



Making Social Care  
Better for People

# inspection report

## CARE HOMES FOR OLDER PEOPLE

### Orchard Residential Care Home

**St Mary's Road  
Huyton  
Liverpool  
L36 5UY**

*Lead Inspector*  
Mrs Joanne Revie

*Unannounced Inspection*  
23<sup>rd</sup> April 2008      9:00

The Commission for Social Care Inspection aims to:

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

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# SERVICE INFORMATION

**Name of service** Orchard Residential Care Home

**Address** St Mary's Road  
Huyton  
Liverpool  
L36 5UY

**Telephone number** 0151 480 6056

**Fax number** 0151 480 6056

**Email address** admin@flightcare.co.uk

**Provider Web address**

**Name of registered provider(s)/company (if applicable)** Flightcare Limited

**Name of registered manager (if applicable)** Miss Caroline Moore

**Type of registration** Care Home

**No. of places registered (if applicable)** 26

**Category(ies) of registration, with number of places** Dementia (26)

# SERVICE INFORMATION

## Conditions of registration:

1. The registered person may provide the following categories of service only:

Care home only - Code PC

To people of the following gender:

Either:

Whose primary care needs on admission to the home are within the following categories:

Dementia - Code DE

The maximum number of people who can be accommodated is: 26

**Date of last inspection**      22/07/07

## Brief Description of the Service:

The Orchards residential home provides personal care to 26 older people who have dementia. The home has two communal lounges and two separate dining rooms. A therapy room has also been provided to enable people to relax with staff support should they become upset or agitated.

A separate enclosed garden is accessible at the front of the home.

The home is closed to Huyton village so is in easy reach of local transport links.

# 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**

The visit was unannounced and lasted 8 hours. Prior to the visit taking place the manager was asked to complete a document called an AQAA. This document provides information on the services strengths and weaknesses and any future plans to develop the home.

The AQAA gave us ( the commission) lots of information and showed us that the manager is familiarising her self with her new role and the legislation that governs care homes.

Surveys were sent out to relatives of the people who live at the home. Six of these were returned. They all reflected positively on the staff's ability to provide care and support to the people who live there.

We spent time looking at records which showed us the care and support that people need and receive and how the management of the Orchards ensure that the home is a safe place to live and work.

We also looked at the records that the home keeps about the staff team. These showed us how staff were recruited, what training they have had and how many staff are on duty.

We had discussions with six members of staff and the manager, two relatives and three people who live at the home. Comments from the discussions held have been included in the summary section of the report.

The cost of living at the home is £419.64 per week.

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

We found that the manager makes sure that all new people who are moving into the home have a thorough assessment. This is a meeting, which takes place between senior staff from the home and people (and their relatives) who are interested in moving in. People can discuss their needs and their expectations and staff gather information so that they can prepare for the persons needs and make sure that staff have the information so that support is given how people would like it. In return the manager provides information about the home.

Efforts have been made to provide any written information in different size type (for people who have sight problems) and simpler paragraphs (for people with memory problems). This is good practice as it is an attempt to make sure that everybody feels included in this process.

We found that people and their relatives were very pleased with the care and support that is given by the staff.

People told us " I wouldn't want my (persons name) to live anywhere else"

And " Despite the fact that my (persons name) cant communicate they seem to know his every need.

We found that staff are quick to respond to changes in a persons needs and will contact outside professionals (Doctors, consultants etc) for advice when these changes occur. Relatives told us " I never worry- the care is excellent" and " I have absolute confidence in the ability of the staff team to care for my (persons name)"

We found that people like the food that they are offered and that the staff at the home believes it is of good quality also. Efforts are made to cater for individual choices and people are supported to change their mind about the food they have chosen if they wish. People told us " I like the food – its very tasty" and " we get plenty- in fact too much a lot of the time".

We found that the manager and staff team are good at consulting with people. This includes what activities people would like to see happening, whether they are happy with how the home looks, and any new policies and procedures. This is good practice as it helps people feel involved.

We found that there is a culture of openness which means that people feel able to raise any concerns and are confident that these will be addressed.

The staff team is stable and a number of them have worked at the home for some time. This means that people are more likely to receive care and support from people that they know.

Relatives told us that they feel involved in the home and that staff inform them of any changes that take place in their relatives needs or support.

Staff have the skills and knowledge to protect people from abuse and are reminded regularly of how to do this. This is important, as some of the people who live in the home are very vulnerable.

The home presents as a comfortable, clean place to live. Efforts have been made to decorate it in a tasteful and modern way and the addition of ornaments and pictures adds to the overall feel of comfort.

Health and safety is managed well which means that people are living in a safe environment and the risk of the health and welfare being affected is reduced.

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

The manager has become registered with the commission since the last visit. This means that we have undertaken checks and we have found that she is suitable for the role. Staff told us that " she works really hard" and we found this to be true. Record keeping for both the people who live in the home and the staff team has improved greatly.

In particular, staff have worked very hard to make sure that each person has a plan of care and support which is detailed and includes information on how they would like to be cared for. With permission staff have accessed peoples medical records from their G.P. so that staff have a full medical history to base the plan on. Staff have also started to carry out quick monthly mental health tests with people so that they can assess whether peoples mental health needs are deteriorating or improving. This is very good practise.

The manager checks that these records are regularly updated so that staff have access to up to date instructions on how to care for some one at all times. The manager is also checking that medicines are being managed safely by staff and takes action if she finds any discrepancies. This is good practise

The home has a light therapy room. Staff told us that this is used with staff support when someone becomes upset and distressed. Staff told us that" it works better than medications- we hate it when they're put on medications". This shows that staff have the right attitude towards caring for someone with mental health problems and it suggests that people are only given the medication that they absolutely need. This is good practise.

Staff are carrying" alerter cards". These are cards that have been produced by the local council, which tells the reader what to do if they suspect abuse has occurred. This is good practise as it keeps this topic in the forefront of staffs minds so reminds staff of their responsibility if they suspect that abuse of some sort has taken place.

The environment of the home continues to improve. Five bedrooms have ensuite toilets and washbasins added and bathrooms are to be redecorated in the near future. New dining room tables and a wide screen plasma TV have also been ordered for people's enjoyment.

Staff have received a variety of training since the last visit which has focused on peoples individual health needs. For example training has been given on heart conditions and arthritis. All training sessions are delivered at three different times during the day so that all staff are given the opportunity to attend. This is good practise.

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

We identified some areas of good practise that the home could consider developing. One of these ideas was to include using photographs of the home and sample menus when visiting new people. This would mean that people would be given a "flavour" of what the home was like if they were unable to visit.

Relatives feel they can raise concerns to anyone at any time. Therefore written complaints are rarely made and most concerns are discussed face to face. Consideration should be given to recording these concerns. This would help the manager to identify if the same concerns were being raised more than once so that action could be taken. This could help to provide a better quality of life for people who live at the home.

Each person who lives in the home has been allocated a named member of staff known as a "key worker" and this is good practice. However this role could be extended so that these staff are encouraged to spend meaningful time with people rather than concentrating on performing tasks. For example time could be spent chatting to people about their life before they moved into the home. This would help strengthen meaningful relationships between staff and the people who live at the home.

Staff should ensure that the temperature of the room where medicines are stored is checked each day. Many medications can be affected and not work in the right way if they are stored at a temperature which is greater than 25 degrees Celsius.

Senior staff who give out medications have received training on how to do this but this training should be repeated every year to remind them of the correct procedure and to keep them up to date.

People who live at the home benefit from weekly visits from a hairdresser. Their enjoyment of this could be improved by ensuring a room is made available on the day, which the hairdresser can use.

Although we found that the home was clean we did have some concerns about hand washing facilities for staff. These were in place in some areas but were inadequate in others. This must be addressed as the risk of infection spreading could impact on the health and welfare of the people who live in the home.

Although staff have had a lot of training in recent months further training should be given around the recent changes in the Mental Health Capacity Act and how to meet peoples equality and diversity needs. This would enable staff to understand why they need to give each person individualised care and support.

The manager is keeping clear records of all financial transactions for those people who have their money managed by her. This could be improved to

include two signatures in all transactions. This would help to safeguard people further.

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

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

# **DETAILS OF INSPECTOR FINDINGS**

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Choice of Home (Standards 1-6)

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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

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

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

People receive enough information to make a decision about whether the home is the right place for them to live.

## **EVIDENCE:**

We looked at the surveys that people had sent us and we also looked at peoples care records. We discussed the information that people are provided with, with a senior carer and the manager.

The relatives who had completed the surveys told us that they believed that they had been provided with enough information to make a choice about whether the Orchards was a suitable place for their relative to live.

We saw that senior staff from the home meet with the person who is interested in moving in with their families. The manager told us that during this meeting

people are provided with a document called a "service user guide". This guide provides an overview of the key policies within the home so can inform people of what to expect. The manager told us that this guide has now been reproduced in different colour paragraphs and large print. This may help people who are visually impaired or who have memory problems to digest the information. The manager also told us that more often than not families viewed the home on behalf of the person who is considering moving in as often people are ill in hospital when the decision is made.

We saw that staff complete paperwork known as "assessment records". These records showed us that staff gather as much information as possible during the meeting about the persons needs as well as their usual daily routines and their likes and dislikes. This is very good practise and enables the staff at the home to prepare for a new person moving into the home and to make the transition as smooth as possible. We discussed the possibility of providing people with photographs of different aspects of the home and a copy of a sample menu. This would give people extra information about what the home was like especially if they are unable to visit before they move in.

## Health and Personal Care

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

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

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

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

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

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

People have individual well-written plans, which show that staff are closely monitoring their health needs.

Medications are managed safely and people receive these as they are prescribed to be taken.

Staff try hard to promote peoples privacy and dignity but some action needs to be taken to promote this further.

### **EVIDENCE:**

We looked at three care plans. These are records, which are used to give staff instructions about the care, and support that each person needs and how they would like to receive this support.

We saw that staff have worked hard to develop the plans and that they contained a lot more detail than in the past. The manager explained that

through agreement she had been able to access each persons past medical history from their GP. This information had been researched and clear instructions included in the plan for staff to follow to reduce the risk of ill health reoccurring. This is very good practise and is above the national minimum standard recommended.

We found that the plans were organised and indexed so that staff could quickly find any information that they needed. We saw that the plans had been based on the information that had been gathered during the assessment meeting and that details such as the time the person usually went to bed and got up in the morning had been included. We saw that people or their representatives had signed the plan to say that they agreed with the care and support being offered. This shows that people are involved in their care, which can help them feel empowered.

A relative told us that they knew of the plans existence, as did someone who was, living in the home. The manager explained that staff sit down and discuss the plans with the people who live at the home and their relatives every six months.

We also saw that staff check the plans once a month to make sure that they are up to date. This means that staff have access to up to date instructions about the care and support that each person needs.

The manager explained that staff had recently introduced mini mental health assessments. This is a quick exercise which takes place with each person to assess whether their mental health needs have changed or not. The manager felt that improvements in mental health state help to remind the staff that people were capable of making choices, which could affect their lives rather than staff making these choices for them. This is good practise and is above the national minimum standard recommended.

We also found that the plans contained a variety of risk assessments, which identified whether peoples health was at risk of deterioration and what to do to try to prevent this deterioration occurring. Examples of these risk assessments included the risk of someone falling, of developing pressure sores or developing malnutrition through not eating correctly. This is good practise.

We saw that staff keep records of all visits by health care professionals such as G.P.S, chiropodist, specialist nurses, Dentists and Opticians. The records also showed us that staff are quick to seek advice if anyone's heath needs change.

The manager and a senior carer commented that this was true and that staff always informed them of the slightest change in someone's needs. During this visit no one in the home had a wound or a pressure sore. Staff told us that district nurses from the community visit the home when these needs occur.

The surveys that we received all stated that they believed that the staff team were able to care for their relatives well. Two relatives told us that they believed this to be true during our visit. Two people who live at the home agreed that they were well cared for. Throughout the visit we saw staff offering appropriate support and care to people.

The manager explained that each person has a key worker. This is a member of staff who familiarises themselves with a particular person's needs and wishes as well as meeting with their relatives. The manager explained that key workers had been chosen according to which people responded to them best. This is very good practise.

A senior carer confirmed this and told us that Key workers are responsible for ensuring that people received all their personal care as they would choose and senior staff within the home monitor this. We saw that key workers are keeping records to reflect this and would suggest that this role is developed further to encourage them to spend quality time with people rather than focusing on completion of tasks. For example the manager told us that one key worker brings in a magazine on fishing and discusses it with someone who she is responsible for being the key worker for. This practise should be encouraged so that other key workers are encouraged to spend meaningful time with people.

We looked at how the home manages medications. We found that a designated room has been made available since the last visit to store all medication. We found this to be tidy and organised with correct cupboard storage. Records showed us the manager carries out monthly audits to ensure that staff are managing people's medication correctly. Records also showed us that staff are signing whenever they administer medication and attention has been paid to which medications need to be given before, or with, or after food. This is good practise.

When we looked at staff files we saw that senior staff that give out medications have received training on this subject. We would suggest that this training is assessed yearly and competency tests undertaken to ensure staff are still administering medication safely. We saw that staff are keeping clear records of when and how much medication is received and whether it is taken by people or no longer needed and therefore disposed of. This means that a clear audit trail is available for each medication, which comes into the home. Since the last visit staff are photocopying any prescriptions that are received so that they have a record to check any discrepancies that may occur. This is good practise.

The staff are monitoring the temperature of the medication fridge daily to ensure that medication is being stored at the correct temperature. This should also be carried out on the room temperature to ensure that this does not exceed 25 degrees Celsius, which could affect whether medications work as they are supposed to or not.

We spoke to people about whether they trusted the staff to promote their dignity and privacy. They told us that they did and someone one told us" I never feel embarrassed". We saw that staff had supported people to look and dress nicely and that bathroom and toilet doors had overriding locks on them to enable people to have privacy if they choose.

However the hairdresser was visiting the home when we were there and was attending to people's hair in the hallway of the home. This could embarrass some people by making them feel exposed. This was discussed with the manager who agreed that a more suitable room could be found.

## 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 are offered the option of taking part in activities and are supported to meet their spiritual needs.

Visitors feel welcomed by the home and families are involved in the care and support offered.

People are offered a choice of home cooked nutritional food.

### **EVIDENCE:**

We looked at records, which showed us what activities had been offered to people who live at the home. We saw that a weekly planner had been completed and was on view in a prominent position so that people could see what activities were happening that day.

The records showed us that a daily activity is offered every week day. Since we last visited, the home has employed an activities organiser. This person was

unable to work due to health reasons on the day that we visited but she came in to chat with people. The manager explained that she would be able to undertake her duties again soon and that she had visited people regularly through out her absence as she was frightened people would forget who she was. This shows commitment and understanding to the people who live at the home. A relative and some one who lives at the home spoke highly of her ability and the imagination she used to organise activities.

We saw minutes of a recent relatives and residents meeting and saw that people had been consulted about how they wished to spend their time. We also saw that this information had been included in the assessment meeting before people had moved into the home. Relatives told us via surveys that they felt welcomed by the staff and that they felt involved in their relatives care and support.

During our visit we saw that staff supported people to have a sing along and to carry out chair exercises. We had a discussion with the manager and a senior carer who explained that a widescreen TV had been purchased for the wall in one of the lounges. Staff are hoping to purchase a Nintendo wii games console so that people could be supported to undertake interactive sports. This is very good practise and shows that the staff team continue to explore ways for people to lead fulfilling lives.

Staff told us that people were free to go out with relatives/friends whenever they chose. Two people told us that they enjoyed walking around the garden on a daily basis to feed the birds. The home has a secure small garden area, which people can access with staff support. Two people told us that they thought it was too cold to go out on any trips just yet. The manager told us that people had told her this also and that plans were being developed to organise groups outings in the near future. We saw that this was discussed as part of the residents and relatives meeting. The manager also explained that people would often accompany staff for a car journey when they have to run errands.

When we read peoples care plans we saw that one person is supported to go to church every Sunday. The manager explained that three people are supported to do this and that a person from the local church comes to the home every month to give communion. Another visitor from another church also provides this service.

The manager explained that there are no restrictions on visiting however visitors are reminded of when mealtimes are as some people become distracted and will not eat if they receive visitors.

We watched the mealtime and found that it was unhurried and relaxed with staff providing people with support. Some people were using specialised aids to

enable them to eat on their own which is good practise as it promotes their independence.

We saw records that showed that staff ask people each morning what they would like to eat that day. We also heard staff checking with people before the meal started that they still wanted the choice that they had made earlier and that they hadn't changed their mind. This is good practice.

We met with the cook who explained that everyone receives the same choice of menu but certain things are adapted to meet peoples health needs. For example people who are suffering from diabetes are offered the same desserts as others however the diabetic desert will be made with artificial sweetener rather than sugar.

The cook told us that she believed she was provided with "very good quality" ingredients to cook with and that she could prepare whatever people wanted.

We viewed the menus and saw that ranges of home cooked meals are offered. People told us that they enjoyed the food. We saw people eating snacks such as biscuits and cakes outside of the time when they had been offered to everyone as a whole. This shows that staff will willingly provide food to people if they say they are hungry. During the visit we saw that people were eating a three-course lunch, which started with soup followed by a roast dinner and then a homemade dessert. The care records we looked at showed that each person's nutritional needs had been considered and that people were being weighed monthly so that staff could take action if any fluctuations occurred.

# 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.

People trust staff to listen to and act on their concerns. Staff have the skills and knowledge to protect people from abuse.

## **EVIDENCE:**

We looked at records that showed us how the manager handles complaints and we discussed these with her. We talked to two relatives also and we saw that a large print copy of the homes complaints procedure is clearly displayed in a prominent position. The surveys told us that people feel that they had no need to make a " formal" complaint and that if they had any concerns they simply spoke to the staff who addressed things right away. The discussions we had with relatives also reflected this. No written complaints have been made to the home since the last inspection. One anonymous complaint has been made to CSCI. This was investigated and was unfounded.

The manager agreed that staff resolve any concerns quickly and told us that she was not making a record of these concerns. We discussed the need to keep a record of any verbal complaints with details of the date that the concern was raised and addressed, what was done to address it and any outcome. The implementation of recording verbal complaints would help to show that the home deals with complaints within the timescale set out in the complaints procedure. This would reflect good practice.

We saw that the home has a copy of the local guidelines on how to protect people from abuse. We saw that staff carry alert cards, which provide the reader with information on what to do if they suspect abuse has occurred. We looked at minutes of a relatives and residents meeting which showed that these groups have also been informed of these cards and that they had been reminded of the homes complaints procedures and how to complain.

We looked at staff training records, which showed that staff had received training from an external training company on how to protect people from abuse. We saw that plans have been arranged for this training to be refreshed in the very near future. This is good practice.

## 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 **adequate**.

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

People live in a comfortable well maintained home and are encouraged to make their bedrooms their own.

The risk of infection spreading is not managed as well as it could be and needs to be addressed.

### EVIDENCE:

We walked around the home and looked at the décor and quality of furniture and furnishings. We saw that the home is very clean and has been decorated to a good standard in a homely way. Attention has been paid to light fittings, fixtures and ornaments so that the home appears comfortable.

Since we visited last five bedrooms have had ensuite toilets and wash basins fitted. We looked at seven bedrooms and found each one to be different in décor. All were clean and furnished to a good standard. We saw that people had been encouraged to furnish their room with their personal belongings so that it felt like their own.

Some bedroom doors had nameplates on them. We talked to the manager and a senior carer about exploring the use of memory boxes for some of the people who live at the home as these can help people identify which room belongs to them. We saw that toilet and bathroom doors have been painted a different colour to other room doors so that when closed these rooms are recognised easily.

We read that this had helped one person avoid continence problems, as they were able to reach the bathroom easily. This is good practise. We discussed researching other visual and memory aids with the manager so that the environment helps people orientate them selves with time and place. For example the introduction of a large faced clock could help some people remember the correct time of day.

We looked at bathrooms and toilets during the visit. The manager told us that new toilet roll holders had been ordered which would be easier for people to use who had dexterity problems and that a request had been made for all of these areas to be redecorated. We saw that in particular the ground floor toilet was in need of redecoration.

When walked around the building we started to look at how staff reduce the risk of infection spreading. We saw that the home is equipped with plastic disposable aprons and disposable gloves and we saw staff using these during our visit. We also saw that the home has sluice rooms which were well equipped to manage soiled products and that variety of bags are used and available to transport dirty linen.

We spoke with the laundry assistant who explained that staff do use these products and we saw that the machines in the laundry are equipped to wash clothes so that the risk of infection is reduced. When we looked at staff training records we saw that staff had undertaken training in reducing the risk of infection and staff confirmed this to be true during discussions. We noticed that hand washing facilities in some areas were fully equipped with liquid antibacterial soap and paper towels along with signs reminding people to wash their hands.

However we also saw that other sinks contained no soap or cakes of soap, which are known to harbour bacteria and therefore increase the risk of infection spreading.

The manager confirmed that she has received the NHS guidelines called "essential steps to hygiene". This document contains useful information about performing checks to make sure standards are maintained. This should be explored and steps taken to ensure the risk of infection spreading is reduced as this could pose a risk to the health and welfare of people who live in the home.

## 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.

People receive care and support from staff that they like. Staff are provided in sufficient numbers to provide this care and have a lot of the skills required to do this well.

### **EVIDENCE:**

We looked at staff personal files, which showed us how they had been recruited, the and training that they had received to do their job. The manager has worked hard to organise these files since the last visit and to make sure that the home has all the necessary information on each staff member. We found that the home undertakes a series of checks to make sure any applicants are suitable to work with vulnerable people.

We found that during our visit the atmosphere of the home was relaxed and that staff had time to spend with people. We saw that staffing levels vary from time to time according to what is going on in the home but that generally five staff are available during the day time and three staff at night. A senior carer is in charge of each shift and the manager is available five days a week.

Staff told us that they would contact the manager if they had any concerns about any of the people who live in the home and the manager confirmed that this was true.

The organisation which owns the home (flight care) employs a full time training officer. During our visit she was delivering training to the staff in the lecture room. Staff explained that whatever subject was being taught this topic would be offered at three times during the day so that all staff would be given the opportunity to attend. This is very good practise and takes into account staffs shift pattern.

When we looked at staff files we saw that staff had undertaken training in dementia care, diabetes, heart conditions, Oral care, moving and handling, fire safety, managing challenging behaviour, and Stoma care. This is an improvement on previous visits to the service.

Some subjects still need to be covered to enable staff to have all the skills to provide care and support to the people who live in the home. Changes have occurred in recent months in the Mental Health Capacity Act and although the manager has undertaken this training this should also be delivered to the staff team. In recent years, trends in the provision of social care have placed a greater emphasis on meeting people's equality and diversity needs and this topic should also be covered.

When we looked at the staff files of the chef employed at the home we found that they had completed a food hygiene course. However good practise would suggest that a more in-depth advanced food hygiene course may be more suitable for someone with this responsibility.

Staff told us that they enjoyed their job and were happy working at the home. They believed that they had been given enough training to do their role and that the quality of training offered was very good and was interesting.

A new staff member described their induction to their job and believed that the staff team had supported them during this time. The training officer runs six weekly training courses for all new staff so that they have the necessary skills and knowledge to provide care and to support people in the right way.

We had a discussion with the manager and viewed records, which showed that 50% of the staff team have achieved NVQ awards in care. Domestic and kitchen staff, have also achieved NVQ s, which is good, practise. The remaining care staff are either waiting to hear whether they have passed the award or are in the process of completing it

.

## 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.

People live in a safe home that is well managed. They are consulted about what they would like to see happening at the home and the organisation listens to their opinion and acts on it. However the health and safety of Kitchen staff could be improved by ensuring someone is trained in First Aid.

## **EVIDENCE:**

We know that the manager of the home is now registered with the commission. This has happened since our last visit and means that we have carried out a series of checks to make sure that she is suitable for the role. We saw that the manager is carrying out her own checks on how the staff team perform. For example, monthly audits are occurring on the management of medications and people care plans. This means that the manager is ensuring that people are receiving their medication correctly and that staff are keeping up to date records about each persons care. We saw that the manager has spent a lot of time making sure that all records are kept up to date and staff confirmed this by saying " She's worked really hard".

We saw that regular meetings are being held with the people who live at the home and their relatives and that these meetings are used to consult with both groups about what is happening in the home and what they would like to see happening. We also saw that the manager is informing people about how we inspect the home, which is good practise.

During the visit we met with the responsible individual for the service who is the director of Flight care. He showed us the results of recent surveys, which reflected the home in a very positive light. He explained that surveys are sent to all relatives and to the people who live at the home once a year to gain their opinion. This year extra surveys have been given to each home to distribute to other visitors such as social workers and GPs. This is good practice. The responsible individual told us that quotes had been obtained to re paint the front of the building and to introduce flowerbeds to the lawn in the garden. These actions are taking place as a result of the surveys in which people said that they would like the entrance of the home to look brighter. This helps to show that the organisation listens to what people want.

We looked at how people are supported to manage their money. Records showed us that the manager is not appointee for anyone who lives in the home and in the majority of cases peoples' relatives support them to do this. However we saw that the manager is keeping clear detailed records for some people, which showed us how much money, had been received and what this money had been spent on. Receipts were available which tallied with the records. The manager signs the records whenever a transaction takes place. However this could be improved to include another signature. This would strengthen the procedure and help to ensure that people are safeguarded.

We looked at how the home manages Health and safety. When we looked at staff training records we saw that the majority of staff had undertaken training on subjects, which relate to promoting Health and safety. However when we looked at kitchen staff files we found that neither of the chefs had an up to date first aid certificate. This must be addressed to ensure that staff have the skills to deal with any emergency, which may arise in the kitchen.

We did have some concerns regarding how infection control was managed in the home as detailed in the Environment section of this report. However we didn't identify any other concerns during our visit. We looked at a number of certificates and contracts, which showed us that all equipment (including fire fighting) is regularly checked to ensure that it is working order. Current gas and electrical safety checks have been carried out and maintenance staff check all water temperatures every week to make sure that the risk of someone being scalded is reduced.

# 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	X

HEALTH AND PERSONAL CARE	
Standard No	Score
7	4
8	4
9	3
10	2
11	X

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

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

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

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	X
37	X
38	2

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.	OP26	13. - (3)	The manager must ensure that steps are taken to reduce the risk of infection spreading in the home as this could impact on the health and welfare of the people who live there.	01/06/08
2.	OP38	13. - (4) (c)	Kitchen staff must undertake training to achieve a recognised first aid qualification. This would enable staff to respond quickly in an emergency.	01/07/08

**RECOMMENDATIONS**

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

No.	Refer to Standard	Good Practice Recommendations
1	OP3	The manager should consider providing people who are interested in moving into the home with extra information such as photographs of different aspects of the home and a sample menu.

2.	OP8	Key workers should be encouraged to spend quality time with people rather than just focusing on completing personal care tasks. This could improve people quality of life.
3.	OP9	Staff should ensure that they monitor the temperature of the room that medication is stored in on a daily basis. This will help to ensure that medication is being stored at the correct temperature. Medication may not work correctly if it is not stored at the correct temperature, which could impact on people's health and welfare.
4.	OP9	Senior staff who manage medications should receive annual refresher training on this subject. This will help to ensure that staff are up to date and that medications continue to be managed safely within in the home.
5.	OP10	A room should be available for the hairdresser to use so that people can have their hair attended to in private. Supporting people to have their hair cut and styled in a communal area could impact on their privacy and dignity.
6.	OP16	The manager should ensure that all verbal complaints and concerns are recorded so that a record exists to show whether the home is following its own procedure and information is available showing how any concerns have been addressed.
7.	OP19	The manager should explore what aids are available for people with memory problems to help them orientate themselves to time and place. These should be used around the home as they could promote a better quality of life for some of the people who live there.
8.	OP30	Training on Equality and diversity and the recent changes in the Mental Health Capacity Act should be delivered to all staff. This would enable staff to have the necessary skills to provide the right care and support to the people who live in the home.
9.	OP35	The manager should ensure that two signatures are available for all transactions. This would help to safeguard people's finances further.

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