



Making Social Care  
Better for People

# inspection report

## CARE HOMES FOR OLDER PEOPLE

### Orchard Nursing & Residential Care Home The

**St Mary`s Road  
Huyton With Roby  
Merseyside  
L36 5UY**

*Lead Inspector*  
Mrs Joanne Revie

*Key Unannounced Inspection*  
6th February 2008      10:00

The Commission for Social Care Inspection aims to:

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

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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>	Orchard Nursing & Residential Care Home The
<b>Address</b>	St Mary`s Road Huyton With Roby Merseyside L36 5UY
<b>Telephone number</b>	0151 449 2899
<b>Fax number</b>	0151 287 6501
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<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Flightcare Limited
<b>Name of registered manager (if applicable)</b>	** Post Vacant ***
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	31
<b>Category(ies) of registration, with number of places</b>	Old age, not falling within any other category (31)

# SERVICE INFORMATION

## Conditions of registration:

1. The registered person may provide the following category of service only:  
Care home with nursing - Code N  
To people of the following gender:  
Either  
Whose primary care needs on admission to the home are within the following categories:  
Old age, not falling within any other category - Code OP

The maximum number of people who can be accommodated is: 31

## Date of last inspection

## Brief Description of the Service:

The Orchards Nursing home provides nursing care to 31 older people. The unit has two lounges and two dining rooms with other small lounges available for people to meet with visitors in private. There is a small garden area available at the back of the home and another garden area at the front of the home. There is also a large car park at the rear of the building

The Orchards Nursing and Residential Care Home is located in a residential area of Huyton. It is near to the main shopping centres of Huyton and there is rail and bus access within a 10-minute walk.

The home is part of a privately owned company, known as Flightcare Ltd; this organisation has a total of 7 homes located in the North West region.

# SUMMARY

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

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

Prior to the site visit taking place we (the commission) asked the manager to complete a document called an AQAA. This is a document, which gives information about the services strengths and weakness, and future plans for the service to develop.

Once the AQAA was received, we sent out surveys to the people who live at the home and the staff who work there. 6 surveys were returned from the people who live at the home and four from the staff.

During the site visit, we had discussions with people who live at the home, and their visitors. Their views have been included within the report. We also held discussions with the deputy manager, two other staff members and the owner of the service. The manager was taking annual leave so was not at work that day.

The staff and the people who live at the home did not know that we were going to arrive on the day. A variety of records were looked at which told us about the health and welfare and care received by the people who live at the home. This review also included looking at staff records. We watched how well staff interact with the people who live at the home and how staff deliver care.

Examples of care and support were seen which showed that the staff team have a good understanding of how to treat people as individuals and that they have information available which tells them how to meet their diverse needs.

The cost of living at the home is £499.00 per week. Items such as toiletries, newspapers and hairdressing are not included in the fees.

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

People are given the opportunity to meet with senior staff before they move into the home. This means that they can make a decision about whether the home is the right place for them and staff can decide how to plan their care. One person told us that " they really helped my uncle to settle".

People like the staff and trust them to care for them well, People told us that" the staff are great – I've not met a bad one yet" and " the staff work very hard – they're always kind to me".

The home employs an activities organiser who is enthusiastic about her job. Activities are provided individually and as a group. People told us" there's always something to do" and " I really enjoy our time together- she's a good girl".

Visitors are made welcome and are able to visit when they please. One [person told us" I visit every day at different times and they're always the same- smiling and welcoming".

A range of home cooked food is offered with a choice available at every meal. People told us" I like the food- its good" and" the foods very tasty- meals are my favourite time" and" they try very hard to please".

The manager has a very good understanding of how to relieve people's worries when dealing with concerns and how to protect people who live at the home from abuse. This means that people are confident in his ability to manage the service.

The home presents as a clean comfortable place to live. People told us" Its spotless" and " They work hard to keep it clean- I have no complaints".

The manager ensures that all new staff are trustworthy by making sure checks are carried out on their past experience and character. This helps to keep the people who live in the home safe.

Over half the care staff team have achieved national vocational qualifications in care which means that the majority of care staff have undertaken in depth training on how to care for people.

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

A number of outstanding requirements have been addressed since the last visit, which means that the home is being operated within the law that governs care homes (The Care Home Regulations 2001). This improvement has impacted on the homes quality rating, which has risen to "Good". This means that staff are now keeping clear records of the care that they give and the care that is needed and that medications are managed more safely. This reduces the risk of mistakes being made.

The manager is consulting people who live at the home about what they think of the service and acts on any findings. This is good practise and shows that the people who live there are leading the development of the home.

Two rooms have swapped their purpose, which has resulted in a spacious second dining room being available, and a cosier lounge for watching T.V. The kitchen has been completely refurbished to a good standard and new chairs

have been purchased for the lounge areas. This shows commitment by the owner to invest money in the home.

Staff training is much more structured and staff are finding the training from the newly recruited training officer beneficial. Staff commented "the trainings good and I get plenty of it" and "I feel confident to care for people now".

Other managers from other homes within the group are performing monthly audits at one another's homes to make sure standards are not slipping. This is good practise and means that the home is being viewed by "fresh eyes".

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

A discrepancy was found in one person's medication which was discussed with the deputy manager. This must be investigated and appropriate action taken to ensure that this is not repeated.

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

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

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

People who live at the home are provided with enough information to make a choice about whether they want to live there. This includes a face-to-face meeting with senior staff who also gain enough information about the person's needs and wishes to be able to prepare for their arrival and plan their care

### EVIDENCE:

We looked at records in the home that showed us that people have their needs assessed by a qualified nurse before they move into the home. People told us that they are provided with written information, which tells them what they can expect if they decide to move to the Orchards. People told us that they believed that the staff try hard to help people settle and that they had received contracts and other written information about the home. They also said that they had been given an opportunity to meet with senior staff from the home. This shows that people are given enough information to make a decision about

whether they wish to live at the home and the staff team have enough information to be able to plan their care and prepare for their arrival.

## Health and Personal Care

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

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

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

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

7,8,9,10

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

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

The people who live at the home have their health care needs met by staff that have clear written instructions to follow. People who live at the home are involved in deciding what these instructions are. People are supported to receive their medications safely, which promotes their health

### **EVIDENCE:**

Each person who lives at the home has an individual plan of care. We looked at these and found that the person's needs had been clearly written by a senior nurse as well as their wishes and the care that they needed. Other records looked at showed that staff are following these instructions. This means that the people who live at the home are receiving the same care from everyone. The people who live at the home and their relatives are consulted about the care that is recorded in the plan. The plans also included up to date risk assessment records. These records are used to identify any weaknesses in

the person's health and gave instructions on how to stop any deterioration happening.

The plans were easy to read; up to date and easy to follow which is a significant improvement. The plans also include a front sheet, which contains a quick reference guide to the person's personal details such as emergency phone number and an up to date photograph of the person for identification purpose. This reduces the risk of a new member of staff delivering the wrong care to the wrong person.

Records also showed us that the staff at the home involve other health care professionals such as G.P.s, specialist nurses, dieticians, chiropodists etc in the care received by people who live at the home.

Six people were spoken with who all had a good opinion on the care that they received and the staffs' ability to be kind and caring.

We also looked at surveys from other people who live at the home and their relatives. They also had good opinions. Quotes from discussions and surveys have been included in the summary section at the front of the report.

During the visit one person had become distressed, as they couldn't remember the instructions that their G.P. had recently given about their care. The deputy manager reassured the person but quickly realised that this was not enough and arranged for the person to discuss her concerns over the phone with her G.P. This reflects good practise and shows that the staff involve the people at the home in all decisions regarding their health.

The records we looked at also showed that some people require specialised equipment to reduce the risk of their health deteriorating. We looked at people's bedrooms, which showed that this equipment was in place and was functioning correctly.

Records at the home also showed us that staff have the skills and the knowledge to care for wounds properly and to promote healing. The manager has recently purchased a digital camera so that wounds can be photographed as a way of keeping records to show any improvement or deterioration.

The manager has also introduced a primary nurse and a key worker system. This means that each person will be allocated to a qualified nurse and a carer as their link person in the home. Each of these staff members will be given specific tasks to enable the person to be well and healthy. This is an improvement to the service.

We looked around the home and found some people were in bed because of their health needs. These people appeared clean and comfortable and

attention had been paid to their nails and hair as well as their mouths. This is important as it shows that the staff are trying to promote their comfort and dignity.

One person revealed that he had a bath from two staff that morning but hadn't felt embarrassed as the staff had been "so nice" to him. We saw staff knocking on people's doors before entering. Everyone we saw during the visit appeared clean and were dressed nicely.

We looked at how the home manages medicines. Staff told us that people can be responsible for managing their own medicines if they choose (with support from staff). One person is partially managing their own medicines and staff check to ensure they are taking it correctly.

Medication storage was looked at and this was found to be safe and well organised. Staff take temperatures of the medication fridge and the room that it is stored in to make sure that the medicines are being stored at the correct temperature. We looked at medication records which showed that the home keep a very clear record of all medications ordered, what they receive from the pharmacy, when and how its is taken, who administered it and if it was disposed of. This is a significant improvement.

Medication administration records were also looked at. These have been improved so that each person has a separate sheet with their photo and a list of the side effects of any medicines they are taking. The photographs reduce the risk of a nurse making a mistake. This is an improvement.

The records also showed us that the deputy manager undertakes simple audits by counting tablets to make sure that the people who live at the home are receiving their medication as they should. We looked at antibiotics that had been prescribed for one person. We counted the tablets that were left and this showed that one dose had not been given. The deputy manager explained the steps that she would take to investigate and rectify this matter.

## 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.

People who live at the home are encouraged to take part in activities that they enjoy. Staff understand that people have different cultural beliefs and are able to support their wishes.

People enjoy a range of home cooked food and are given a choice of what they would like to eat.

### EVIDENCE:

We looked at records, which showed that a variety of activities are offered inside and outside the home either in small groups or individually. People told us that they know what's going on in the home as information about forthcoming events is displayed in a prominent position. We met with the activities organiser who is enthusiastic and inventive in the activities that are offered. We saw that some people are supported to undertake individual activities. For example one person is supported to purchase plants and to tend a small area of garden. Other people benefit from going out shopping. The activities organiser told us that a small group of people recently enjoyed a dinner dance at a local restaurant. We saw photographs of them enjoying

themselves. The deputy manager explained that the manager was looking at arranging a large group activity for those people who wanted to go.

People told us that they believe that they are offered enough activities and that there is always something going on for them to take part in if they choose. One person who stays at the home does not take part in activities, as they are much younger than the other people who live at the home. The deputy manager discussed this with us. The management of the home have realised that they are unable to meet this persons needs and are exploring all avenues with outside services such as social services to ensure that this persons needs are met. We know this because the manger informs us every time something new happens.

One person told us that they have been supported and encouraged to develop a crochet club and has taught other people how to do this craft.

The deputy manager and the activities organiser told us that a local church visits the home every Tuesday morning and although catholic ministers undertake this, all denominations are welcome. A small service is held in the lounge but visits can be received in private if people prefer.

We looked at the visitor's book and this showed that the people who live at the home are supported to go out with their family and friends if they choose and friends and family are welcomed at the home.

One relative who visits the home daily confirmed this. The home has an open visiting policy which means people can visit when they choose.

We sat in the dining room when some of the people who live at the home were having lunch. A lounge has been changed into a second dining room as it is much more spacious than the previous room that was used. This is an improvement. The atmosphere was relaxed and people were complimentary about the food that was served. Seven surveys were received from people who live at the home. All said they "always" "enjoy the food. Staff were supporting people in the right way and people were provided with tabards and specialised cutlery, beakers and plates so that they could enjoy their meal without staff helping them. This is good practise as it helps people to be independent.

The tables in the dining rooms were nicely set and overall presentation gave the impression that this was a nice place to sit and eat.

We met with the chef. He explained that staff ask the people who live at the home what they would like to eat before the meal takes place. Records were looked at which showed this is common practice. People confirmed that they are always offered choice and if they want something else staff are obliging and try hard to please.

People who have difficulty swallowing or chewing are provided with a soft meal. This is served on a plate with divided sections so that people benefit

from the different tastes, as they would be unable to benefit from different textures, as food that has a crunchy texture would be difficult to swallow. This is an improvement.

We saw that the daily menu is displayed on a notice board for people to see near the dining room. We looked at the menus and saw that the main meal is served at lunchtime with afternoon tea being served every afternoon and a light dinner in the evening. The meals offered appeared nutritious which helps to promote people's health and welfare.

One person who lives at the home has chosen not to eat certain foods for cultural reasons and staff support this wish. The deputy manager explained that staff have access to written information on how to support people with their cultural beliefs including wishes following death.

## Complaints and Protection

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

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

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

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

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

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

People are confident that the manager will listen and act on any concerns that they have. Staff have the skills and knowledge to protect vulnerable people who live at the home from abuse.

### **EVIDENCE:**

We looked at records of any complaints that have been made since the last time we inspected the service. These showed that the manager has a good understanding of how to reassure people and keeps people informed of what he intends to do plus the outcome of any investigations into their complaint. This is done within the timescales set in the home's own complaints procedure.

A copy of the procedure was displayed in a prominent position within the home. The surveys received from people who live at the home and everyone spoken with agreed that they knew who to complain to. One relative told us that "the new manager is on the ball- you only have to ask and it's done". No complaints have been made to the Commission about the service since the last time we inspected the home.

We know about recent events that have proved that the manager understands how to protect people's rights and keep people safe from abuse. The manager has also shown us that he understands the correct procedures to follow if he suspects abuse has occurred.

We looked at staff training files, which showed that staff have taken part in training from the local council on how to protect people from abuse. Senior staff in the home have also taken part in training on how to raise alerts.

The home has a copy of the local councils guidelines and procedures on how to protect vulnerable people. Staff have also signed statement to say that they have read and understood the homes own prevention of abuse policy and whistle blowing policy which reflects good practise and shows that staff have been given the knowledge on how to keep people safe who live in the home.

# Environment

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

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

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

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

19,26

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

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

People live in a warm, safe, clean home, which the owner continues to develop for their benefit.

### EVIDENCE:

We looked at all the communal lounges and dining rooms in the home and also looked at some of the bedrooms. We also looked at all the bathrooms and toilets and the kitchen.

We found that everywhere looked clean and tidy and that the home presented as a pleasant place to stay.

We also looked at the kitchen which has been fitted with industrial style units since the last visit and the tiling has been redecorated also, which are both big improvements.

The use of two rooms have been swapped over so that people benefit from a bigger dining room and a cosier lounge. New armchairs have been purchased for the lounge.

All the surveys received from the people who live at the home stated that it is "always" clean and fresh.

We looked at duty rotas and these showed that domestic staff are available every day in the home as well as laundry staff who wash and care for peoples clothes.

We looked at some bedrooms. These were decorated to a good standard and contained personal items that belonged to the occupier and helped to give a homely feel. We saw that one bedroom was being converted so that it contained an ensuite toilet and wash hand basin.

Bathrooms were also viewed and these were found to be clean, warm and tidy.

All of these as well as toilets and sluice rooms contained paper towels and liquid soap which means staff have the right hand washing facilities to try to reduce the spread of infection. When we looked at staff training files we found that staff have had training on how to reduce the risk of infection occurring and kitchen staff have had training on how to carry out food hygiene which also reduces the risk of infection occurring and helps promote peoples health and welfare.

We looked in storage cupboards and found that staff have supplies of disposable gloves and aprons and we saw them using them when they were when assisting people with personal care. This also reduces the risk of staff spreading infection from person to person.

## 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.

Numbers of staff are supplied according to the amount of help people need. People receive care and support from staff that they like who have the skills to care for them well.

Robust recruitment procedures exist so that people are receiving care and support from staff that they can trust

### **EVIDENCE:**

We looked at off duties that showed how many staff were on duty in the home during the day time and the night time. This showed that recently staffing levels have been increased in the morning due to changes in people's needs, which meant that people needed more help.

Minutes of a recent meeting were also looked at. This showed that some people who live at the home and their relatives had concerns that some people were going to bed later than they wished. They believed that staff were too busy to help them during this time. Management of the home have responded to this by introducing a twilight shift so that more staff are available to help people to bed. This reflects good practise as it shows the manager is listening to the views of the people who live in the home and acting on them.

Surveys were received from the people who lived at the home which stated there were "always" and "usually" enough staff to help them. The surveys also stated that staff "always" listened and acted on what they asked.

The deputy manager and the home owner confirmed that staffing levels are calculated using a tool that works out the number of staff hours needed depending on the amount of help and nursing care people need, rather than setting staffing levels according to the number of people who live in the home. This is good practise.

The home employs 19 care staff who work alongside the qualified nurses. 14 of the 19 care staff have attained national vocational qualifications in care. This is greater than the expected national minimum standard of 50%. This means that this group of staff have the skills and knowledge to provide care and support to the people who live in the home. The deputy manager explained that plans are being introduced for her to undertake a national vocational qualification in management, which is good practise and shows a willingness by the owner of the home to develop the staff team.

The organisation Flightcares which owns the home has employed an experienced training officer who undertakes all essential training and some specialist training for the staff at the home. We looked at staff surveys which commented that the training received had been of a good standard and that they had found it useful. Staff also commented that they had found the induction training provided by the training officer to be very useful.

We viewed staff files, which showed that all staff are up to date with essential training to promote peoples health and welfare. Examples of essential training are Lifting and handling people, fire safety, Abuse awareness and what to do if you suspect it has occurred, Food hygiene (how to manage food safely). Other topics include how to control infection and prevent it from spreading and awareness and insight into dementia.

We saw that nursing staff have also undertaken further specialist training to enable them to keep up to date with current nursing practices. This is important as it means the people at the home will be receiving up to date care. Training in general was found to be much more organised and structured than in previous visits. The owner of the home explained that a training matrix is held in head office and regularly checked. This means that staff can check to see when a staff members training is due to expire and reorganise refresher training. This helps keep staff up to date, which in turn promotes peoples health and welfare.

We looked at how the home recruits new staff. Records showed us and the surveys said that all new staff undertake an induction. These records were looked at in the staff files. Nursing staff receive an induction to the home. This covers its policies, procedures and care of the people who live there. Care staff

receive a full induction in line with government guidelines. This means that they are given a basic understanding of the importance of promoting a person's privacy and dignity, offering choice and supporting people to achieve those choices and promoting independence. These values are important to ensure people live a quality lifestyle.

We also saw that the staff files contained information, which showed that the home had carried out necessary checks to ensure that the new staff member was of suitable character and personality to work with vulnerable people. The staff files also showed that no one is employed without checking whether they have a criminal conviction first. This helps to keep the people who live in the home safe.

## Management and Administration

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

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

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

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

31,33,35,38

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

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

Peoples opinion is listened to and acted. The home is managed safely and is a safe place for people to live.

### EVIDENCE:

The manager is new to the home and is not yet registered with the commission to manage the service. However we know that he has applied for this position and checks are being carried out on his suitability for the role. The owner has already carried out these checks before he employed him. The checks include; references from past employment and a criminal records bureau check.

We looked at his staff file. This showed that he had extensive experience as a qualified nurse as well as 12 years experience of managing care homes. People spoken with made positive comments about the managers ability to manage and some appreciated that he still provides hand on care as well as carrying out administrative duties.

The home also employs a deputy manager who manages the home in the manager's absence. Staff told us that both of these staff members provide on call support for the nurses who work at the home. We saw that nursing staff have been provided with a clear list of events, which the manager wants to be informed of, if they occur when he is absent from the home.

We know that the manager informs the commission of any events that affect the health and welfare of any of the people who live at the home as required by law. The manager also provides details of what action he has taken to investigate and rectify any concerns.

Other managers from homes within the group visit the home to carry out audits to ensure that standards are maintained. People told us and we looked at records of meetings which showed that meetings are held with the people who live at the home and their relatives. They are encouraged to tell staff what they think of the home and whether they would like to see any changes happening.

The organisation also ensures that surveys are sent out once a year to the people who live at the home as another way of monitoring standards and gaining their opinion.

Senior staff at the home support some people to manage their money. We saw records, which showed that all money is held in a separate bank account for the people who live at the home. Clear records were looked at which showed that an audit trail exists for each transaction. This means that it is easy to track who spent what money on which day and for what purpose. These records are also audited as part of the monthly managers audit visit.

A variety of records and contracts, which relate to the maintenance of the building and its contents were viewed. This included tests on monitoring water temperatures, electrical appliance safety checks, Fire fighting equipment and gas and electrical supply safety certificates. All the certificates that we looked at were current and all records were up to date. We saw that the building is equipped to detect and fight fire and all staff have received fire training. An up to date fire risk assessment is in place, which identifies high-risk areas where fire could occur. Steps have been taken to reduce these risks.

We saw that staff keep a record of any accidents that occur in the home. These records were looked at and were found to be clear and detailed. The manager gathers the information from these records on a monthly basis to identify

whether there is a pattern .e.g are people falling at the same time of day etc.  
This reflects good practise.

# 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>	X
<b>2</b>	X
<b>3</b>	3
<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>	2
<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>	3
<b>17</b>	X
<b>18</b>	3

<b>ENVIRONMENT</b>	
<b>Standard No</b>	<b>Score</b>
<b>19</b>	3
<b>20</b>	X
<b>21</b>	X
<b>22</b>	X
<b>23</b>	X
<b>24</b>	X
<b>25</b>	X
<b>26</b>	3

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

<b>MANAGEMENT AND ADMINISTRATION</b>	
<b>Standard No</b>	<b>Score</b>
<b>31</b>	3
<b>32</b>	X
<b>33</b>	3
<b>34</b>	X
<b>35</b>	3
<b>36</b>	X
<b>37</b>	X
<b>38</b>	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	OP9	13.2	Action must be taken to make sure that nursing staff are giving medication as prescribed and not just signing records to show it has been given when this hasn't happened. Not giving medication correctly can impact greatly on people's health and welfare.	29/02/08

### RECOMMENDATIONS

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

No.	Refer to Standard	Good Practice Recommendations
1	OP8	Staff should carry out their intention to photograph any wounds that occur and gain peoples permission before this happens. This will ensure that staff have a clear record of whether a wound is improving or not.

## **Commission for Social Care Inspection**

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