



Making Social Care  
Better for People

# inspection report

## CARE HOMES FOR OLDER PEOPLE

**Jim Gillespie**

**Abbeyfields House  
291 Dunchurch Road  
Rugby  
Warwickshire  
CV22 6HP**

*Lead Inspector*  
Deborah Shelton

*Key Unannounced Inspection*  
22nd September 2008      09:45

The Commission for Social Care Inspection aims to:

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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>	Jim Gillespie
<b>Address</b>	Abbeyfields House 291 Dunchurch Road Rugby Warwickshire CV22 6HP
<b>Telephone number</b>	01788 812644
<b>Fax number</b>	01788 814806
<b>Email address</b>	
<b>Provider Web address</b>	a.smith@abbeyfield.com
<b>Name of registered provider(s)/company (if applicable)</b>	Abbeyfield UK
<b>Name of registered manager (if applicable)</b>	Mrs Maureen Derby
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	28
<b>Category(ies) of registration, with number of places</b>	Old age, not falling within any other category (28)

# **SERVICE INFORMATION**

## **Conditions of registration:**

**Date of last inspection**      19th February 2007

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

Jim Gillespie House offers residential accommodation to 27 older people aged 65 years and older. It does not offer any specialist facilities.

On the ground floor, the living area comprises 24 single rooms (11 of these have en-suite facilities). There are two lounges, a large dining room, which has recently been extended and bedroom and bathroom accommodation in adjoining wings.

On the upper floor of the home there are a further three rooms with en-suite facilities, these have been completely refurbished.

The current scale of charges is £421 – 476 per week. Additional costs for hairdressing, toiletries, papers and magazines, and private telephones have to be met by service users.

# SUMMARY

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

**The quality rating for this service is 4 star. This means the people who use this service experience excellent quality outcomes.**

The focus of the inspection is to check the outcomes for people who live in the home and obtain their views of the service provided to them. The following information in this report is the findings of an unannounced inspection visit that took place on Monday 22 September 2008.

Twenty four people were living at Jim Gillespie House at the time of the visit. Two residents were 'case tracked', this involves finding out about their experience of living in the care home by meeting with them, or observing them, talking to them and their families (where possible). Looking at their care files and the environment in which they live. Staff training records were reviewed to ensure training is provided to meet resident's needs. Documentation regarding staffing, health and safety, medication and complaints are also reviewed.

During the inspection the manager was on duty along with a senior and two care assistants, two domestics, a kitchen assistant and a cook.

The inspection process consisted of a review of written information, discussions with the manager, staff, residents and visitors. Records looked at during this inspection included, care, staff recruitment, training, staff duty rotas, health and safety and medication records. Notification of incidents received by us from the Home and any other information received were also looked at.

The inspector was introduced to a majority of the people that live at Jim Gillespie House and conversations were held with six people. Further information to identify the outcomes for residents' was also gained through observation of residents and staff.

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

Jim Gillespie House is a purpose built care home which is well maintained and has a homely, welcoming atmosphere. Fixtures and fittings throughout were in a good state of repair and the Home was well decorated, clean and hygienic throughout.

The Home has an experienced manager who provides effective leadership to the staff. The manager is friendly and approachable and undertakes all necessary training to keep her skills and knowledge up to date. The staff team are qualified and experienced and are also undertake training to update their practices and knowledge. Staff were friendly and efficient and had a good relationship with those under their care.

All prospective residents have a comprehensive assessment of their needs and are able to visit the home and have a meal there prior to their agreement to come to live or stay at the home. Residents have appropriate access to health care and the health care needs of the residents are identified and followed up by staff. The home has appropriate and safe administration and storage of medicines.

Visitors are welcomed at the home within reasonable hours and say that they are always made welcome.

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

There were no requirements for improvements at the last inspection and only three good practice recommendations which have been addressed or are no longer considered necessary.

The manager confirmed that she is continually monitoring all systems and practices at the Home to ensure that they provide the best care possible. Quality assurance systems in place promote this.

The works undertaken to refurbish the bathroom providing an assisted bath are now complete and residents confirmed that they like the new bathroom.

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

The manager wants to continue to develop care plans to incorporate information about residents mental capacity in line with the mental capacity act.

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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Health and Personal Care (Standards 7-11)

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Environment (Standards 19-26)

Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

## Choice of Home

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

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

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

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

1, 2, and 3

Quality in this outcome area is **excellent**

### **Pre-admission assessments**

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

### **EVIDENCE:**

The Home has produced a comprehensive Statement of Purpose and Service User's Guide. Each resident has been given a copy of these documents and these were seen in their bedrooms.

The Service User's Guide is given to potential residents before they agree to move into Jim Gillespie House. This enables them to have all the information they need to make an informed choice about moving in to the home. The manager confirmed that these documents could be produced in large print or any other language or format upon request.

The Statement of Purpose and Service User's Guide are reviewed regularly and amended when there are any changes.

Two residents were case tracked during this inspection. This involved looking at their care file, documentation relating to life at the Home and talking to the staff who care for them. The licence agreements for these people were seen, these were dated and signed as appropriate. Licence agreements are in place for all residents and are signed upon admission to the Home.

The care files belonging to the two people who were being case tracked were examined. These confirmed that they were fully assessed by the home before agreement was reached for them to move in. The pre-admission assessment ensures that the person's needs can be met by staff at Jim Gillespie House.

The pre-admission assessment records details regarding professionals involved with the person's care i.e. GP, District Nurse, etc. Information regarding social background, daily life and social activities previous medical history is discussed and recorded. Also included is an assessment of physical health, current medication, mental health, personal care, mobility, continence and toileting needs, meals/special diet, sleeping and night care needs. A pressure sore risk assessment highlights the need for any specialist equipment which would be made available before the person moves in.

The social care assessment gives staff some information about the resident's interests and hobbies which gives them a better insight to the person. The resident signs the back page of the pre-admission assessment which demonstrates that the assessment has been completed with them and includes their perception of their needs and agreement to information recorded.

The manager or deputy conduct pre-admission assessments. These are undertaken at the person's current place of residence, i.e. hospital, home or other care home. Potential residents are encouraged to visit Jim Gillespie House and stay for the day, have a look around and chat to staff and other residents. The Home write to potential residents to offer them a place in a specific room and to confirm that they are able to meet their identified needs.

The pre-admission assessment recorded detailed information regarding the needs of the resident, abilities and the number of staff required to assist with any tasks. Information was comprehensive.

## 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 **excellent**

There are good systems in place for care planning and minimising the identified risks for the residents to ensure that residents' needs are met. The health care needs of the residents are being met and the medication system was well managed and safe.

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

### **EVIDENCE:**

The care files and medication records of the two people being case tracked were reviewed and discussions were held with staff who care for them.

Both care files seen were up to date, easy to read and understand and in good order. Each contained a pre-admission assessment which recorded the

person's needs before admission to the Home. Risk assessments and care plans were then completed when they moved in. Information obtained during the pre-admission assessment had been transferred into the initial plans of care.

A fire safety risk assessment is undertaken on the day of admission to the Home. The risk assessment assesses each resident for their comprehension, mobility and compliance with fire safety precautions. The fire safety risks for each resident are identified and suitable fire precautions implemented. This risk assessment guides staff of the action they should take for each individual in case of fire.

Each care file contains a personal risk screening tool. This assesses the risk of harm from daily activities such as mobility, going out, tissue viability, nutrition, hydration, personal hygiene, infection control, pain management and continence amongst other things. This risk assessment identifies whether the resident has a low, medium or high risk. Actions are recorded by each risk assessment along with detailed information recorded by staff to reduce the risk. Separate falls risk assessments are undertaken as necessary.

Care plans were in place regarding all areas covered during the pre-admission assessment such as eating and drinking, mobility, pressure area care, social well being etc. Standardised documentation records the goal/outcome and the care plan actions. Staff record needs and abilities separately on the reverse of the care plan. Detailed information records personal preferences, for example if the person prefers a shower to a bath, food likes and dislikes, times for rising and going to bed.

Each care file contained a monthly care plan review sheet which records residents/relatives comments regarding care plan needs. These details were signed by staff and/or the resident or their representative.

Visits made by the GP, District Nurse, Optician etc are recorded in the care file along with details of reason for and outcome from visit.

A photograph of each resident is in place on the front of their care file to aid staff identify residents.

Daily records are kept in a separate file. These are recorded on a daily basis for each shift, morning, pm and night. Daily entries record whether the resident has joined in any activities, had visitors, whether they have eaten and what assistance was required with tasks. Information noted changes in resident's health and wellbeing.

The medication receipt, storage and administration records were reviewed. All medication seen was stored appropriately. Staff monitor the temperature of

the medication room to ensure that it is within the required limits. Key custody for medication cupboards etc was discussed and was found to be satisfactory. Records were available for receipt and disposal of medication. Medication awaiting return to the pharmacy is stored appropriately. Controlled medications are stored and recorded in accordance with legislation. A count of controlled medication was undertaken and stocks held balanced with records kept.

The medication administration records and medication for the two people being case tracked were reviewed. There were photographs of each resident on the medication administration record. Copies of original prescriptions are taken and these are checked against medication administration records. All stocks of medicines checked balanced with records held apart from one record which highlighted a discrepancy of two soluble paracetamol, which may have been given and not signed for.

Homely remedies were discussed, residents are able to take simple linctus and paracetamol for a short time. GPs have signed a sheet for each individual which records the homely remedies they are able to take and the length of time they are able to take them before a review is required.

The lunchtime medication round was observed. The staff member locked the trolley each time she left it to administer medication, records were written up immediately before the next medications were administered. The member of staff waited by the resident to ensure that they had taken their tablets.

Overall medication practices and management was safe and protected residents from harm.

## Daily Life and Social Activities

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

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

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

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

12, 13, 14 and 15

Quality in this outcome area is **excellent, good**

The home provides a varied social and recreational activity programme that provides interest and pleasure for service users.

The involvement of family and friends is encouraged in agreement with the service users wishes. Service users are supported and encouraged to exercise choice in their lives. Meals at the home are wholesome and meet the nutritional needs of service users while providing for choice and personal taste.

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

### **EVIDENCE:**

Information about planned activities provided by external entertainers are put on the noticeboard in advance to give resident's notice of the forthcoming event. External entertainers visit the Home approximately once per month. In-house activities take place each morning. A suggested list of activities is on display to inform residents of the type of activities that can take place.

There were photographs on the noticeboard of some of the activities that took place in the summer such as a strawberry tea, pub lunch and BBQ which were well attended by residents. The noticeboard has a sheet for residents/visitors to record suggestions for activities which they would like to do. Residents spoken to were happy with the amount of activities that take place. One resident said that "something happens every day but I am not sure what is happening today". Some residents were sitting in the lounge watching television, two ladies were reading a newspaper which is delivered every day.

Residents were enjoying an exercise session on the morning of the inspection. Music was put on and residents were encouraged to join in with stretching arms and some basic arm and leg exercises. Residents were encouraged to throw bean bags to the staff member and all were laughing and joking. All who joined in appeared to be enjoying the exercises. One resident spoken to earlier in the morning had said that she did not wish to join in the exercises. However as the exercises progressed she joined in and was enjoying throwing and catching the beanbag and commented "this has certainly livened everyone up, everyone is enjoying this".

A variety of board games, videos, DVDs were available in the television lounge. There was also a radio/tape/cd player and a large piano.

Residents appeared at ease in their surroundings and were offered choices and encouraged to remain independent throughout the day. Two residents commented that everything is "free and easy" and "you are able to go wherever you want and do whatever you want". Preferences, likes and dislikes were recorded in the care files seen, these included times for rising and retiring, bathing or showering and food likes and dislikes. Residents or their relatives are involved in monthly reviews of care plans and are able to sign monthly review sheets.

Residents meetings are held once per month. Minutes of meetings demonstrated that residents are able to air their views about life at the Home, action taken following suggestions or issues raised are recorded in minutes and then discussed at the next meeting to ensure that residents are happy with any changes made.

The Home has an open visiting policy. One visitor spoken to said that they are able to visit at any reasonable time, they are always made welcome and offered refreshments. The visitor said that they are able to see the resident in the lounge or in their bedroom if they wish. Visitors are able to have a meal for a small charge.

The inspector dined with the residents. The meal was appetising and well presented. All spoken to at the dinner table said that the food is always good, there is plenty of it and it tastes nice. The blackboard in the dining room

accurately recorded the meal available for the day. A notice by the blackboard records that residents must notify the kitchen before 9.30am if they want an alternative to the main meal on offer.

Residents were offered a choice of drinks throughout the day, this included tea, coffee, squash and one resident asked for an oxo drink which was provided.

The kitchen had been awarded a gold food hygiene award by Rugby Borough Council. The kitchen assistant was aware of the residents in the Home who were on a diabetic diet and said that there was a list of food likes and dislikes in the kitchen.

# 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 **(excellent, good, adequate or poor)**.

The home has a satisfactory complaints policy and service users and their supporters can be confident that their views will be listened to and acted upon. Service users rights to participate in the political process are upheld and advocacy services promoted. Staff undertake adult protection training preparing them to uphold the welfare of the service users and to protect their rights.

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

## **EVIDENCE:**

The complaint policy is on display on the noticeboard and a copy is available in the service user guide which is given to all residents. Complaint log sheets are available should any complaints be received. The manager also uses these to record any concerns/grumbles. Staff are aware where these forms are kept in case they need to use one. We have not received any complaints since the last key inspection and the Home have only had one "niggle" which was addressed immediately.

Both staff and residents said that they would not hesitate to report any concerns to senior staff or the manager. None of the residents spoken to had

any worries and said that they have never had any since moving in to Jim Gillespie.

Staff have undertaken adult protection training. Recruitment practices keep residents safe from harm as Criminal Records Bureau checks are undertaken. All training is up to date, this also protects residents from risk of harm. Copies of training certificates are available on file.

The Adult protection and whistleblowing procedures are on file. Two care staff spoken to were aware of the action to take should abuse be witnessed. Both said that they would report any suspicion of abuse immediately to the senior carer on duty and then to the manager. Both were aware of the whistleblowing procedure and said that they have a staff handbook which gives contact numbers for regional managers who they would contact if they did not feel appropriate action had been taken to stop abuse.

## 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, 21 and 26

Quality in this outcome area is **excellent, good**

The Home provides a comfortable, attractive, safe and 'homely' place to live. The home is clean, hygienic and free from odours. Residents live in a comfortable home that offers them a life style suited to their age and condition. Specialist equipment, consistent with the needs of the Residents and the demands of tasks

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

### **EVIDENCE:**

A tour of the premises took place. The bedrooms of those residents being case tracked, plus three others, the quiet and television lounge, dining room, the two laundries, sluice room, the refurbished bathroom and a number of toilets were looked at.

The Home was clean and hygienic throughout, there were no unpleasant odours and fixtures and fittings were in a good state of repair. Bedrooms were bright and airy with large windows letting in a lot of natural light. Those rooms seen had been personalised and had a welcoming and homely feel. Call bells are available by beds and residents said that staff come quickly when call bells are used.

Both lounges were clean and hygienic, there were no unpleasant odours. Large patio doors and windows make the lounges bright and airy. A ramp is in place to assist those with mobility difficulties gain access to the garden from the television lounge.

The dining room was clean, tables and chairs were in a good state of repair. Tables were laid nicely at lunchtime. The dining room is large and would easily accommodate all that live at Jim Gillespie House.

The garden was well maintained and was well planted with shrubs and brightly coloured flowers. A gardener visits on a regular basis. Chairs and tables were in place in the garden and some residents said that they had sat out in the garden in the summer.

There is a hairdressing room which is used on a weekly basis.

Refurbishment works to the assisted bathroom have now been complete. A new assisted bath is in place which was in good working order. The room was large and bright. The manager said that a majority of residents like to use this new bath. All toilets seen were clean and well presented. Liquid soap and disposable handtowels were available in all bathrooms.

Sluice facilities are adequate and the methods used to clean commodes reduces the risk of cross infection.

Corridors were clean and well decorated, pictures on walls gave a homely feel. There were no unpleasant odours noted anywhere in the Home.

The Home has two separate laundry rooms each housing a washing machine with sluice cycle and a dryer. Both rooms were clean and hygienic and there was no backlog of items to be washed. Disposable gloves and handtowels were available for staff use in the laundry room. Red bags are used to transport and wash heavily soiled laundry.

Separate blue gloves are available for use by those working in the kitchen and staff were seen using these appropriately throughout the inspection.

## 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 **excellent, good**

There are sufficient staff to meet residents needs. Recruitment and selection procedures are robust and safeguard the service users. Staff training opportunities are good.

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

### **EVIDENCE:**

Staffing levels on the day of inspection appeared to be sufficient to meet the needs of those living at Jim Gillespie House. The usual staffing compliment is as follows:-

Early - deputy, senior and 2 care assistants  
7.30 – 2.30pm

Late - deputy, senior and 2 care assistants  
2.30pm – 3.30pm (deputy)  
2.30pm – 10.00pm (senior)

2.30pm – 9.30pm (care assistants) plus an additional care assistant works from 6.00pm – 9.30pm

Night - 2 waking night care staff  
9.30pm – 7.30am

Ancillary staff are employed as follows:-

Two cooks and two kitchen assistants are employed who work the following shifts - 1 cook and 1 kitchen assistant 7.30 – 2.30pm (7 days)  
tea cook 4.00 – 6.30pm 7 days

Housekeeping - Monday and Tuesday two domestics 9.00am – 12.30pm,  
Wednesday – Friday three domestics 9.00am – 12.30pm Saturday – Sunday  
one domestic 9.00am – 12.30pm

Administration assistant 9.00am – 1pm four days per week

A handyman is employed to work one day per week and complete ad hoc tasks as needed.

Resident's spoke highly of staff saying that they were always busy but very happy. They said that staff were kind, caring and helpful at all times. Staff appeared to have an excellent relationship with those under their care, they were friendly, approachable and helpful.

Eighteen care staff are employed (including the deputy manager). Twelve have already undertaken a National Vocational Qualification (NVQ) at level two, five of these have NVQ level three and a further two carers are starting the NVQ level 2 in September 2008.

Three staff personnel files were reviewed. All three files contained sufficient information to ensure that the recruitment procedure protects residents from risk of harm, written references, criminal records bureau checks, employment history is obtained. Staff supervision takes place on a regular basis and records were maintained in their personnel file. Staff sign a training agreement to confirm that they agreed to undertake mandatory training and understand that if they do not they may be liable to disciplinary action.

Two staff were spoken to during the inspection both confirmed that they have supervision on a monthly basis. During supervision they are able to discuss any concerns, training needs or other issues which affect their job role at Jim Gillespie.

The staff training matrix which is located on the wall in the manager's office lists the training undertaken by staff during 2008. Records show that only one staff member needs to undertake fire training. This will be completed in December 2008. Staff spoken to were aware of the action to take if the fire

bell sounded. Staff had undertaken moving and handling training and again those staff spoken to were aware of the equipment available to assist moving those residents who are not mobile. They were also aware of the techniques to use when assisting residents to transfer from chair to wheelchair etc. One of the care staff is a qualified moving and handling trainer, she provides update training for all staff at the Home.

Records show that all staff have undertaken moving and handling, food hygiene, first Aid, infection Control, health and Safety and abuse Awareness training.

Other training undertaken by some staff includes equality and diversity, mental capacity and Boots medication training.

Six staff have undertaken a distance learning safe handling of medication course.

Newly employed staff who have not already obtained their NVQ level 2 undertake induction training in line with Skills for Care requirements. All staff complete the in-house induction training within the first few days of employment.

# 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, 36 and 38

Quality in this outcome area is **excellent, good**

The manager of the home provides effective and excellent leadership to ensure the smooth running of the home. Systems are in place to continuously monitor the service on offer with a view to continuous improvement and ensure that people who live at the home are listened to.

Residents' health, safety and welfare is safeguarded at the home.

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

## **EVIDENCE:**

The manager has worked at the Home for over seven years, four of these as the manager. She has worked hard and obtained the NVQ in care at level four and has the Registered Manager's Award.

Lines of accountability in place and good support is available from the regional manager. Staff spoken to said that they would not hesitate to contact either senior staff or the deputy or manager for advice or to raise any concerns.

Quality assurance systems are in place at the Home. There have been no changes to the systems since the last inspection. Residents meetings are held on a monthly basis. The manager goes into the lounge to hold the meetings. The minutes of the last meeting were reviewed. These show that the minutes of the previous meeting were discussed, any action taken following issues raised is discussed and the outcome of the action is also recorded. For example any changes to menu were detailed, residents had asked for an outside activity and a trip to a local pub for lunch and an afternoon strawberry tea and BBQ were held.

Medication administration records are audited on a regular basis, medication audits also check the amount of medication, received, given and in stock. Abbeyfield Coventry and Rugby News is given to all residents on a monthly basis, some copies are left on the reception desk for visitors to see if they wish. This gives information of forthcoming events and items of interest relating to Jim Gillespie House. The "Abbeyfield UK Compass" is a news release that is available for residents at Abbeyfield Homes. A copy of this was seen in each bedroom along with the service users guide and statement of purpose.

The results of the satisfaction survey sent out to residents in 2008 by Abbeyfield UK (11 residents) was reviewed. Twenty questions were asked of residents regarding all aspects of life at the Home i.e. do you feel you can say no about doing something, does your home act on your comments, can you complain or share concerns with staff. Results were positive. Thirteen questions were asked of visitors i.e. do you know how to make a complaint, do staff ensure you have all information needed etc. All responses were positive (19 people responded) all positive.

Residents spending money records were reviewed. The manager, deputy and administrator are the only people able to issue funds. All records are double signed by two staff members. The manager audits records to ensure that they balance on a monthly basis.

An in house survey also takes place

Letters of thanks were kept in the AQAA book

The records for AW and MJ were checked. MJ opened an account on the morning of the inspection with a balance of £30.00. Receipts of expenditure are kept. Funds checked balanced with records available. The manager said that occasionally if family members are in the Home on the day that the chiropodist or hairdresser visit they pay them direct but give the receipt to the Home for safekeeping.

Supervision contracts were in place in the three staff files seen. The manager confirmed that all staff have signed a supervision contract. Regular supervision takes place regarding staffs needs and abilities. The number of supervisions that take place is in line with the requirement for at least six per year.

Health and safety records were reviewed to identify whether the health and safety. Clearwater conducted water hygiene monitoring and report in August 2008. Hot water temperature checks undertaken.

Fixfire log book records weekly fire call point checks – all up to date  
Emergency lights last tested 31 July 2008 (states that this is a monthly requirement) Details of annual service carried out 16 July 08 for fire fighting equipment. Fire drills undertaken on 18 Oct 07, 6 June 08 and 4 Aug 08. (8 staff present) fire risk assessment also undertaken.

# 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

<b>CHOICE OF HOME</b>	
<b>Standard No</b>	<b>Score</b>
<b>1</b>	3
<b>2</b>	3
<b>3</b>	4
<b>4</b>	X
<b>5</b>	X
<b>6</b>	X

<b>HEALTH AND PERSONAL CARE</b>	
<b>Standard No</b>	<b>Score</b>
<b>7</b>	3
<b>8</b>	3
<b>9</b>	4
<b>10</b>	3
<b>11</b>	X

<b>DAILY LIFE AND SOCIAL ACTIVITIES</b>	
<b>Standard No</b>	<b>Score</b>
<b>12</b>	3
<b>13</b>	3
<b>14</b>	3
<b>15</b>	3

<b>COMPLAINTS AND PROTECTION</b>	
<b>Standard No</b>	<b>Score</b>
<b>16</b>	4
<b>17</b>	X
<b>18</b>	4

<b>ENVIRONMENT</b>	
<b>Standard No</b>	<b>Score</b>
<b>19</b>	4
<b>20</b>	X
<b>21</b>	X
<b>22</b>	4
<b>23</b>	X
<b>24</b>	X
<b>25</b>	X
<b>26</b>	4

<b>STAFFING</b>	
<b>Standard No</b>	<b>Score</b>
<b>27</b>	3
<b>28</b>	3
<b>29</b>	4
<b>30</b>	3

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

No

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

**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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