



*Making Social Care
Better for People*

inspection report

CARE HOMES FOR OLDER PEOPLE

Southlands Nursing Home

**17 Bellair Road
Havant
Hampshire
PO9 2RG**

Lead Inspector
Jan Everitt

Unannounced Inspection
12th May 2008 09:30

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
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Southlands Nursing Home
Address	17 Bellair Road Havant Hampshire PO9 2RG
Telephone number	023 9248 3036
Fax number	023 9249 2720
Email address	Southlands@Contemplation-Homes.co.uk
Provider Web address	www.contemplation-homes.co.uk
Name of registered provider(s)/company (if applicable)	Contemplation Homes Ltd
Name of registered manager (if applicable)	Mrs Maria Jane Harrison
Type of registration	Care Home
No. of places registered (if applicable)	32
Category(ies) of registration, with number of places	Old age, not falling within any other category (0), Physical disability (0)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category/ies of service only:
Care home only (PC) to service users of the following gender: Either

Whose primary care needs on admission to the home are within the following categories:
Physical Disability (PD)
2. Old age, not falling within any other category (OP)
The maximum number of service users to be accommodated is 32.

Date of last inspection New Service.

Southlands Nursing Home is a care home providing nursing care for thirty-two people. The home is two large converted and extended houses in a residential area on the outskirts of Havant town and is near local shops and other amenities.

Service users have access to a small mature garden area at the back of the Home and there is car parking space available at the front and rear of the Home.

A new provider, Contemplation Homes Ltd, an organisation who currently own seven nursing homes across Hampshire, has recently purchased Southlands. This registration was completed in January 2008.

The fees range from £500- £805
The fees did not include the cost of chiropody, hairdressing, newspapers and magazines.

SUMMARY

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

The site inspection visit to Southlands Nursing Home was the first visit since the home has been sold to the new provider, Contemplation Homes Ltd. The visit was unannounced and took place over a one-day period on the 12th May 2008. The manager, Mrs Maria Harrison and other members of staff assist the inspector throughout the visit.

The visit to the home formed part of the process of the inspection of the service to measure the service against the key national minimum standards. The registered manager had returned the Annual Quality Assurance Assessment (AQAA) to the CSCI and the focus of this visit to the home was to support the information stated in this document and other information received by the CSCI.

Documents and records were examined and staff working practices were observed where this was possible without being intrusive. The inspector visited all areas of the home and spoke to a number of the residents, staff and visiting relatives in order to obtain their perceptions of the overall service the home provides. Those spoken to were very happy and complimentary about the home and care that is provided.

Surveys had been distributed to service users, relatives, care managers, GP and other visiting professionals. Five service user survey, three relative/carer surveys, ten staff surveys were returned to the CSCI. The outcome of the surveys indicated that there was a high level of satisfaction with the service and that generally residents and relatives were very satisfied with the care and other services the home provides. The surveys returned from staff also indicated that they have good training opportunities, are listened to and consulted on changes made in the home and feel very supported by the management.

What the service does well:

The home provides a caring homely environment for people, some of whom need a great deal of care and support, to live.

Potential service users are thoroughly assessed by a registered nurse and they and their relatives/representative are provided with adequate information about the service prior to decisions being made about the service user being admitted to the home.

Comments from service users and family members confirmed that people are treated with dignity and respect. People are very confident with the staff and comments on surveys say;

'The staff are always friendly and helpful'.

'The staff are excellent at promoting mum's independence'.

'I have no concerns about my mother's care'

'The carers are dedicated and work hard to ensure the clients are well cared for'.

Staff commented on surveys said;

'We strive to provide a kind, caring and understanding environment for all the residents'.

'We provide a secure and stable family atmosphere for all clients and visitors'.

The risk assessments and care planning systems are detailed and provide comprehensive guidelines to inform staff practices.

The home offers a balanced and varied menu to meet the likes and dislikes of individual people and we received positive comments from residents and family members about the meals provided;

'Some days are better than other depends which cook is on'.

'The food is very good'.

'The food is very good here no complaints'.

'Mum always says she enjoys the food'.

Visitors and surveys said that they feel welcomed, there are no restrictions on visiting and the staff team have been very supportive and gone out of their way to meet people's needs.

The staff team have excellent training opportunities and are supported by the manager and organisation to undertake training that is appropriate and appertains to the clients they care for.

Staff said in surveys that they received a high level of training and support to meet the needs of people living in the home and feel supported by open and effective management.

The manager has comprehensive quality assurance systems in place to monitor all aspects of the home and to ensure it is providing good outcomes for service users. This is combined with regular staff and nurse meetings and resident meetings to share information and receive feedback about the service.

The home has robust staff recruitment procedures that ensure the service users are protected and supported.

What has improved since the last inspection?

This is the first inspection for the service.

What they could do better:

There are areas of the home that need to be redecorated and refurbished and this is in the process of being discussed and planned with the organisation.

No requirements were made from this key inspection.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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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):

1 & 3

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Service users are assessed by a registered nurse prior to admission to the home to ensure the home can meet their needs.

Sufficient information is made available to potential service users to enable them to make informed choices about making the decision to be admitted to the home.

EVIDENCE:

A sample of three service user's pre-admission assessments was viewed. The assessments are comprehensive and the manager said the assessment format has been updated recently and covers all aspects of a person's physical, social and psychological needs and gives a base for a more comprehensive assessment of their needs when they move into the home.

The information is gathered from the service user, who is generally in a hospital environment, the information the hospitals share with the home, and from relatives and care managers. However, the manager said that at times there is a lack of information from hospitals when people are transferred to the home.

The AQAA states and the manager told us that adaptations are made to rooms, as they are needed for new service users.

The manager and/or the deputy undertake all the pre-admission assessments.

The AQAA states that the home now has a customer service questionnaire that is given to people when they are viewing the home to ensure they have sufficient information to make informed choices. The AQAA also states that in the coming year, identified staff are to be trained on how to show people around the home in the absence of the manager.

The AQAA states that the home could improve the information pack to include the resident's views and the brochure could be produced in other formats such as DVD and a presentation slide show. The manager told us that it is planned to expand on the brochure to provide more information for potential service users and their representative.

The surveys returned from service users and relatives indicated that they received enough information about the home before they made a decision to move into the home. Relatives said:

*'We went and viewed the home before mum was admitted and made sure she had a room of her own asked a lot of questions about the care offered'
'Knowing the matron I know my daughter would be well cared for'.*

A survey from a staff member said: *'the home is good at catering to different people's needs especially things like race, sexual orientation and faith which is openly discussed discussed adapted to, depending on the needs of the resident'.*

A relative spoken with at the time of this visit said she had viewed other homes in the area and she was happy that she had chosen Southlands. She said the manager had been to see her mother in hospital, to assess her, before her admission. Most service users spoken with said their relatives had helped choose the home for them.

The home does not provide intermediate care.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

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

7, 8, 9, & 10

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The personal and healthcare needs of service users are met. Policy and procedures are in place to manage the resident's medication safely and effectively.

The home promotes staff working practice to ensure that residents' privacy and dignity is respected.

EVIDENCE:

The AQAA stated that each service user has a comprehensive person centred care plan, which includes risk assessments and promotes independence. The inspector evidenced this by viewing a sample of three service users' care plans and records, all of which had complex needs, and one of which was recently admitted to the home. The care planning system is thorough and person centred. The plans would fully inform nurses and carers of the care needs of the service users and how to meet those needs.

The documents examined were detailed and the plans were based on the assessments the home carried out in order to identify individuals care needs.

The assessments included a range of potential risks to residents, for example pressure sores, falls, moving and handling and nutrition. Where a risk was identified it was observed that a corresponding care plan has been written to manage the risk. We observed in service user's rooms, that effective monitoring of daily fluids, nutritional input and changes in the resident's position were recorded on individual monitoring sheets, where assessments indicated potential risk.

The plans examined set out clearly the individual needs of service users and what actions staff have to take and what specialist equipment is needed to provide the support and assistance each person required.

Records indicated that care plans were reviewed at least monthly and daily notes referred to the actions taken by staff to provide the needs set out in those plans. Care plans also include an end of life plan, which has been reviewed and re-written. The end of life plans, if possible are discussed with service user or their relatives and signed by them. The AQAA states that staff training has increased for end of life care.

Staff spoken to was very familiar with the needs of the service users and they were able to describe the contents of the care plans. The staff told the inspector that they could easily look after a resident and meet their needs from the information in the care plans. The manager regularly audits care plans as part of her quality assurance system. The inspector viewed the records of this.

Comments from service users and relatives say:

'I am happy living here and

'I am very happy with how my mother is cared for'

'The staff are always friendly and helpful'.

'The staff are excellent at promoting mum's independence'.

'I have no concerns about my mother's care'

'The carers are dedicated and work hard to ensure the clients are well cared for'.

Surveys returned by service users and relatives indicate that they are satisfied with the care and that staff are available most of the time and listen and act on what they say.

The records examined documented that a range of healthcare professionals visit the home and that arrangements are made for treatment for service users when it was necessary. Residents said that they saw and received treatment from among others, doctors, chiropody and opticians and when required arrangements to attend outpatient clinics were made by the home.

The manager told the inspector those referrals to other medical professionals such as physiotherapist, dieticians, speech and language therapists are via the GP.

Care plans record the visits by health care professionals. The visiting health care professionals are encouraged to document the outcome of the visit themselves in the care plans.

The home had written policies and procedures concerned with the management and administration of medication. The deputy manager co-ordinates the management of all medication and all records were maintained appropriately and audited weekly by the manager.

The home uses a blister pack system supplied by the local chemist. Other medicines that could not be put into the packs because they could spoil, such as liquids or those that were to be taken 'only when required,' (PRN) are dispensed from their original containers. Medication is kept in a locked and secured medicine trolley, cupboards, and where required in a medical refrigerator. The inspector observed the storage areas to be well organised and clean and there was no obvious overstocking of 'only when required' (PRN).

Controlled drugs are stored securely and in an appropriate cupboard. The controlled drug register was viewed and audited with balances that matched those of the stock held.

The deputy manager told the inspector that she does see the prescriptions before they are taken to the chemist for dispensing to avoid receiving any unwanted medication. This is good practice as recommended in the Royal Pharmaceutical Guidelines.

The home strongly promotes the independence of service users and those residents assessed as being able and who wish to be supported to keep and take their own medication, can do so. At the time of this visit however, no resident was choosing to manage his or her own medication.

Registered nurses administer all medication.

The AQAA states that privacy, dignity and persons rights form part of staff training. There is evidence that the home actively encourages and promotes the privacy and dignity of the service users.

Staff spoken to and surveys from staff say that:

'The service and staff provides residents with choices and respects their rights'.

Most service users are accommodated in single rooms and the privacy that this affords, and particularly those that have the benefit of en-suite WCs. Locks were observed to be fitted to bedroom doors.

Staff were observed to be interacting with service users in a courteous and respectful manner.

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 & 15

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The home organised a range of social activities that provides stimulation and promotes residents to exercise choice about all aspects of their daily life. Residents were able to maintain links with relatives and representatives. The dietary needs of residents are well catered for with a balanced and varied selection of food available that meets their needs and choices.

EVIDENCE:

The home does employ an activities organiser for ten hours per week and another ten hours extra are allocated over and above care hours for carers to undertake the daily planned programmes of activities. Each service user has an activities plan in their room. Two carers plan these programmes each week.

The AQAA states that personal profiles called "This is My Life" are completed with residents and relatives, of those service users unable to communicate, following admission that gives insight into the resident's past life and hobbies and enables an appropriate social programme to be organised by the carers.

One carer, who has a particular interest in activities, has compiled most of these profiles. We viewed these documents.

Records were seen of what activities have taken place and who has participated in them that day. A service user survey commented that *'there are activities going on but I choose not to join in'*, another saying *'I prefer to stay in my room'*.

Other activities do take place on a monthly basis and this can be outings and entertainers attending the home. Also the AQAA states that the service users who are in their rooms at all times, have a one to one session with the activities person.

The AQAA states that the activities programme will be continually updated through feedback from questionnaires and hold more resident group meetings and produce a news letter for service users and relatives, with information about the home and what activities are taking place. One relative survey returned commented that:

'More is being done to give them some interests e.g. painting, music and crafts'.

The visitor's book demonstrated that a number of visitors come to the home daily. Visitors are made welcome to the home and one relative spoken to confirmed this.

The service user's programmes of activities demonstrated that one service user goes out every day into the local community; other residents do go out with relatives and friends. The local clergy visit the home monthly and the Roman Catholic father gives weekly pastoral care and will visit the home at other times if requested.

The hairdresser attends the home weekly for those who wish to have their hair washed and set or haircuts for the gentlemen.

At the time of this visit there were a number of residents who were being nursed in bed at all times and unable to advocate for themselves to make choices. These residents looked comfortable and clean and appropriate beds were installed to ensure comfort and skin integrity.

Service users spoken with confirmed that they have choices of how they go about their activities of daily living. One lady saying she preferred to stay in her room and others saying they are able to spend the day how they wish at their own pace. We observed that although staff were very busy they were not rushed and people were being got up at their own leisure.

The care plans viewed demonstrated that preferences of times people wish to go to bed or get up, where they wish to eat and their food likes and dislikes, was recorded in the assessment and care plans.

A staff survey returned commented that:

'The home provides a kind, caring and understanding environment for all the residents'.

'We provide a secure and stable family atmosphere for all clients and visitors'.

Residents were quite complimentary about the food provided. Menus were on display in the front entrance hall and were on a four-week rota. Since the new owners have taken over the home they have appointed a catering manager who has reviewed all menus. The AQAA states that the home has improved recently to ensure that service users are being given nutritionally balanced diets. The cook was spoken with and she said that she could adapt the menus as she wishes to meet the likes and dislikes of service users.

The kitchen, was clean and well organised. The records of food provided indicated that the food was nutritious and there was a wide range of meals provided with choices every day.

Individuals' food preferences, dislikes and any food related allergies are recorded in resident's care plan documents. The cook told the inspector that she is very familiar with the food preferences of the residents and that special diets and needs are catered for e.g. soft and pureed meals and diabetics. Carers are delegated daily to support the service users who need help with feeding and this is given priority at mealtimes.

Four meals a day are offered, the last one being a supper between 8p.m.- 9p.m. as the last meal of the day and the manager told us that many of the residents enjoy this light meal before they go to bed. This also narrows the time between the last meal of the day and breakfast the next morning.

Residents can choose where to eat and many preferred to eat in their rooms. We observed jugs of fresh juice were in the lounge area and in service user's room and hot beverages were served throughout the day.

We viewed a sample of fluid/food charts that were being recorded for those service users who were unwell and not taking diet and fluids independently. The records were well maintained and recorded appropriately.

The care plans evidenced that nutritional risk assessments are undertaken on all service users at the point of admission and care plans are written for those identified as being 'at risk'.

Service users spoken with and comments on surveys generally indicated that the meals are good, one service user saying;

*'Some days are better than other depends which cook is on'.
'the food is very good'.
'The food is very good here no complaints'.
'Mum always says she enjoys the food'.*

The cook told us that currently the home was not providing any special diets to specifically meet a resident's cultural or religious needs. Comment from staff on surveys indicated that they are informed of dietary needs when service users are admitted to the home but are not informed of any changes until the last minute and communication could be better.

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 & 18

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The home had a clear and satisfactory complaints procedure to address the concerns of residents and relatives/representatives. People who use the service are safeguarded by staff that have been appropriately recruited and trained.

EVIDENCE:

The home has a complaints procedure and this is displayed on the notice board in the front hall and also is part of the resident's handbook, which gives them information about the home. We observed that a number of service users, through communication problems, would be unable to complain but surveys returned have been completed by relatives, which say:
*'Mum could not complain herself we would do it on her behalf'.
'I would ask to see the person in charge'.
'I would know what to do if I wanted to complain'.*

Surveys returned by service users indicated that they would know how to complain and who to go to. The manager told us that she goes through the complaints procedure with all service users to ensure they understand their rights.

Staff surveys said that if a service user complains they would refer this on to the manager. We looked at the complaint' records. The home has received one complaint and this had been investigated and found to be unsubstantiated. The records documented the details of how this complaint was resolved. The home has policies and procedures in place for the safeguarding of service users. This was discussed with the manager and she described the procedures she would follow should any allegation or witnessed abuse be reported to her.

The manager is confident that staff receive appropriate training on adult protection and the procedures that surround any allegations of abuse. The training files evidence that this training has taken place. Protection of Vulnerable Adults (POVA) training is also part of the induction training programme. Staff spoken to told us that they understand what the term 'safeguarding' means and the procedures they must follow, should abuse be witnessed or reported, but feel they would benefit from regular updates in the training. The AQAA stated that the home has provided updated adult protection training and training in the awareness of the Mental Capacity Act in the last twelve months.

The home has a restraint policy in place and risk assessments were seen by us in care plans for people who were currently using bedrails and lap straps, in wheelchairs, for their own safety.

The manager told us that full recruitment checks for POVA, CRB and two references are sought before a person commences employment. Trained nurses professional registration numbers are checked annually.

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 & 26

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The home's environment provides a safe, well-maintained home for service users to live.

The home was clean and hygienic.

There was an infection control policy and procedures in place and staff practice ensured that as far as reasonably possible residents were protected from the risk of infection.

EVIDENCE:

We looked around the home and visited most rooms. The home was clean and comfortable with no offensive odours. It was observed that there are areas of the home that are in need of redecoration. The manager acknowledges this and said the new organisation has put in place a redecoration and refurbishment programme over the coming year and there are plans to alter the front reception and reconfigure the communal areas.

The organisation has a facilities manager who oversees the maintenance of the group of homes and liaises with the manager and operational manager with regards to any improvements in the environment. The home also has a maintenance person and gardener employed.

It was observed that a number of bedrooms had been redecorated and new carpets laid. The service users have personalised their rooms with their own belongings and are able to bring with them pieces of furniture that meet the safety regulations and is able to fit into their rooms.

The home now has all but two nursing profile beds in place for the comfort and safety of service users and those spoken with at the time of the visit said the beds were '*very comfortable*'. Residents spoken to on the tour of the home said they were very happy with their accommodation.

A wet room has been created from what was previously a bathroom and a specialist shower chair has been installed which enables the most disabled of persons to take a shower if they wish. The manager told us this has been a huge success with the service users.

The AQAA acknowledges that the communal areas of the home need refurbishment and the garden is in the process of being redesigned to include a gazebo to enable service users to use the garden in the finer weather and for service users to be more involved with the gardening and grow some vegetables.

A visiting relative was heard to say to the manager that she would bring in some plants for the garden at her next visit.

The home has reviewed their infection control policy. The training records evidence that staff have received training on infection control and those spoken to, and observed practices, would support that staff have an understanding of the principles of infection control. It was noted that in accordance with best practice all communal WCs that were seen were provided with liquid soap dispensers and paper towels. Protective clothing was readily available and staff were observed using gloves and aprons appropriately.

Surveys returned from relatives and service users indicate that the home is '*always*' clean and fresh

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 & 30

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The home employs an appropriate and satisfactory level and skill mix of staff that ensures the needs of residents are met.

The home has clear staff recruitment; training and development procedures that ensure the service users are protected and supported.

EVIDENCE:

The AQAA states that the home maintains a good skill mix of staff to ensure person centred care is delivered. The staff rotas evidenced the numbers of staff on duty each day:

	a.m. shift	p.m. shift	20:00 – 08:00
Registered nurses	2-3	2	1
Health care assistants	6	3-4	2
Total	8	5-6	3

The home employs a separate housekeeping staff, which consists of 2 cleaners, a laundry person, a cook and catering assistant for the kitchen.

At the time of this visit there were twenty-nine service users in residence, many of whom had a high dependency of care and there appeared to be sufficient staff on duty to meet their needs. Although a number of service users were awaiting assistance to get up and to wash, they said they did not mind waiting for the nurse to help them. Those who were being nursed in bed all times, looked clean and comfortable.

The inspector observed that staff were not rushing about and call alarms were being answered quite promptly and staff were demonstrating good teamwork.

Some surveys received from service users said that there is '*always*' staff available whilst others indicated '*usually*'. There was no reference to lack of staff when the service users spoke with us.

A number of staff surveys returned to the CSCI did commented that:
'*More staff was needed in the afternoon to enable staff to spend more quality time with each resident*'.

'*Employ more staff in the afternoons to help out and make it less stressful*'.

'*At times the staff feel under pressure because there is not enough staff on in the afternoons*'.

These comments were discussed with the manager who said that this has been discussed with staff and acknowledged and there was a trained nurse working on the floor with the carers until 16.00 and the home employs a carer between the hours of 6-10 four evenings for extra support.

The AQAA states that the home has a good retention of staff with a low staff turnover. The home's bank staff are used to maintain staffing levels, with little use of agency staff. This ensures service users have continuity of care.

The AQAA stated that the home has increase the percentage of staff who had achieved their NVQ level 2 qualification over the past twelve months and is now over 50% of staff.

Each individual staff member has a training and development plan that is developed through appraisal and regular supervision. Evidence of these were seen in the individual training files, which contained a matrix of what training staff had undertaken and when. We looked at a sample of these and they evidenced that staff receive the mandatory health and safety training annually as well as other training that appertains to the client group. The trained nurses were observed to have attended appropriate training appertaining to clinical issues to ensure their professional portfolio is maintained.

The manager told us that she also maintains her professional portfolio and attends relevant training and as part of her management role is to undertake training in interview techniques.

The AQAA indicates that the home has registered with the Skills for Care database. The AQAA states that the home has a good induction programme based on the Skills for Care standards and all staff are employed on the three

month probationary and are reviewed against the induction and competency standards before employment is confirmed as permanent. We looked at Skills for Care Induction programme that a member of staff had completed. Another member of staff, who had recently been employed, had not commenced her induction programme and was working under supervised practice until the training officer has introduced the induction programme.

Staff surveys returned and those spoken with indicated that they considered their training needs are met and that the training they receive is relevant to their roles. Staff commenting on the induction period said:

'My induction covered everything I needed to know to do the job when I started'.

'My induction was very good'.

'I was told the general routine of how things were to be conducted and they told me everything I needed to know to conduct my job well'.

The AQAA states that the home has good recruitment policies and a procedure to ensure the right person is employed for the right job. The home has robust recruitment practices. We viewed a sample of recruitment files of two carers and a registered nurse. The files evidenced that all recruitment checks required were present and that all staff undergo an induction period when they first commence employment. The files also evidenced that the home employs a mixed culture group of trained nurses and carers.

The HR department of the organisation now supports the home with the recruitment of staff. The manager told us that she hopes to improve her interviewing techniques and to develop a more comprehensive procedure with job specification assessment forms.

The eight staff surveys returned and staff spoken with described their recruitment process as thorough one commenting:

'A full CRB check was carried out before my employment commenced'.

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 & 38

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The home's manager provides effective leadership

There were systems and procedures in place for monitoring and maintaining the quality of the service provided and promoting the safety and welfare of everyone living and working in the home.

EVIDENCE:

The home's manager has been in post of 18 months and is a registered general nurse and has gained her Registered Managers Award. She is currently updating her management skills and reports that the new organisation who now own the home are allowing her to undertake other training appertaining to her management role.

She told us that she gains a lot of support from attending the monthly management meetings held for all of the group's home managers. She said she has two deputy matrons who are supportive to her role and are experienced nurses who had worked at the home for some considerable time and compliment one another in their style of management.

The manager describes her role as: to ensure the home supports the service users and to deliver holistic and person centred care with diversity, equality, rights, choices and respect being the centre of the care the home gives.

The manager told us that to ensure the standard of care is high she has a comprehensive quality assurance system in place and undertakes audits weekly and monthly on complaints and accidents, sickness records, regulation 37 reports of significant occurrences, fire log, nutrition, kitchen records, cleaning, risk assessments, care plans, medication administration recording sheets, controlled drugs. We viewed the records for the audits and they were comprehensive and well recorded and identified any shortfalls in working practices and systems.

Regular staff meetings are held and records seen demonstrated that they are well attended. Separate housekeeping meetings take place as do relative and manager's meetings all of which are minuted.

The AQAA states that over the last twelve months the home has improved and feedback from questionnaires is reviewed through the quality assurance programme and identifies any shortfalls in the standards.

Regulation 26 visits are made by the organisations representative and reported.

The policies and procedures have been reviewed in the last twelve months.

The home does not handle any service user's monies

The AQAA states that all health and safety risk assessments are in place. We viewed a comprehensive environmental risk assessment that is reviewed weekly and audited by the manager. It identifies faults that feed into the maintenance book for the maintenance person.

There was a fire risk assessment for the premises.

The AQAA identified that the electrical circuit wiring check was out of date, this was discussed with the manager who said that she had also identified that and it was in the process of being checked imminently.

Records examined indicated that the home's equipment, plant and systems were checked and serviced or implemented at appropriate intervals i.e. passenger lift and hoists; fire safety equipment portable electrical equipment;

hot water system; etc. There were contracts in place for the disposal of clinical and household waste.

The inspector viewed the accident-recording book and the records were being completed appropriately and copies maintained by the manager for evaluation.

Staff said that they attended regular and compulsory fire training six monthly and other health and safety training annually.

We observed a number of hoists in the home and profile beds have replaced existing hospital beds, to promote safe working practices. There was evidence in the records that all hoists, slings, bath hoists and wheelchairs are checked weekly.

There was evidence in the records that staff have received health and safety training but the facilities manager will, in future, support the home with this as the AQAA states that the home could do better by reviewing in house health and safety training.

The manager told us she has recently attended the health and safety training to gain better understanding of the issues and legislation that surround health and safety.

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	3
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	4
29	3
30	3

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

Are there any outstanding requirements from the last inspection? NO

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

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

No.	Refer to Standard	Good Practice Recommendations

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