



Making Social Care  
Better for People

# inspection report

## CARE HOMES FOR OLDER PEOPLE

### Fairfield House

Charmouth Road  
Lyme Regis  
Dorset  
DT7 3HH

*Lead Inspector*  
Mrs Lesley Jones

*Unannounced Inspection*  
27<sup>th</sup> and 28th August 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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|---------------------------|---|
| Document Purpose          | Inspection Report   |
| Author                    | CSCI  |
| Audience                  | General Public  |
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# SERVICE INFORMATION

|   |   |
|---|---|
| <b>Name of service</b>  | Fairfield House                                     |
| <b>Address</b>  | Charmouth Road<br>Lyme Regis<br>Dorset<br>DT7 3HH   |
| <b>Telephone number</b>                                       | 01297 443513  |
| <b>Fax number</b>   |   |
| <b>Email address</b>  |   |
| <b>Provider Web address</b>                                   |   |
| <b>Name of registered provider(s)/company (if applicable)</b> | Fairfield House Healthcare Limited                  |
| <b>Name of registered manager (if applicable)</b>             | Manager post vacant                                 |
| <b>Type of registration</b>                                   | Care Home   |
| <b>No. of places registered (if applicable)</b>               | 34  |
| <b>Category(ies) of registration, with number of places</b>   | Old age, not falling within any other category (34) |

# SERVICE INFORMATION

## Conditions of registration:

1. The registered person may provide the following category of service only:  
  
Care home only - Code PC  
  
to service users of either gender whose primary care needs on admission to the home are within the following category:  
  
Old age, not falling within any other category (Code OP)
2. A maximum of four (4) bedrooms/suites measuring 15.5 square metres or more may be used for double occupancy at any one time.
3. No more than one service user aged under 65 years may be accommodated.
4. The maximum number of service users who can be accommodated is 34.

6th August 2007

## Brief Description of the Service:

Fairfield House is a residential care home for older people. It is situated approximately ¼ mile from the seaside town of Lyme Regis. It was first registered as a care home for older persons in July 1986. The home is established in an early Victorian mansion set in its own grounds with panoramic views of Lyme Bay and Lyme Valley. The Home is on a bus route to the town centre.

The home is currently registered to accommodate a maximum of 34 service users in single and double bedrooms, available at ground and first floor levels. The communal facilities include a spacious lounge, smaller quiet lounge, dining room and two conservatories. A passenger lift enables access to the first floor of the home. The front entrance to the home comprises a large parking area, while the side and back gardens are mainly set to lawn with mature trees and seasonal borders.

In November 2005 Fairfield House was purchased by Fairfield House Healthcare Ltd and Mrs Sue Heybourne was registered as the Responsible Individual, representing the Directors of the Company. Mrs Heybourne is also the Director of Personnel Solutions, the Management Company that oversees the day-to-day running of the home. At the time of this inspection, the deputy manager was in post as temporary manager.

The home has a Service User Guide, which is available to all prospective service users or their representative. A copy is ordinarily located in the front hall, together with a copy of the most recent inspection report. Information about the range of fees was not obtained on this occasion. Readers of this report may find it helpful if they have any queries about fees to contact the Office of Fair Trading [WWW.offt.gov.uk](http://www.offt.gov.uk).

# SUMMARY

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

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

The inspection lasted ten hours and was carried out over two days.

We spoke to many of the twenty-eight people living at the Home, as well as two visiting relatives.

The deputy manager, a selection of care assistants and the cook were consulted about their roles, responsibilities, training needs, and how they assist and support residents.

Residents were observed being assisted with their needs by staff.

A selection of records relating to the day-to-day running and management of the Home were inspected. A range of resident's care records and care plans were also reviewed.

The majority of the environment was seen. The only areas that were not viewed were a small number of resident's bedrooms.

The 'AQAA' (an annual quality assessment document that all Homes are required to complete) has been used to help form the judgments in the report.

The Home was operating within the required conditions of registration set down by The Commission. The conditions of registration set out the type of care and the needs of residents as well as the numbers of residents who may stay at the Home.

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

People are supported with their needs by kind and caring staff. Staff were observed to treat people with kindness and consideration. Staff took time to help people meet their needs, and also supported them to do as much for themselves as they could.

People's care plans demonstrate needs are being monitored and updated. Care staff have a good understanding of people's range of needs.

Overall, the environment is suited to the needs of the people living there; it is tastefully decorated and furnished in a homely style.

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

When staff write out medication administration charts by hand, two staff now sign them to confirm the chart is accurate. This is a checking procedure to confirm the chart has been written accurately. This is to ensure people's medication is administered correctly.

There is now a record kept of all meals served to people to demonstrate they receive a varied and wholesome diet.

There is evidence to demonstrate that people's finances are being managed safely. Specifically where the Home looks after people's personal allowances, accurate records are now maintained.

To maintain the health and safety of people living and working in the building, the fire alarms are now checked on a consistently regular basis. This is to make sure the fire alarms are working in the event of an emergency.

Dairy products, cooked meats, and cooked food stored in the fridge are now covered and dated. This is to ensure food is used within a safe timescale.

There is now a daily record kept of the fridges and freezer temperatures. This is to demonstrate the fridges and freezers work properly and foods are being kept at a safe temperature.

The temperature of all high-risk foods are now checked before serving. This is to ensure the food has been cooked to a safe temperature.

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

On the day of inspection two minor errors were noted in recording in the controlled drugs book. We recommend that the management of controlled medication be reviewed.

Although a work programme is now in place to make sure all the uncovered radiators identified at the last inspection have protective covers on them, this work is still outstanding. This will help protect people from the risk of harming themselves

Wherever possible, people's personal allowance should be managed by the individual or their representative. This may help some individuals retain or promote their independence. Management should only be involved in exceptional circumstances.

We recommend that consideration be given to upgrading the current laundry facilities. The existing facilities are small for the number of people living in the home. There is limited space for ironing, and to sort laundry. The area is crowded, and in a poor state of decor. This will help staff look after people's clothes.

There are four bathrooms in the home. At the time of this inspection only one bathroom was in use, as only one had a compatible hoist (one other was in the process of upgrading). We recommend that steps be taken to improve the ratio of baths to residents in line with current guidance. This will improve people's opportunity to have baths at more regular intervals if they wish, and promote individual dignity (as it will be less likely that people will have to move around the home in their dressing gowns).

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

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

# **DETAILS OF INSPECTOR FINDINGS**

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Health and Personal Care (Standards 7-11)

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Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

# Choice of Home

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

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

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

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

**1,3,5,6.** Quality in this outcome area is **good**.

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

People's assessed needs are met by the Home.

Prospective people and their representatives have the information they need to make an informed choice about living at the Home.

Prospective people can `test drive' the Home before they move in to see if it is suitable for them.

People are not provided with intermediate care at the Home.

## EVIDENCE:

To find out how prospective people and their representatives are helped to find out about the Home we looked at a copy of the service users guide.

Individuals or their representative are given their own copy of the guide so they have access to information about life in the Home. The

Guide contains details of the service provided. This includes the qualifications of the staff employed, the accommodation, the philosophy of the Home and how the service aim to meet peoples needs. The complaints procedure is in the document so residents know how to complain about the service.

There is also a brochure with photographs of the Home as well as a website that contains information about the service.

Four peoples assessment records were reviewed to find out how well peoples needs are assessed. These records showed that the individual's range of physical, mental and social needs had been assessed, and actions taken to support the person. These records had been reviewed and updated on a regular basis. This demonstrates the Home make sure they can continue to meet peoples needs.

A number of people spoken to confirmed that they had visited the Home before deciding to more in. It is the Homes policy that prospective residents visit first to make sure the Home is what they want. This policy and practice helps to confirm for both the home and for the individual that the service is suitable for them.

The Home does not provide intermediate care.

## 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.

Systems are in place to provide staff with the information they need to meet the health and personal care needs of residents.

The principles of respect, dignity and privacy are put into practice.

### **EVIDENCE:**

The care documentation for four people was reviewed. Files contained a variety of assessments including:

- Activities of daily living assessment
- Nutrition
- Social profile
- Risk of falls
- Moving and Handling
- The risk of pressure sores
- Continence

Information from the assessments was used to formulate plans of care. Care plans clearly set out individual care needs and how they were to be met. Individuals and/or their chosen representatives were invited to be involved in drawing up care plans. The staff were familiar with the content of care plans and knew what actions they must take to meet people's needs. The care plans were evaluated on a monthly basis. This demonstrates people's needs are being monitored and kept under review.

Residents spoken with were happy with the care they received and said that staff treated them with respect and were supportive and kind.

In response to the survey sent out by the commission, and from people spoken to on the days of inspection, residents responded to the following questions:

"Do you receive the care and support you need?" Five people responded "Always" and two said "Usually".

"Do the staff listen and act on what you say?" Six people said, "Yes" and one said "Mostly".

Comments included "Staff are very polite and courteous, respectful and helpful,"

"Despite a number of changes in managers, there has been no noticeable impact on care available".

Staff were observed knocking on people bedroom doors before entering them and assisting people in a polite and respectful manner.

It was clear from discussions with staff and residents that they have access to the health services they need. There was evidence to show that residents get support from General Practitioners, chiropodists, opticians and dentists. Arrangements are made for residents to attend hospital outpatient appointments as necessary.

In response to surveys sent out by the commission to health care professionals and the following question:

"Does the care service seek advice and act upon it to manage and improve individuals' health care needs? One person described the actions of the home as 'prompt, caring and attentive.

The home has a medicines policy and procedure including reference to self-administration and associated risk assessment and arrangements for ordering, administration and disposal.

Medicines were stored securely.

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Medicines are supplied by a local pharmacy, which according to staff is very supportive.

Staff receive training in the management and administration of medication. This helps ensure staff that are safe and competent to administer people's medication.

The medication administration charts of four people were inspected.

There was a photograph of the person maintained with each record. This should ensure medication is administered correctly to the person named on the chart. The administration charts were up to date and in order. The staff had signed for medication administered, or recorded the reasons for any omissions. There were several medication charts that had been handwritten by staff. These were signed to confirm that charts had been written correctly. There are two members of staff signing all handwritten charts to make sure they are accurate.

On the day of inspection two minor errors were noted in recording in the controlled drugs book. We recommend that the management of controlled medication be reviewed.

## 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):

**12,13,15.**

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

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

Residents are supported to maintain contact with family and friends and be part of the community. This helps residents to feel valued and helps to stop them feeling isolated.

Residents are offered a consistently good choice of appealing, nutritional meals.

### **EVIDENCE:**

People are able to take part in a timetable of social and therapeutic activities over four days each week. There is an activity organiser employed to organise social activities.

Activities, which people enjoy include:

- Minibus outings
- Musical entertainment
- Pursuit of life long hobbies
- Quizzes and games.

Each resident receives a monthly newsletter, which informs them of any planned activities.

In response to the question "Are there activities arranged by the home that you can take part in?" Five people said "Always" and one said "Usually" and one said "sometimes."

It was clear through discussion with residents that some of them preferred to arrange their own social activities, which they were free to do and they could spend their days as they wished. "I can do what I like when I like."

Several people commented positively about social and therapeutic activities that take place.

Some commented that they would like more opportunity to be "taken out of the home."

People confirmed that they could receive their visitors in private and that they were always made very welcome.

The menu provided choice and the chef was aware of individuals' likes and dislikes.

People confirmed they could take their meals where they wished and some preferred to eat in their rooms and most preferred to go to the dining room. Staff helped individuals who needed extra help with their meals in a sensitive way and this helped to maintain their dignity. Most said they liked the food offered.

The menu was inspected to find out what sort of meals choices are provided. The Home operates a rotating flexible menu. The lunch menu choices were checked and were well balanced and traditional.

There is a record kept of all meals served to residents to demonstrate they receive a varied and wholesome diet.

A full-time Cook has been recruited since the last inspection and the kitchen was clean and well run.

The lunchtime meal looked attractive, and it was evident that there was choice available.

There is a hairdresser who attends to residents in the Home's salon.

People were observed walking around the Home, and approaching staff, and looking relaxed and settled in their environment.

During the inspection, we spoke to two visitors who had come to see friends or family at the Home. They commented that staff were warm and welcoming. This is good evidence that the Home support and encourage people to keep close contact with families and friends if they so wish.

## 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 who use the service are able to express their concerns, and have access to a robust, effective complaints procedure. Protection from abuse is promoted.

### EVIDENCE:

The home has a clear complaints procedure available to everyone. Peoples spoken with during the inspection said that if they had any concerns they would feel confident about talking to the deputy manager, knowing that she would listen to them.

A copy of the complaints procedure is on display in the reception area, which includes the name of the Commission for Social Care Inspection.

The contact details of the owners are included in the service users guide, if people or representatives wish to contact the owners directly to make a complaint.

There had been two complaints made to the homeowners since the last inspection. The Home has responded to the complaints promptly and thoroughly.

Staff consulted, demonstrated they had an understanding of the subject of the 'protection of vulnerable adults' and their responsibilities to protect the residents in their care .

Staff records reviewed showed that staff had undertaken training in the topic of the 'protection of vulnerable adults' .



## 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):**

**19,20,21,22,25,26**

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

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

Overall, the standard of the environment at Fairfield is very good providing residents with an attractive, homely, clean and safe place to live.

The Home is suitable for people to live in and with the exception of too few bathrooms, has the necessary adaptations and equipment in place to meet people's needs.

The homes laundry would benefit from upgrading.

### **EVIDENCE:**

This large Victorian House is built over three floors, which can be accessed by stairs or lift. The building is situated in the town of Lyme Regis in Dorset and is near local shops, a church and the sea front and beach.

People commented favourably about the environment, and the views of the nearby seafront.

There is specialist equipment and adaptations are in place throughout the Home, to assist people and visitors who may have reduced mobility. This includes a lift, which gives access to all floors of the Home, as well as a stair lift, for people with reduced mobility.

A selection of bedrooms and all the communal areas were viewed. Most bedrooms are for single occupancy, however there are two double rooms. Rooms were satisfactorily decorated and maintained. The home was clean and tidy throughout.

There is evidence that bedrooms have been personalised to reflect the tastes of individuals with photographs, mementos and small items of furniture. The standard of furniture and fittings is satisfactory.

Most, but not all bedrooms have en suite facilities. There are also bathrooms and toilets located within close proximity to rooms that do not have these facilities. There is a washbasin in each bedroom.

A call bell system is available in every room.

There is a dining room, a television lounge, and three conservatory areas (one of which is used as an activity room). The main lounge has a grand piano in it. There is easy access to the gardens via patio doors. We saw people sitting in communal areas looking relaxed and comfortable.

The communal areas are attractive and decorated in light colours.

There are toilets located close to the dining rooms and lounges.

There are four bathrooms in the home. At the time of this inspection only one bathroom was in use, as only one had a compatible hoist, (one other was in the process of upgrading). We recommend that steps be taken to improve the ratio of baths to residents in line with current guidance. This will improve people's opportunity to have baths at more regular intervals if they wish, and promote individual dignity (as it will be less likely that people will not have to move around the home in their dressing gowns).

The Home is well ventilated and warm with plenty of natural light.

Records show that a variety of outside agencies have attended the home to undertake the routine maintenance of:

- Fire safety equipment.
- Gas installation.
- Lift.
- Hoists.

Although a work programme is now in place to make sure all the uncovered radiators identified at the last inspection have protective covers on them, this

work is still outstanding. This will help protect people from the risk of harming themselves.

We saw the laundry, which was small and crowded and did not provide big enough facilities for staff to manage the amount of laundry for the home as well as they would like. The home would benefit from reviewing this provision and consider upgrading this area of 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):**

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

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

Sufficient care staff are employed to meet the needs of residents.

Robust recruitment procedures are in place to protect residents from the risk of unsuitable staff working at the home.

Staff are given the training and support so that they can give a good standard of care to the people living at Fairfield.

The recording of staff induction and formal supervision sessions are areas in need of development.

### **EVIDENCE:**

The staff records of three care staff on duty were reviewed to find out if the staff had attended recent training and updating of their knowledge and their understanding of the work that they do. The records demonstrated staff are well supported to attend training in areas such as infection control, health and safety, protection of vulnerable adults, and fire safety. A number of staff have also completed the National Vocational Qualification in care award.

Staff reported that they had received induction training, and had the support of other staff and the manager to help them learn about their jobs. Staff records inspected did not demonstrate that formal induction had been completed. This should be addressed to ensure that the home are able to demonstrate that all staff have a basic level of competency.

Staff confirmed that they were well supported, but the records did not demonstrate that staff receive formal supervision. This should be addressed to ensure that staff are given the support they need, and that individual strengths and weaknesses are monitored and appropriate training provided.

The staff duty record was reviewed to see if there is sufficient staff on duty at any time to meet residents needs. This included domestic support, maintenance staff and catering staff. Additionally, discussions with staff and people living in the home confirmed that overall staffing levels are satisfactory.

People spoken to and surveys received confirmed that staff were 'usually' able to respond quickly.

The registered manager left the home on the 24th of July. The new manager Mary Molloy (subject to registration) starts in post on the 15th of September. The deputy manager with the support of the management company is currently running the home. Both the manager and deputy work full-time. There is a minimum of five care staff on duty working during the day with extra staff available at busy periods. There is four staff on duty in the afternoon and two staff at night. There is also domestic staff working every day as well as a cook every day, a maintenance man, and a gardener.

The staff on duty on both days of the inspection were assisting people with their needs in a calm and patient manner.

There were many very positive comments made by people about the staff and how 'hardworking' and how very 'kind and helpful' they are. This demonstrates people feel well supported by the staff.

The staff recruitment records of the four care staff on duty were checked to see if the Home carry out the required employment safety checks on all staff before they start work. The staff records demonstrated the necessary checks before employing new staff are being carried out. Staff files contained the following: -

- Completed application forms
- Two written references
- Enhanced CRB and POVA first checks
- Terms and conditions of employments
- Documentary evidence of any relevant qualifications

- Proof of identity, including a photograph

## 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):**

**31,33,35,36,38**Quality in this outcome area is **adequate**.

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

Overall, the home is well organised and the daily management and running of the home centres round the care of residents.

Good management practice, systems in place, and records kept, confirm the health and safety of all in the home.

The evidence of outcomes for people living in the home, suggests that staff are trained to a satisfactory level and supported by senior staff and management.

## **EVIDENCE:**

At the time of this inspection the post of registered manager was temporarily vacant. In the manager's absence the home has been run by the deputy manager with support from the management company and the manager designate.

The deputy manager has many years of experience caring for people with a range of care needs. She has been the manager of other Care Homes in different regions, and she has previously been registered with us.

The manager designate also has extensive experience of managing residential care. She is in the process of registering with the Commission as the home's manager. Several people said they had met Ms. Malloy when she came into the home to introduce herself.

The acting manager was able to confirm that the staff are not currently receiving regular structured supervision sessions to assist them in their work and to help them to understand residents needs. This is commented on in the section on staffing.

The staff reported that staff meetings are held regularly, and the records that were looked demonstrated staff are able to express their views to the deputy manager and to the owners (if necessary).

A quality-monitoring audit of the Home and the overall service has been carried out. A survey has been sent to residents, and their representatives by the home, to find out their views of the service. This is a good way to check on the quality of care, the overall service, and the general standards in the Home.

The deputy manager is involved in the management of some people's personal allowances. These records were checked, and found to be in good order and up-to-date.

The environment looked safe and (with the exception of areas referred to in the part of this report relating to the environment) were satisfactorily maintained.

The fire logbook records showed fire alarm tests are being carried out regularly.

There are also fire drills carried out on a regular basis to help protect the health and safety of residents and staff.

There are 16 call points in total in the home, and fire alarms are tested weekly.

The kitchen was tidy and organised when viewed. There were up to date daily records being kept of the fridges and freezer temperatures. Food stored in the fridge is appropriately covered and dated.

Staff are provided with training in health and safety matters including first aid, food hygiene training and moving and handling practices. This should help protect people's health and safety if staff are knowledgeable and well trained in these health and safety principles and practices.

# 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              | 3     |
| 2              | x     |
| 3              | 3     |
| 4              | x     |
| 5              | 3     |
| 6              | x     |

| HEALTH AND PERSONAL CARE |       |
|--------------------------|-------|
| Standard No              | Score |
| 7                        | 3     |
| 8                        | 3     |
| 9                        | 2     |
| 10                       | 3     |
| 11                       | x     |

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

| COMPLAINTS AND PROTECTION |       |
|---------------------------|-------|
| Standard No               | Score |
| 16                        | 3     |
| 17                        | x     |
| 18                        | 3     |

| ENVIRONMENT |       |
|-------------|-------|
| Standard No | Score |
| 19          | 2     |
| 20          | 3     |
| 21          | 2     |
| 22          | 2     |
| 23          | x     |
| 24          | x     |
| 25          | 3     |
| 26          | 3     |

| STAFFING    |       |
|-------------|-------|
| Standard No | Score |
| 27          | 3     |
| 28          | x     |
| 29          | 3     |
| 30          | 2     |

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

Are there any outstanding requirements from the last inspection?

Yes See No 1

**STATUTORY REQUIREMENTS**

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

| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|-------------|----------------------|
|-----|----------|------------|-------------|----------------------|

**RECOMMENDATIONS**

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

| No. | Refer to Standard | Good Practice Recommendations  |
|-----|-------------------|--|
| 1   | OP30              | The records did not demonstrate that staff receive formal supervision. This should be addressed to ensure that staff are given the support they need, ensure that individual strengths and weaknesses are monitored and appropriate training provided. |
| 2   | OP30              | Staff records inspected did not demonstrate that formal induction had been completed. This should be addressed to ensure that the home are able to demonstrate that all staff have a basic level of competency .                                       |
| 3   | OP9               | On the day of inspection two minor errors were noted in recording in the controlled drugs book. We recommend that the management of controlled medication be reviewed.   |
| 4   | OP19              | We recommend that consideration be given to upgrading  |

|   |      |   |
|---|------|---|
|   |      | <p>the current laundry facilities. The existing facilities are small for the number of people living in the home. There is limited space for ironing, and to sort laundry. The area is crowded, and in a poor state of decor. This will help staff look after people's clothes.</p>   |
| 5 | OP21 | <p>There are four bathrooms in the home. At the time of this inspection only one bathroom was in use as only one had a compatible hoist, (one other was in the process of upgrading). We recommend that steps be taken to improve the ratio of baths to residents in line with current guidance. This will improve people's opportunity to have baths at more regular intervals if they wish, and promote individual dignity (as it will be less likely that people will have to move around the home in their dressing gowns).</p> |

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