



Making Social Care  
Better for People

# inspection report

## CARE HOMES FOR OLDER PEOPLE

### Anson House Nursing Home

**Pasturefields  
Great Haywood  
Stafford  
Staffordshire  
ST18 0RD**

*Lead Inspector*  
Yvonne Allen

*Key Unannounced Inspection*  
8th May 2008      10:00

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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# SERVICE INFORMATION

<b>Name of service</b>	Anson House Nursing Home
<b>Address</b>	Pasturefields Great Haywood Stafford Staffordshire ST18 0RD
<b>Telephone number</b>	01889 270565
<b>Fax number</b>	
<b>Email address</b>	
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Abbeyfield UK
<b>Name of registered manager (if applicable)</b>	Mrs Susan Ann Flint
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	65
<b>Category(ies) of registration, with number of places</b>	Dementia (28), Dementia - over 65 years of age (33), Mental Disorder, excluding learning disability or dementia - over 65 years of age (33), Old age, not falling within any other category (65), Physical disability (32), Physical disability over 65 years of age (33)

# SERVICE INFORMATION

## Conditions of registration:

1. 33 Mental Disorder (MD) - Minimum age 60 years on admission
2. 32 Physical Disabilities (PD) - Minimum age 60 years on admission.
3. 33 Dementia - under 65 years of age - Minimum age 60 years on admission

**Date of last inspection** 6th February 2008

## Brief Description of the Service:

Anson house is a 65-bedded Nursing Home situated in Pasture fields, Great Haywood. It comprises of two connecting buildings built in 1991/3. The current owners, Abbeyfield UK, were registered in December 2005. The home is currently registered to admit 32 Elderly and 33 Elderly Mentally Ill residents for nursing or personal care only.

Anson House is set in a rural location and consists of 65 single bedrooms all of which have en-suite WC facilities. There are five lounges available to the residents with satellite and wide screen TV. One lounge also has a dining area and there are two more separate dining rooms.

The lounge on Chetwyn unit has been fitted with air conditioning to assist the individual's comfort. Other facilities at the home include a hairdressing salon and a therapeutic sensory room. The home has an enclosed garden with a suitable patio area. All areas of the home have access via the stairs and/or passenger lifts. There is ample car parking space.

Contact with the community is encouraged and visiting is allowed at any reasonable time of the day or by arrangement with the management.

A full administration team assists in the smooth running of the home.

The current fees range between £393.00 - £540.00

# SUMMARY

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

The quality rating for this service is **2 star**. This means that the people who use this service experience **good** quality outcomes.

We, the commission, carried out this unannounced inspection visit over 4.5 hours.

Prior to the visit we received a self-assessment tool entitled the Annual Quality Assurance Assessment (AQAA). This gives the Providers the opportunity to tell us about their home and the services they offer. It also gives them the chance to tell us where they have improved and where there is still some room for improvement. We have referred to this AQAA in the report.

We also looked at how the home has performed since the last inspection. We took into account any information we had received about the home and have referred to this in the report.

We also sent out 10 surveys to be completed by the people who live in the home and/or their representatives. This gives individuals the opportunity to comment on how they feel about the home.

We received a total of 4 back and have included comments in the report.

We looked at all the Key Standards and made judgements on the outcome areas.

During our visit we spoke with a number of people who live in the home plus several staff members and a visiting healthcare professional.

We walked around the home and looked at a random selection of bedrooms and all the communal areas.

We examined relevant records and documentation.

We observed care practices and the interaction of staff with residents.

This was a positive inspection and there was evidence that the home continues to develop in order to improve the outcomes for the people who live there.

At the end of the inspection visit verbal feedback was given to the care manager and an urgent requirement was left which is referred to in the report.

The following week, we spoke with the registered manager over the telephone about the inspection.

Some of the comments received from people who live at the home and their representatives are outlined below –

“It’s a very nice place for people my age” and “I am treated like a person” and “I can have a bath whenever I want to”.

“My relative was placed here initially on respite but it was agreed by myself, the social worker and the Community Psychiatric Nurse to place my mother here long term, by which time I had visited the home on several occasions.”

“Whenever I have visited my mother I have always found her to be well cared for. She has her medication regularly, is always clean and tidy and has regular drinks and meals.”

“My mothers room is not too bad at all it is bright and clean but a little bit better carpet and a bit of paint would work wonders.”

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

On walking into this home there is a positive atmosphere where the people who live here appear to be happy and contented.

There is a sense of belonging and of being part of one big family.

Staff are helpful and polite and treat the residents with dignity and respect. Staff are also aware of the needs of residents and have the skills and expertise to meet these needs.

Individual residents appear to be well cared for and records identify that autonomy is promoted wherever possible.

The activities co-ordinator is energetic and vibrant and injects enthusiasm into individual residents who might otherwise not bother joining in. At the same time, however, personal preferences are respected and, if preferred one to one therapy is given.

There is evidence of personal choices and preferences being promoted and individuals are encouraged to retain their independence as much as possible.

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

There have been improvements to the environment since the last inspection. One of the wings to the home has been redecorated and had new carpets fitted. This has improved the appearance of this side of the home for the residents who live there.

The garden has been developed further and now provides a pleasant sitting area accessible to all residents.

The home has received 4 stars from the visit by Environmental Health and has received a satisfactory report from the fire safety officer who came out in early in the year. This means that the people who live at the home and their representatives can be assured that the environment they live in is safe and complies with safety regulations.

We received 2 complaints directly since the last inspection the issues of which are outlined in the report. We received a letter from the Providers in June in which they outlined what actions they had taken to address the above concerns. The evidence gathered during this inspection visit identified that the home had made improvements to the outcomes for residents as a result of receiving these complaints.

An individual review carried out by a Social Worker on 01/11/07 included the views of the resident –“Informed that the food has much improved and that residents are now having fresh fruit and vegetables regularly. Happy with the meals and anything that you are allergic to or you do not like they will change for you.”

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

The side of the home which has not been redecorated is in great need for redecoration and new carpets. Some of the carpets are in a very poor state of repair and need urgent attention. In order to improve the appearance of the home for the people who live there the Providers will need to send a programme of redecoration/refurbishment to us following this inspection.

There was insufficient numbers of domestic staff working in the home at the time of the inspection visit. This will need to be improved upon in order to ensure that standards of hygiene are maintained.

Care Plans need to become more person centred and, in turn, this will help to ensure that individual needs are fully met.

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

inspection.

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

# **DETAILS OF INSPECTOR FINDINGS**

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Choice of Home (Standards 1-6)

Health and Personal Care (Standards 7-11)

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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):**

Quality in this outcome area is good.

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

The admission process has improved and prospective residents and their families can be assured that this home will meet their assessed needs.

### **EVIDENCE:**

We looked at standards 3 and 4.

In their AQAA the Providers tell us –

“We have a new Statement of Purpose available for prospective residents. A needs assessment is carried out by a manager before a placement is offered to ensure the Home can meet the resident’s needs. Needs assessment format has been revised and is comprehensive. ”

We looked at 5 individual care plans and these all contained evidence of pre admission assessments carried out by either the Care Manager or Registered Manager. These were detailed and contained relevant information.

Comments from a relative, which we received in a survey, confirmed that he was involved in the admission process and that other health and social care professionals were also involved in the decision-making. –

“My relative was placed here initially on respite but it was agreed by myself, the social worker and the Community Psychiatric Nurse to place my mother here long term, by which time I had visited the home on several occasions”

3 other surveys received by us confirmed that residents and relatives felt that enough information was received prior to deciding to move into the home.

We spoke to 6 residents all of whom confirmed that they and their family received information about the home prior to moving in.

Two of the care plans examined also contained a pre admission assessment of needs undertaken by Social Services.

## 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):**

Quality in this outcome area is good.

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

People who live in this home can be assured that their personal and health care needs will be planned and monitored. Care is delivered with dignity and respect and residents are treated "like a person".

Care plans would be improved by being made more person centred.

### **EVIDENCE:**

We looked at standards 7,8,9 and 10.

In their AQAA the Providers say – "Each resident is supported to make their own decisions and each resident has their own individual care plan which is evaluated monthly. Each care plan includes the resident's photograph.

All care plans include Risk Assessments to identify malnutrition and the prevention of falls.

Resident's privacy and dignity is respected by all staff. This is discussed with staff during induction and other training courses. We promote privacy and dignity through training and supervision and we ask all staff to read the policies and to sign to say they have read and understood them."

We looked at 5 care plans in respect of people with differing needs.

Individual risk assessments had been developed for each person. These were somewhat limited and there was little evidence of other more personal risk assessments having been developed. Individual needs/problems were evaluated monthly and collectively and any changes were identified and recorded. There was little recorded evidence of involvement of residents and/or their next of kin into the reviews.

Personal and healthcare needs had been assessed. Nursing needs had been identified and short and long-term plans developed

It was difficult to identify the difference between the care plans relating to individuals with reablement needs and those with general care needs. Plans would benefit from becoming more person centred.

There was evidence of visits by healthcare professionals as and when required. On the day of the inspection visit we spoke with a Health Care Reviewing Officer who had come to review one of the people placed at the home by a local Council.

She stated that she was happy with the care that her client was receiving and the care practices that she had observed during her visit to the home.

She said that the senior carer who provided her with information about her client knew all about his needs and was very helpful. She said that the carer allowed her client to speak for himself. She said that her client was happy at the home and had said to her – "It's a very nice place for people my age" and "I am treated like a person" and "I can have a bath whenever I want to".

Residents were observed being supervised by staff members in the lounges on all the units.

Comments contained in a service user survey told us – "Whenever I have visited my mother I have always found her to be well cared for. She has her medication regularly, is always clean and tidy and has regular drinks and meals"

We observed the administration of medication and examined 4 MAR charts. This was satisfactory and charts had been signed accordingly. Nurses administered medication to people with nursing needs and senior care assistants to people with personal care needs.

The care manager explained that all the care staff responsible for the administration of medication had attended medication training.

The care manager confirmed that there was good support from the G Ps and other healthcare professionals including the tissue viability nurse specialist

## **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):**

Quality in this outcome area is good.

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

The activities of daily life are made flexible and varied and individual needs and choices are catered for wherever possible.

### **EVIDENCE:**

We looked at all the standards for this outcome.

We observed activities taking place at the time of the inspection visit. These were being carried out by the activities co-ordinator.

On one of the units there was a sing-a-long taking place with many of the residents joining in and appearing to enjoy the session.

The co-ordinator told us about the programme of activities, which she organises, and we saw photographs of residents enjoying trips out and other special events.

The co-ordinator is very enthusiastic in her approach. She explained that individuals have the choice of whether or not to join in and anyone who prefers to stay in their room is helped to choose their own activities/hobbies. The co-ordinator was observed documenting the activities at the end of the sessions.

Comments we received about activities included – “One to one and group activities are offered and residents are encouraged to join in wherever appropriate, receiving lots of stimulation. The organiser of the activities is very enthusiastic and a real asset to Anson house” and “My mother plays bingo every week and takes part in regular sing-a-longs.”

The home benefits from having a Snoozlan Room. This is where therapeutic lights and movement can help to reduce anxiety, stress and certain other psychological problems.

There was written evidence that some residents use this facility, one lady in particular, on a regular basis.

Discussions with staff members identified a need for staff training into the correct use of the Snoozlan and this is recommended.

We were informed that there is an open visiting policy and that visitors are welcome at any reasonable time. We were told by staff members and some of the residents we spoke to that friends and families are welcome to join in activities and often attend organised events.

Discussions with the nurse in charge on the second floor identified that spiritual needs are assessed and met. He stated that regular Church services are held in the home and that the Roman Catholic Priest visits regularly. The Statement of Purpose identifies that spiritual needs will be met at the home.

Examination of care plans provided evidence of personal autonomy and choice. The following was documented – “Does not like bananas or chocolate” “Dresses and chooses what she likes to wear” “Reads a daily newspaper” “Takes herself up to bed at... and gets herself up at...” “Manages her own pocket money.”

The lunchtime meal was observed being served to residents on the ground floor. This looked appetising and nutritious. Most of the residents were having the main meal but 3 were having curry. Six residents were asked if they were enjoying their lunch and all of them said that they were.

Residents were observed joking and chatting over their lunchtime meal.

Discussions with the Cook identified that special diets are catered for and that they try to uphold all preferences and choices.

Menus are reviewed every six months or so with the input of the residents.

An individual review carried out by a Social Worker on 01/11/07 included the views of the resident – “Informed that the food has much improved and that residents are now having fresh fruit and vegetables regularly. Happy with the

meals and anything that you are allergic to or you do not like they will change for you.”

# 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):

Quality in this outcome area is good.

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

There is a clear and accessible complaints procedure in the home and people living in the home know who to raise concerns with.

Any concerns raised will be listened to and taken seriously by the manager of the home.

People living here are safe and are protected from harm by the procedures adopted by the home.

## EVIDENCE:

We looked at standards 16 and 18.

We looked at the complaints procedure – this was displayed in the home and accessible to both the people who live there and their representatives.

Since the last Key inspection we had received 2 complaints directly. These complaints had also been investigated by the Provider. The issues of the complaints had been –

Care issues, safety issues (bedrails and emergency buzzer), diet and nutrition, infection control issues, moving and handling issues and missing

spectacles. Also concerns rose about the pre-admission assessment and a lack of obtaining information. Also of a staff member falsifying information.

We received a letter from the Providers in June in which they outlined what actions they had taken to address the above concerns.

The evidence gathered during this inspection visit identified that the home had made improvements to the outcomes for residents as a result of receiving these complaints.

Discussions with residents during the inspection visit and service user surveys received prior to the visit identified that they knew who to go to if they had any concerns.

Discussions with 4 staff members identified that they were aware of the procedure for the reporting of abuse and safeguarding referrals. They also told us that they have received instructions and training in this area.

Examination of training records confirmed this.

The care manager was aware of the local safeguarding policy and procedure.

Staff are carefully selected to work at the care home and undergo stringent checks before they are offered employment.

# 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):

Quality in this outcome area is adequate.

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

Although some redecorating and new carpets have been provided in parts, this now needs to be extended throughout the remainder of the home. This is in order to ensure that the people who live here are provided with pleasant, comfortable surroundings of a high standard.

### EVIDENCE:

We looked at standards 19 and 20.

We walked around the home and looked at a random selection of bedrooms and all of the communal areas, kitchen and laundry.

It was evident that, whilst some improvements had been made in the form of redecorating and new carpets, there was still an urgent need to carry this through the rest of the home. Throughout the corridors, in the part of the home, which had not had new carpets, the carpet was very worn in places and was starting to pose tripping hazards where the joins were coming apart. It is a requirement that a risk assessment be carried out on the carpets and, where indicated, these are made safe. The Provider is also required to submit a programme of redecoration and refurbishment for the home, to include timescales for this work to be completed.

Bathroom number 6 was also in need of redecoration.

In the part of the home that had been redecorated (Chetwynd wing) this had improved the appearance and presentation of the environment considerably.

In bedrooms 60,64 and 65 wardrobes were not secured to the walls and were therefore in danger of toppling over. An urgent requirement was left at the time of the visit with the care manager for these to be made safe. The registered manager has since informed us that this was done within the 48-hour timescale. It is a recommendation that all wardrobes in the home be checked to ensure that they are secure.

In bedroom 63 the seal had blown in the window and this meant that the resident accommodated in this room was unable to see out properly. It is therefore a requirement that this windowpane is made good/replaced.

The bedrooms viewed had been personalised and adapted to suit the needs of individuals.

Residents were observed enjoying all the communal areas throughout the home.

The gardens had been improved and now provided a pleasant outdoor sitting area, which is accessible for all including wheelchair users.

We were told that there was a new Summer House planned for the garden.

The home is adapted to suit the needs of the residents in general and includes various aids including hoists, bath chairs, handrails a passenger lift.

The emergency lighting, water temperatures and boilers are all regularly tested and these results were seen recorded in maintenance ledgers. All were satisfactory.

Laundry facilities were to the standard required for good working conditions. We were informed that the laundry would be moving to the room next door. This would provide a more spacious laundry facility.

It was identified that contaminated linen was not being dealt with according to infection control guidelines and it is recommended that the red alginate bags be used for this in order to reduce the risk of cross infection.

The kitchen was busy but was clean and tidy. We were told that there had been an inspection by Environmental Health and that they had received 4 stars for the level of cleanliness. This certificate was seen displayed in the home at the time.

Discussions were held with the Cook who explained how she meets the needs of the residents and promotes food choices wherever possible.

We spoke to some of the domestic staff. They had knowledge of COSHH requirements relating to the cleaning products they were using. The domestic supervisor said that she makes regular checks to ensure that standards of cleanliness are maintained.

Comments received relating to the environment read –

“My mothers room is not too bad at all it is bright and clean but a little bit better carpet and a bit of paint would work wonders”

## 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):**

Quality in this outcome area is good.

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

People who live in the home can be assured that the staff who look after them have been carefully selected and have the necessary skills and training to be able to meet their needs.

### **EVIDENCE:**

We looked at all the standards for this outcome.

A number of staff members were spoken to these included the care manager. She confirmed that she had obtained and NVQ in direct care level 3 and was due to start the NVQ level 4 in management. She said that she was very well supported and that her training needs were met.

We also spoke with the Registered Nurse in charge on the second floor unit. He confirmed that he had obtained the venopuncture certificate, which enabled him to take blood samples from individuals at the home – saving them a trip to the surgery. He confirmed that he had attended a course run by the Alzheimer's Society, which helped him to understand and meet the needs of people with mental illness.

It was identified, during discussions with staff members, and observation of individual care plans, that there was a need for training in "Managing Challenging Behaviours."

We met with a care assistant who had only worked at the home for a short time and who was new to the Care profession, having worked in a completely different setting. He said that he was very happy at the home and that he had received induction training and would be having training in moving and handling. He commented that he felt very supported with his training needs and that the other staff members had been very helpful with him.

We looked at this carer's recruitment file and found that all the required information had been obtained including the relevant checks and references.

We spoke with a staff member who works part time as a domestic and kitchen assistant.

She was also happy with the induction training she had received and commented that she had attended fire safety training. Her recruitment file was seen to be in order at the time.

At the time of the visit the numbers and skill mix of staff present appeared to be adequate. The only concern was that there were insufficient numbers of domestic staff. We spoke with the housekeeper who stated that this was due to staff sickness and 2 staff having left but that the manager was in the process of recruiting.

It is a recommendation that more domestic staff are employed in order to maintain standards of cleanliness in the home.

# Management and Administration

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

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

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

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

Quality in this outcome area is good.

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

The home is well managed and run in the best interests of the people who live there.

Individuals can be assured that the home they live in is safe and complies with relevant safety regulations.

### EVIDENCE:

We looked at standards 31, 32, 33, 35 and 38.

Discussions with the care manager identified that she was knowledgeable and had the necessary skills and experience to manage the delivery of care in the home.

She was enthusiastic and professional in her approach and was observed to have a good rapport with the residents and staff in the home. She confirmed that she worked well alongside the registered manager.

The Registered Manager was on annual leave at the time of the inspection visit. Both residents and staff spoke highly of her saying that she was "supportive" and was "always approachable"

Discussions with the registered manager on the telephone after the inspection visit identified that she is completing the Registered Manager's Award.

There was a Quality Assurance system in place at the home. A letter received from the Providers on 12/02/08 explained what is happening to the monthly audits - "we have revised our regulation 26 form to reflect and focus on the outcomes for residents and a greater emphasis is also placed on the stakeholders as well as managers and staff views. The visits will continue to be undertaken on a monthly basis as required.....We have also reviewed our management arrangements to collect and monitor some of the management information data that has been included in the previous forms, but is now being monitored and reviewed corporately."

Discussions with 2 staff members identified that staff meetings are held at the home on a regular basis.

Residents spoken to also confirmed that any suggestions they have are listened to.

We looked at the maintenance of personal allowances and examined records, receipts and balances in respect of three residents who live at the home.

These had been well maintained and were all in order.

We were told that residents or their representatives are encouraged to manage their own monies wherever possible but that otherwise the administrators of the home will do this for them.

Health and safety checks of equipment and systems within the home were evidenced to be in order.

Accident and incident recording was completed in line with requirements.

The report from Fire Safety Officer done in Jan 08 – stated that fire safety regulations were being met.



# SCORING OF OUTCOMES

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

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

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

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

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

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

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

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

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

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

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

Are there any outstanding requirements from the last inspection?

### STATUTORY REQUIREMENTS

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

No.	Standard	Regulation	Requirement	Timescale for action
1.	OP19	23(2)(b)	The Providers must improve the state of repair of the environment for the people who live there. As such they must provide us with a programme of redecoration and refurbishment with timescales.	25/07/08

### RECOMMENDATIONS

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

No.	Refer to Standard	Good Practice Recommendations
1.	OP27	It is a recommendation that more domestic staff are employed in order to maintain standards of cleanliness in the home.
2	OP30	It is a recommendation that staff training is organised in the "management of violence and aggression" in order to ensure that staff are equipped with the knowledge of how to help individuals with these problems.
3	OP30	It is a recommendation that staff training is given in use of the Snoozlan in order to ensure the correct use of this.
4	OP26	It was identified that contaminated linen was not being dealt with according to infection control guidelines and it is

		recommended that the red alginate bags be used for this in order to reduce the risk of cross infection.
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## **Commission for Social Care Inspection**

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