



Making Social Care  
Better for People

# inspection report

## CARE HOMES FOR OLDER PEOPLE

### Cunningham House

**Pike Way  
North Weald  
Epping  
Essex  
CM16 6BL**

*Lead Inspector*  
Diane Roberts

*Unannounced Inspection*  
9th January 2007      10:00

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
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Document Purpose	Inspection Report
Author	CSCI
Audience	General Public
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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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# SERVICE INFORMATION

<b>Name of service</b>	Cunningham House
<b>Address</b>	Pike Way North Weald Epping Essex CM16 6BL
<b>Telephone number</b>	01992 524160
<b>Fax number</b>	01992 524098
<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 Rosemary Moor
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	54
<b>Category(ies) of registration, with number of places</b>	Dementia - over 65 years of age (25), Old age, not falling within any other category (29)

# SERVICE INFORMATION

## Conditions of registration:

1. Persons of either sex, aged 65 years and over, who require care by reason of old age only (not to exceed 29 persons)
2. Persons of either sex, aged 65 years and over, who require care by reason of dementia (not to exceed 25 persons)
3. The total number of service users accommodated in the home must not exceed 54 persons

**Date of last inspection**          6th February 2006

## Brief Description of the Service:

Cunningham House is a purpose built two-storey home located just outside the village of North Weald. The home is registered as a care home to accommodate 29 older people (over 65). The home offers single room accommodation situated on both floors and provides two communal lounges, one lounge / dining room, and one separate dining room, all communal areas are accessible to the residents. The home is well designed to meet the needs of the current residents and provides aids, adaptations and equipment to assist those with limited mobility. The home provides 24-hour personal care and support residents with varying levels of need. The grounds of the home are both large and well maintained. The gardens and patio area are easily accessible to both residents and visitors. There is ample car parking for visitors at the front of the property. The home has recently been sold to Abbeyfield UK and is in the process of opening a new unit specifically designed to meet the needs of residents with dementia. Both a Statement of Purpose and Service User Guide are available to prospective residents/purchasers. The homes' fees range from £488.00 to 501.00, if an ensuite room – general residential bed and for a dementia registered bed, where all the rooms are ensuite, the fee is 695.00 Additional costs are charged for hairdressing, chiropody and newspapers etc.

# SUMMARY

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

The inspection took place over 8 hours, spread over two days and was carried out as part of the annual inspection programme for this home. The registered manager was available throughout the inspection.

The inspection focused upon all of the key standards. A partial tour of the premises was undertaken. Evidence was also taken from the Pre Inspection Questionnaire completed by the home and submitted to the CSCI.

Four residents and four staff were spoken to during the inspection and 12 residents completed feedback sheets, some with the help of relatives. All these comments were taken into account when writing the report.

The home has a new unit registered to take residents with diagnosed dementia. Only the top floor of the unit is currently being used due to occupancy levels.

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

The manager undertakes good pre admission assessments, which help to ensure that the home can meet the needs of the resident.

Residents are happy with the standards of care and the abilities of the staff team at the home. Residents are happy and confident to raise any queries or concerns they have and the manager facilitates opportunities for them to do this. Relatives feel that the home is well run and provides a good level of care.

Residents' healthcare needs are well met and the routines of the day are flexible for residents.

The management team provide a good training programme and staff are happy working at the home. The recruitment of staff is sound and all the required checks are carried out.

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

Records in relation to care planning have improved although there is still some work to do.

The administration of medication has improved.

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

The team at the home need to work on improving the level of resident satisfaction, in relation to social activities and food at the home. Residents have mixed feelings regarding these services.

Some aspect of record keeping in relation to care provision and complaints could be improved and the care of residents with dementia needs to evolve and develop.

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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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

## Choice of Home

### **The intended outcomes for Standards 1 – 6 are:**

- 1.** Prospective service users have the information they need to make an informed choice about where to live.
- 2.** Each service user has a written contract/ statement of terms and conditions with the home.
- 3.** No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
- 4.** Service users and their representatives know that the home they enter will meet their needs.
- 5.** Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
- 6.** Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

**The Commission considers Standards 3 and 6 the key standards to be inspected.**

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

3.

Standard 6 is not applicable to this home.

Quality in this outcome area is good.

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

Residents are fully assessed prior to admission, to ensure that the home can meet their needs.

### **EVIDENCE:**

The manager undertakes all pre-admission assessments. Assessments from both units were inspected. The management team have a comprehensive assessment document in place. Those inspected were seen to have been comprehensively completed and gave a good overall picture of the needs and preferences of the resident. Assessments included both physical and mental health needs and the social side of care was also comprehensively covered. The assessments clearly recorded resident's abilities and their personal choices

and preferences. The assessment concluded with a good overall summary and a section showing the assessors decision and rationale regarding admission. The assessment records evidence that the manager spends a significant amount of time with prospective residents. Residents spoken to and who commented confirmed that they have been assessed prior to admission and that they felt well informed regarding the home, helping them to make a choice. A new resident confirmed that he had visited the home prior to admission and that staff at the home had made him feel very welcomed into the home. They added that they had been supported and well looked after during time of admission. They felt that this had helped them to settle into the home quickly. They also confirmed that they were helped to get their room sorted out quickly, with regard to hanging pictures etc. and that this had also helped. One resident said, "the philosophy of care of the Abbeyfield Society was well known to me and this care home has lived up to my expectations". The majority of residents who commented on feedback sheets said that they felt well informed about the home prior to admission.

## Health and Personal Care

### The intended outcomes for Standards 7 – 11 are:

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

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

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

7, 8, 9 and 10.

Quality in this outcome area is adequate.

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

The home has a care planning system in place that is developing positively.

Resident's health care needs are met but records need to improve, to evidence this further.

The medication systems in the home are managed well.

Resident's privacy and dignity is generally respected.

### **EVIDENCE:**

The manager has a full care planning system in place, which is used throughout the home. This leans towards person centred care planning but there is still a significant amount of work to do developing this system before it is fully in place. The manager plans to progress this during 2007. The staff are currently working to ensure that all care plans have a life history in place and

residents confirmed that they were doing these but were unaware of the rest of the content of their care plans. Records show that the manager has been training staff in care planning techniques. Care plans were inspected and case tracked. Care plans had a comprehensive assessment, care plans and risk assessments in place. Daily notes were also completed. All residents have a key worker who takes an active input in reviewing and updating the care plans. The care plans identify residents' personal preferences and choices and are written in such a way that they show that staff understand that residents have the right to choose. On inspection nearly all the needs identified in the assessment, had a corresponding care plan and only minor non – conformities were noted. Night care plans are in place, which also identify personal preferences and individual routines. On the DE unit some aspects of the care plan were person centred, promoted independence and involvement in daily living skills. Unfortunately these were limited and did not evidence that the staff were identifying all the individuals' strengths and optimising their abilities. The DE unit care plans also did not assess for signs of wellbeing and ill being.

The daily notes were seen to be quite informative but tended to concentrate on the physical and social aspects of care, missing out the emotional and wellbeing side of the resident. There is evidence of regular care plans reviews on file and long term aims have been listed, but unfortunately not with the input of the resident.

Care plans evidenced that residents saw their doctors in a timely and proactive manner. Residents who commented felt that the medical attention they received was good and one resident said, " The staff are very alert if I am under the weather". Residents and records confirmed that they saw other healthcare professionals such as chiropodists and opticians etc. and the practice nurse, where appropriate. Risk assessments are in place for safe manual handling and the falls prevention team have been used in the home along with falls risk assessments. Nutritional risk assessments have been completed where appropriate and records show that residents weight is monitored. It was seen to be a good assessment, which gives staff ideas of what to give residents who fall into a risk category, to have as snack foods. Daily notes evidence that residents were having snacks during the day and night. Records show that any issues have been appropriately referred or followed up.

The manager reported that no residents in the home currently have a pressure sore and the district nursing team supplies pressure-relieving mattresses etc. In some cases residents have a pressure sore risk assessment in place and a risk has been identified but no comment made as to whether any action is needed or has been taken. This needs to be addressed.

Residents' who commented felt that they received the care and support they needed. They also felt that staff listened to them and acted upon what they said. One resident said " the staff are very helpful and co-operative" and another said that the staff were "very caring". One relative commented that

'my father is always immaculate and staff take great care of his personal hygiene'.

Both residents and relatives commented that they felt that their family member had improved a great deal since admission to the home both physically and mentally.

Relatives spoken to feel that the standard of care in the home is high, they have never seen anyone distressed and they know a lot of residents and chat to them and they never have concerns.

The home has an up to date medication policy in place and training records show that key staff have been trained in the safe handling and administration of medication. The home operates a dosset box and bottle to mouth system. Recording systems were inspected and found to be in good order apart from medications added on at a later date were not being checked in as efficiently as those deliver in bulk at the start. This was discussed with senior care staff. Medication reviews are undertaken by local doctors and by the Consultant for medicine for the elderly who visits the home. A satisfactory returns system was in place and controlled drugs were appropriately recorded and checked.

Residents spoken to said that the staff team at the home were respectful to them and took into account their need for privacy and to have their dignity maintained. Residents said that staff were good when helping them with personal care and recognised their right to choose. The dignity of residents on the dementia unit was seen to be compromised at mealtimes. See standard 15.

## 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 adequate.

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

Residents have mixed feelings regarding the social activities provide in the home.

Residents have good contact with family and friends.

As far as possible, residents are helped to exercise choice and control over their lives.

Residents have mixed feelings regarding the quality and variety of food offered.

### EVIDENCE:

From discussion with residents and comments on feedback sheets it its apparent that residents have mixed feelings regarding the provision of activities within the home. Some residents are very content and happy with the social side of life in the home whilst others feel the provision has deteriorated and the range available is limited. Records were submitted by the manager to the CSCI relating to activities offered. The records are not very detailed and do not give a full picture of the content of some of the activities offered, for example, life skills, reminiscence and craft. Records also show that

there is a limited uptake of many of the activities with a significant number of people refusing to take part and one resident was listed as 'disrupted class' in a craft session. This gives an indication that resident needs in relation to social care are not fully being met. The home does have an activities officer in post that works 37.5 hrs a week.

On residents' feedback sheets, residents tended to say that the activities programme was either 'usually' or 'sometimes' suitable for them and this stood out as the area with the most negative responses. One resident said, "There are not so many activities as when I first came to the home" and another said that "the activities were not to their taste". One resident spoken to was unhappy with the fact that the minibus was out of action and that they could not get out and about as they would wish but minutes of residents meetings show that the problems with the bus are being addressed. Residents spoken to were very keen on the quizzes provided and the exercise classes. Minutes evidence that external entertainers are also used in the home and include singers and musicians.

Recent staff meeting minutes also evidenced that the manager was not entirely satisfied with the level or variation of activities on offer and had asked staff to address this and gave examples and said that this could be individual or in small groups. Residents have been completing their life histories, which will form part of their care plans and residents spoken to had enjoyed completing these. It is felt that the team at the home should consult further with residents, use their life histories etc. and ensure that their needs are being met with a person centred approach. Staff were able to tell the inspecting officer what individual residents enjoyed doing around the home but these preferences were not always listed in the care plan. It was also noted that where residents had a good list of social preferences in the care plan, records did not show that the activities offered to them related to these preferences.

Residents spoken to and who commented said that their visitors were always made welcome to the home and always offered refreshments. Relatives confirmed this. Relatives spoken to were very complimentary regarding the management and care team at the home and the services provided. Residents confirmed that the staff were good with their privacy when they had visitors and never interrupted.

Residents felt that although there was a daily routine, there was a level of flexibility within that and staff were happy to accommodate individual preferences wherever possible. Some residents spoken to and who commented were unsure about their choices with regard to bathing whilst others were clear that their choice would be respected. The care team may need to ensure that all residents are aware of their ability to choose on this aspect of care. Residents spoken to said that they could choose how they spent their day although staff did encourage them to go to the dining room for coffee, tea and meals, for exercise and as a social occasion. One resident said 'I run my life as I wish'. Personal preferences regarding daily routines were evident in the care plans.

The home has used advocacy services for residents in the past but at the current time they are not needed. Information on local advocacy services are displayed around the home.

Another area where there was mixed feedback was with the food provision and the home may need to work more with residents in order to increase the satisfaction level. Comments included "not enough fish" "meat overdone" "poor pastry" "monotonous and veg cold" and "bit stodgy" and "missing fresh fruit and vegetables" Other residents were very happy with the food provided and commented positively on the variation including having curries. Minutes from both residents and staff meetings evidenced that issues raised by residents regarding mealtimes were taken on board and that preferences were being taken into account as far as possible. Personal preferences regarding specific foods and drinks were noted to be recorded in the care plans.

One the residential unit the tables were seen to be beautifully laid, whilst on the DE unit the tables were bare with no tablecloths or condiments etc. All of the residents on this unit were observed sitting, eating well with only one person needed some prompting to stay eating. With this approach, residents are potentially deskilled and not optimised. Staff spoken to on the unit had not questioned this and just responded by saying that this is how it has always been. This was discussed with the manager.

## **Complaints and Protection**

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

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

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

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

16 and 18.

Quality in this outcome area is good.

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

The management team has systems in place, which help to ensure that complainant's views will be listened to.

The management team has systems in place, which help to ensure that residents are protected from abuse.

### **EVIDENCE:**

The management team has a satisfactory complaints procedure in place. All complaints are currently logged with head office and the home should have these records available, in order to give a full picture of the complaints procedure. The manager was not aware of the current format used. Some records were available which showed differing levels of investigation by the manager, which included written reports, but a full picture was not always available. This was discussed with the manager. Where it was possible to assess, the manager had dealt with any concerns raised in a timely manner and thoroughly, giving reports to the Regional Care Services Manager so that she could respond on the company's' behalf. Overall complaints were seen to be minimal.

Residents and relatives spoken to and who commented, were well aware of the complaints procedure and how they would go about making a complaint or

raising a concern. Many of the residents confirmed that they saw the manager very regularly and that they would raise anything they wanted to with her.

Two compliments cards were noted which commented on the standard of care at the home and the warmth of the care staff and the other thanked the home for facilitating a special family event at the home.

The management team have a full adult protection policy in place, which includes local guidance. Training records submitted to the CSCI show that all of the care staff have been trained in the protection of vulnerable adult.

## Environment

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

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

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

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

19 and 26.

Quality in this outcome area is good.

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

The home is generally well maintained but some minor improvements could be made.

The home is clean and tidy.

### **EVIDENCE:**

A partial tour of home was undertaken and all key areas were covered. Overall the standard of decoration and maintenance throughout the home was generally good. The upstairs unit on the new wing had appropriate, individual door signage but was not seen as homely and pictures etc. were sparse. This was discussed with the manager.

One area of the older part of the home is suffering with subsidence and the CSCI has been made aware of this. The cracks noted, do not currently affect

the quality of life for residents but some are aesthetically poor. The Abbeyfield Society is currently planning the way forward to address the work that is needed to correct the problem. The best interests of all the residents are being taken into account.

The home has a good staffing level with regard to maintenance staff and this team redecorate bedrooms, as required and other areas of the home. They are also responsible for checking water temperatures etc.

The bathrooms and toilets are the poorest part of the older side of the home; the décor was seen as tired and overly clinical. They stand out against the high standards in the rest of the home. This was discussed with manager who accepted these views and by the day of the second visit had already put a plan into place to decorate the bathrooms/toilets identified.

Records show that systems are in place to check fire safety in the home including regular staff fire drills. A full fire safety risk assessment was completed in August 2005. It is recommended that this be reviewed, especially in relation to the new DE unit.

Records in relation to the checking of hot water temperatures at residents' outlet were inspected. These are carried out monthly by the maintenance team and also checked annually by an external contractor. Records show that generally there was a good system in place but the checking of the new unit was inconsistent and needed to be brought on line as with the old part of the home. This was discussed with the manager.

Residents spoken to and who commented overall felt that the home was kept clean and fresh. Relatives who commented also felt that this was the case.

The home was seen to be clean and no odours were noted. Infection control arrangements in the home were in order and the home has good links with the local infection control nurse specialist for advice where needed. Records show that the majority of staff have been trained in infection control in 2005/6.

## Staffing

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

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

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

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

27, 28, 29 and 30.

Quality in this outcome area is good.

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

The skill mix and number of staff are sufficient for the current residents at the home.

Residents can expect to be in safe hands with an appropriately trained staff team.

The home has sound recruitment procedures in place, which are generally followed.

Staff are trained and competent to do their jobs.

### **EVIDENCE:**

Recent staffing rotas at the home show that the home provides suitable staffing levels in order to meet residents' needs. Residents spoken to and who commented felt that staffing levels were acceptable and that in general staff were easily available to them and came quickly if you used the call bell system. Residents and relatives also stated that they felt that staff had the time to stop and chat if needed and they did not rush them. Residents said that occasionally they were short of staff but agency use at the home was low, which was good.

Rotas show that a satisfactory level of ancillary staff are also employed at the home. Staff spoken to were happy working at the home. They felt that it was a good team of staff, the home was well run and that the workload was manageable.

The manager encourages staff to undertake NVQ qualifications. Records show that nearly 50% of the care staff have either NVQ level 2, 3 or 4. Twelve staff are also currently undertaking NVQ qualifications which will soon bring the home up to and over the 50% requirement as outlined in this standard.

The management team have recruitment policies and procedures in place. Three staff files were inspected. A checklist system for the files is used, to help ensure that all the required documentation and checks are in place. Files were seen to be in good order with only one proof of identification missing. CRB checks had been carried out and references were in place. Interview records are maintained and it is recommended that a section covers any gaps in employment, where appropriate.

Training records show that there is a good training programme in place. From discussion, the manager outlined further training planned, which included specialist dementia training courses.

Staff spoken to felt that the training programme at the home was very good and that they felt up to date. They also said that there was a system in place to remind them of the training they needed to do. Records showed that there is a good level of compliance with statutory training, with only some shortfalls with regard to health and safety and food hygiene. Staff have also received training in care planning, medication administration.

The management team has a staff induction programme in place, which is linked to TOPPS/Skills for Care and covers both induction and foundation. Staff spoken to confirm that induction takes place.

## **Management and Administration**

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

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

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

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

31, 33, 35 and 38.

Quality in this outcome area is good.

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

The manager of the home is experienced and fit to run the home.

The management team have a satisfactory quality assurance programme in place, which could be developed further.

Residents' financial interests are safeguarded.

The health and safety of residents and staff is promoted in the home.

**EVIDENCE:**

The registered manager has been working at the home for some time. She is a qualified nurse with a degree in social science and a diploma in applied social science and health and social welfare. She has also obtained a recognised nursing qualification in the care of people with dementia.

Staff spoken to were positive regarding her management of the home and support offered to staff. Staff state that the manager is friendly and approachable. They confirmed that staff meetings take place and that where appropriate they feel comfortable to raise any issues. Meetings of staff meetings were clear and balanced and covered a range of subjects. Where appropriate the manager had given positive feedback to staff and where required had asked for improvements to be made. From the minutes it is clear that the manager promotes a team-working environment.

The management team at the home have a quality assurance programme in place, which includes obtaining views from residents, relatives and visiting professionals. A monthly health and safety checklist also forms part of this programme. Surveys are completed annually and the results are analysed and included individual comments as well as statistics. Results were seen to be objective and open and overall very positive from all parties concerned.

The management team should give consideration to the development of an action plan to use with their system in order to evidence that any concerns raised have been dealt with. The management team may also wish to consider the further development of the internal audit of their premises, business and recording systems to help identify areas for work and to aid with future planning.

The manager holds regular meetings for residents and relatives, which enables her to obtain their views. The minute's evidence that the manager gives residents and relatives a good opportunity to raise any comments or queries that she can answer. The minutes are produced in large print for the residents after the meeting.

The staff at the home hold small amounts of personal money in safekeeping for residents. The staff operate a two-signature system and records inspected were in good order with receipts available. Three records and balances were checked at random and found to be in order.

The management team have a health and safety policy in place. Accident records were inspected and found to be in good order with records being clear and complete. Records showed that where appropriate, residents' had seen their doctor although in one case it was felt that the local falls prevention team could have been used a bit more proactively. This was discussed with senior care staff.

Risk assessments are in place for subjects such as COSHH and pregnant staff etc. but the manager has yet to develop wider, safe working practice risk assessments. This was discussed with the manager. Key workers carry out

monthly environmental/health and safety risk assessments in residents' rooms on a monthly basis.

Safety certification in relation to fixtures and equipment in the home were inspected at random. These were found to be in good order and any outstanding work had been addressed.

# SCORING OF OUTCOMES

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

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

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

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

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

HEALTH AND PERSONAL CARE	
Standard No	Score
7	2
8	3
9	3
10	2
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	2
13	3
14	3
15	2

COMPLAINTS AND PROTECTION	
Standard No	Score
16	2
17	X
18	3

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

STAFFING	
Standard No	Score
27	3
28	2
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	2
34	X
35	3
36	X
37	X
38	2

Are there any outstanding requirements from the last inspection? No.

<b>STATUTORY REQUIREMENTS</b>				
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	OP7	15 (1) (2)	The care plans must provide evidence that service users / relatives are involved in the care planning process.	31/03/07
2	OP10	12	The registered person must review the mealtime arrangements on the DE registered unit in relation to the dignity and well being of residents.	01/03/07
3	OP12	16	The registered person must consult further with residents regarding social activities and arrange a programme that relates to those identified needs and preferences.	31/03/07
4	OP15	16	The registered person must consult further with residents regarding the meal service and make changes in order to improve the overall satisfaction level.	31/03/07
5	OP16	17 (2) Schedule 4	The registered person must ensure that the complaint log records the timescales; action and outcome of the complaint investigation and that all associated records are available.	14/03/07
6	OP19	23	The registered person must	30/04/07

			ensure that all parts of the home are kept in good repair and state of décor – in relation to the subsidence problem and the décor of bathrooms and toilets in some parts of the home.	
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## 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	OP7	The registered person should further develop person centred care planning in the home, especially in relation to the care of people with dementia.
2	OP8	The registered person should ensure that risks identified on risk assessments are followed through and outcomes recorded.
3	OP9	The registered person should ensure that all medication is checked in during the calendar month.
4	OP14	The registered person should ensure that all residents are aware of their choices regarding bathing.
5	OP19	The registered person should given consideration to making the DE unit a more homely environment.
6	OP19	The registered person should review the fire safety risk assessment and ensure that water temperatures are checked consistently.
7	OP29	The registered person should give consideration to developing their interview records.
8	OP33	The registered person should give consideration to further developing the homes quality assurance systems.
9	OP38	The registered person should develop safe working practice risk assessments in the home.

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