents receive the best possible care.

The home operates a robust recruitment policy which safeguards the residents.

Evidence:

The off duty rota and discussion with staff showed that there are sufficient staff on duty to meet the needs of the residents in the home. Management have attempted to address concerns raised over the need for extra staff at busy times by bringing extra staff to help with mealtimes and other times when the work load has increased. However at some times of the day, including meal times, staff continue to appear very rushed, and the manager states they will continue to address this.

Staff are supported by domestic, laundry, catering, maintenance and administrative staff.

The home currently has over 50% of staff who have attained the National Vocational

Evidence:

Qualification level 2,3 or 4 in care. Staff are encouraged and supported to undertake these qualifications.

In addition to the above training, staff undertake various courses which have included Liverpool Care Pathway, palliative care, dementia and other courses relating to the care and health issues of the older person. Most of the registered nurses have completed extended practice courses including venepuncture, and some of them are now registered trainers in moving and handling and other mandatory and non mandatory training.

All new staff undertake an extended in house induction course which lasts over three to four days and this includes their mandatory training, they work supernumerary during this time. Following this, those who are not already qualified to national vocational level or above, undertake the recognised 'Skills for Care' induction course.

Staff are encouraged to undertake any training which is relevant to the care of the residents and the home has recently being accepted to take part in a pilot study for person centred care and dementia care mapping.

Records showed that all staff have undertaken mandatory training within the required time scales.

Some of the registered nurses are in the process of applying for mentorship training in order to mentor nursing students from the local university.

Staff whose first language is not English have had training with the ' Skills for Speak' programme which enables the individuals to take full part in the courses offered by the home.

The kitchen assistant, whose English was minimal, at the last inspection has now completed a National Vocational Qualification relating to catering and has attained the food hygiene course.

The deputy manager has completed the Registered Manager's award.

Six personnel files were examined and these included all documentation as required by registration. The home requires three references prior to employing staff.

All staff are provided with the staff handbook and the General Social Care Code of Conduct on commencement of employment

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.

Management systems within the home safeguard residents, staff and visitors, and a quality monitoring system is in place to enable the home to ensure that it meets the expectations of those that live there.

All staff receive the required health and safety training in order to protect both the residents and themselves, and this is updated at regular intervals.

Not all staff have received regular formal supervision which is essential to ensure that the care and services delivered by the home meet resident's needs.

Evidence:

The manager has been working at the home for a period of six weeks, whilst previously managing the home from 2004 until the end of 2007 she resigned but rejoined the home in September 2008. Her Qualifications include Registered general nurse qualification and an Executive Masters in Business Studies. She is currently applying for registration with the CSCI.

Evidence:

Ethos in the home appeared good. Staff said that they receive a support and encouragement from the manager, and residents said that the manager is always available. Residents and visitors to the home spoke highly of the staff and management ' Its very good here and the staff are excellent'. ' I like it here'. A relative of a resident spoken to on the telephone said ' The manager and staff are extremely supportive'

The Annual Quality Assurance Assessment, (a document required by regulation which gives an overview of what has been achieved by the home in the last twelve months and plans for the next twelve months) was received before the due date. This provided detailed information about the home and what the home is trying to achieve.

The manager has commenced sending out surveys to gain the view points of residents, relatives and health and social care professionals. Surveys returned showed positive comments about the home.

The home holds weekly team meetings and full staff meetings and relatives and residents meetings are taking place on a regular basis. Residents and relative meetings take place in the evening to give relatives who work an opportunity to attend.

Residents are encouraged to manage their own money if able, or their representatives or the local authority become involved with this, the home does not hold any money for residents.

Formal supervision of staff has been spasmodic and not at the times specified by the National Minimum Standards.

Regulation 26 visits (monthly visits by the provider as required by regulation) have taken place. Records of these visits were available in the home. One visit was overlooked in the summer but these generally are taking place within the required timescales.

Evidence of regular servicing of utilities and equipment were in place and there was evidence that mandatory health and safety training for staff is undertaken at regular intervals with all staff attending.

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
1	8	13	That risk assessments, that fully address the risks involved, are put in place in any areas where restraint is required, To ensure that no service user is put at risk by any equipment	14/12/2008
2	9	13	That staff ensure that no aspect of the administration of medication puts service users at risk and that prescribed medication is, as far as possible, kept in stock. To ensure that service users are not put at risk	06/01/2009
3	12	16	That the amount of time allocated to activities represents the size of the home and the varying needs of the service users in the home. To ensure that all service users have adequate time	06/01/2009

			and opportunity to enable them to lead a fulfilled life to the extent of their capabilities.	
4	14	12	That service users in the home are enabled to make decisions about the care that they receive. To ensure that all service users within the home have choice around the care and activities of daily living	06/01/2009
5	25	13	That the provider makes arrangements for the integrity of the window restrictors to be monitored on a regular basis and repairs put in place as required. To prevent accident to service users	10/12/2008
6	36	18	That staff receive formal supervision within timescales directed by the National Minimum Standards To ensure that the services delivered by the home meet with service users wishes and expectations.	30/01/2009

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
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