



*Making Social Care  
Better for People*

# inspection report

## CARE HOMES FOR OLDER PEOPLE

### **Katherine House Care Home**

**10-12 Ebury Road  
Sherwood Rise  
Nottingham  
NG5 1BB**

*Lead Inspector*  
Lee West

*Key Unannounced Inspection*  
12th June 2007      11.30

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
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<b>Reader Information</b>	
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>	Katherine House Care Home
<b>Address</b>	10-12 Ebury Road Sherwood Rise Nottingham NG5 1BB
<b>Telephone number</b>	0115 912 3554
<b>Fax number</b>	F/P 0115 912 3554
<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 Anita Smith
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	19
<b>Category(ies) of registration, with number of places</b>	Old age, not falling within any other category (19)

# SERVICE INFORMATION

## Conditions of registration:

**Date of last inspection**      11th May 2006

## Brief Description of the Service:

Katherine House Care Home consists of two large semi-detached houses, which have been adapted and extended with a well-maintained, covered corridor between the two. The location of the home provides good access to local facilities, including shops, a church and public transport.

Care is provided in comfortable living accommodation for up to nineteen older people. All the bedrooms are single, some with en-suite facilities. There are bedrooms on the ground and first floors, with stairs and lift access to the first floor.

There is car parking to the front of the home and a well-planned, attractive courtyard garden with seating areas to the rear.

Fees range from £356.88 to £368.56 dependent on the level of care need. The fees do not cover items, such as toiletries, hairdressing, chiropodist, newspapers or holidays.

The certificate of registration was on display and was up to date and the latest report and service user guides are available on request.

# SUMMARY

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

This was an unannounced visit on 12<sup>th</sup> June 2007, starting at 11.45am and ending at 16.30pm.

It formed part of the inspection process, which included information gathered by interviewing residents, relatives and staff. Also, responses from service user surveys, surveys for relatives and the pre-inspection questionnaire completed by the manager and forwarded to the Commission. Other records kept within the home and by the commission were also used.

The method used was case tracking. Residents were asked about their experiences and expectations of living at the home and their records analysed, with staff and visitors also asked for their views.

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

A competent and supportive manager runs Katherine House.

New residents have thorough assessments before admission and care plans are developed giving carers a clear picture of how to carry out the assistance and support needed.

Residents are satisfied with their surroundings and high proportions have their own, private, landline telephone in their own rooms, as well as their other personal possessions.

Meals are served in a way that supports independence as much as possible, with the aid of special equipment, to promote the dignity of people who have difficulties. Hot and cold drinks are freely available for residents and visitors, and visitors are made welcome at any time.

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

Maintenance to the main downstairs corridor, dining and kitchen areas has been carried out

A new, computerised, digital, nurse call system has been installed. This system monitors how swiftly calls are answered, who answered and the precise moment the system was activated, amongst its many other functions.

A tank of fish has been placed in the lounge area. Residents say this is, "very relaxing."

A freeview set-top box has been donated, which gives residents who like to watch sports, the opportunity to see a wider variety on the television. Residents said they were looking forward to coverage of Wimbledon tennis, using the system.

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

Activities that take into account the complex needs of the current residents, to provide mental and physical stimulus through leisure and recreational activities, especially for those who cannot get out of the home, would enhance the well-being of those residents. The lack of attendance at the cooking and bingo indicates a possible mismatch between what is provided and what the residents are able to do.

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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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):

3, 6, Quality in this outcome area is **good**

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

Assessments are carried out to make sure the home can meet the individual's needs, whether staying long term or for intermediate care, which enables the staff to deliver suitable care for all residents. The Home's statement of purpose and service user guide give information for prospective residents and their families to decide if this home is suitable.

### EVIDENCE:

The home's statement of purpose, and service user guide were available and contained information which explained the service provided.

Residents spoken with said they were involved in their original assessments, and were asked questions about their preferences.

Care plans case tracked all contained records of the assessments and comprehensive personal histories, identifying personal preferences, cultural and care needs.

The service user and relatives surveys were all positive about the information they had, to decide if the home was suitable for them and could meet their needs. "Everyone is always helpful and this home certainly meets my relative's needs," responded one relative.

Records showed that one person, who had been admitted for intermediate care and was satisfied with the support provided, had returned for further episodes of respite care as, "they know me now and when I come in I know I will be looked after well."

## Health and Personal Care

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

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

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

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

7, 8, 9, 10, Quality in this outcome area is **good**

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

Care plans, which are regularly reviewed, contain comprehensive risk assessments and support the residents to improve what they can do, as well as assisting with what they are unable to do. This encourages the residents to be as independent as possible, improving their physical well-being.

### **EVIDENCE:**

The care plans contained thorough risk assessments and care needs and what the carers should do to help residents with their personal care. Records were also seen of regular reviews and changes were dated and signed.

Residents spoken with said they were satisfied their care needs were identified and met, and also said they were aware plans were reviewed. One resident said, "the staff always help me when I need it and let me carry on doing things I can. This helps me to not feel like a burden."

Survey responses about personal care needs were positive and stated staff always assisted in a way that suits residents.

Residents spoken with said they were treated with respect and dignity, and this was observed, particularly at lunchtime, when most of the residents and staff were in the dining area.

The lunchtime medication was administered in line with the home's medications procedures. Medication was stored correctly and the Medicines Administration Records were accurately completed after the residents had taken the medication.

Policies were in place for people wishing to give their own medication, but no-one was administering their own medication during this lunchtime.

## Daily Life and Social Activities

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

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

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

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

12, 13, 14, 15, Quality in this outcome area is **good**

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

Contact with family and friends is encouraged and some activities are organised. Meals are well balanced and of good quality, with facilities available for hot and cold drinks whenever the residents want.

### EVIDENCE:

At the last inspection, activities including bingo, and cookery club, organised by the cook, were in place. However, as recorded in a recent registered owners' visit report, "only one resident had turned up for the cookery club and no one had turned up for bingo."

Residents spoken with said there weren't many activities organised and during this visit no activities were implemented, to provide any physical, or mental stimulation.

Care plans identified the increasing needs of residents, but the activities had not been reviewed to find out if they still met everyone's needs and abilities.

During discussions with the manager, she said residents had requested to run their own activities and the scrabble club, which meets three times a week was

developed from this. There were a number of other ideas suggested, but no evidence of any having been organised.

A freeview television set top box had been donated to enable residents to watch sports, and residents spoken with liked this. Some residents said they were looking forward to coverage of the Wimbledon tennis tournament. They also said there were plenty of books, puzzles and magazines around the home.

One resident said, "I love the new fish tank and I spend time just watching the fish, its so restful."

Contact with family and friends is actively encouraged and the majority of residents have their own, private, landline telephones in their bedrooms to help maintain this contact.

During the visit the telephone engineer was working in the home to increase the number of lines available.

Relatives spoken with said they always felt welcome, they were always offered a drink and could speak to the manager about anything. The survey responses from relatives also contained positive responses about maintaining contact with families.

The lunchtime meal was served in the pleasantly decorated dining room. It was appetising and nutritiously balanced. Around the home were cold drinks available for everyone, with hot drinks provided in the dining area.

Residents said how much they enjoyed the food and they had choices if they didn't like the main choice.

One said, "the food here is always excellent," another "excellent, but there is far too much for me."

Some residents who were experiencing difficulties in eating were provided with specialist equipment, such as plate guards and special cutlery, which helped them to remain independent, eating their meals at their own pace and unaided.

# Complaints and Protection

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

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

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

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

16, 18, Quality in this outcome area is **good**

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

Complaints are taken seriously and acted upon, in accordance with the home's policies and procedures and staff are aware of their roles in the safeguarding adults procedures, to help protect residents from any harm and support them if they have any concerns.

## EVIDENCE:

The pre-inspection questionnaire completed by the manager identified two complaints that had been concluded fully. One, sent to the Commission, and forwarded to the provider, from a family concerned about the care their relative received. Records in the home showed care had been provided in the way the resident wished. The second was from a resident about the length of time it took for a carer to answer a call bell. This too, records showed, was dealt with quickly.

Responses in the surveys were mostly positive, but one indicated they were not aware of how to make a complaint

Residents spoken with said they did not have any complaints, but would speak with the manager if they had. One said, "I haven't been here very long and haven't got any complaints, but Anita often asks me if everything is ok."

Staff have received training in safeguarding adults and when spoken with, confirmed their responsibilities and said they would refer immediately to the manager to protect their residents.

## 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, 20, 23, 24, 25, 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 comfortably furnished with a reasonable standard of decoration, is clean and hygienic, and bedrooms suit residents' personal needs.

### EVIDENCE:

One resident was sitting in the pleasantly planted and well-maintained garden area and said, "I am probably the only one now that uses this garden, but it is so lovely out here in the sunshine." Tables and chairs were set out on a patio area for residents to use whilst in the garden area.

Inside, the home was clean and comfortably furnished. A fish tank had been added to the main lounge area and the residents spoken with all said they enjoyed watching the fish.

Residents' rooms contained personal possessions. One resident said, "my room is lovely, I have a great view outside and have everything I need inside."

Generally, the home was hygienic, but there had recently been a case of clostridium difficile, following the hospital admission and return to the home, of a resident. A specialist, following a visit by the infection control advisor, had now cleaned this room, making it safe for new occupancy.

A new Nurse call system had been fitted and this was working well. The new system has computerised checking systems to provide information on usage.

Surveys received were positive about the home's environment and one quoted, "My room is always clean and I am very particular."

## Staffing

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

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

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

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

27, 28, 29, 30 Quality in this outcome area is **good**

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

The home's recruitment procedures support protection of residents with sufficient staff on duty and trained in their roles, to meet their needs.

### **EVIDENCE:**

Staff files case tracked contained records required to support the recruitment processes. These included satisfactory references, Criminal Bureau checks and evidence of identity. The files also contained evidence of training undertaken to develop a competent team.

A number of staff had completed, or nearly completed National Vocational Qualifications, but the training agency had failed to register any of them with the awarding body EDEXCEL. This agency has since ceased trading, which has left the home's staff unable to qualify. The manager was trying to re-establish work with these qualifications with another agency, but the carers were disappointed and waiting to register and carry on with the training.

The residents have varying degrees of care need, identified within their care plans, and there was sufficient staff on duty during this visit to meet their needs. Residents spoken with said they were satisfied, and that "when I buzz, I don't have to wait long for the carer." "Everyone is so helpful and know how to help me," said another resident.

Surveys received said staff were always available when needed, and a relative survey said, "the staff have the necessary skills to look after my relative and I am very happy this home was chosen."

## **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, 37, 38, Quality in this outcome area is **good**

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

A competent registered manager runs the home in the best interests of the residents. All records are accurate and procedures in place to protect the health, safety and welfare of the residents and staff.

### **EVIDENCE:**

The Manager carried out her role in an open and approachable way, with residents commenting positively about the management of the home, this was matched with positive responses about the manager, in the surveys received.

Interactions between the Manager and residents was observed to be helpful and supportive, with one resident saying, "Anita never passes by me without asking if I am alright, and if I am not she does her best to put things right."

Residents said they were satisfied with how their personal money was kept and that records were accurate and the money kept safe. Records seen supported this, with accurate, signed and dated, accounts.

Staff spoken with said they were regularly supervised to help with their jobs and any training they needed. This was evidenced within their personal files, recorded and dated.

The Pre-inspection questionnaire, completed by the manager, and sent to the commission, provided dates of the maintenance and health and safety records required, also, the dates of revision of policies and procedures. Records at the home confirmed this information as accurate.

Reports of unannounced inspections, carried out by Abbeyfields, regularly sent to the Commission, monitor the standards of service provided to residents and records were seen of actions taken to address issues raised by these inspections.

Residents spoken with said they were satisfied with the standards of care provided by the home and one said, "Anita always makes sure we are looked after very well."

# 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	X
5	X
6	3

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	2
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	3
21	X
22	X
23	3
24	3
25	3
26	3

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

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

Are there any outstanding requirements from the last inspection? no

**STATUTORY REQUIREMENTS**

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

No.	Standard	Regulation	Requirement	Timescale for action
1.	OP12	16(2)n	Leisure and recreational activities and interactions must be provided to give opportunities for all residents, taking into consideration their complex needs, preferences and abilities, for physical and mental stimulation, to enhance their well-being, physical and mental capacity and improve their day to day interactions.	01/10/07

**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

## **Commission for Social Care Inspection**

Derbyshire Area Office

Cardinal Square

Nottingham Road

Derby

DE1 3QT

National Enquiry Line:

Telephone: 0845 015 0120 or 0191 233 3323

Textphone: 0845 015 2255 or 0191 233 3588

Email: [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk)

Web: [www.csci.org.uk](http://www.csci.org.uk)

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