



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

The Royal Star and Garter Home

**Richmond Hill
Richmond
Surrey
TW10 6RR**

Lead Inspector
Simon Smith

Unannounced Inspection
7th November 2007 10:30

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- 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 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

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SERVICE INFORMATION

Name of service	The Royal Star and Garter Home
Address	Richmond Hill Richmond Surrey TW10 6RR
Telephone number	020 8439 8000
Fax number	020 8439 8002
Email address	ann.roberts@starandgarter.org
Provider Web address	
Name of registered provider(s)/company (if applicable)	The Royal Star and Garter Home
Name of registered manager (if applicable)	Mrs Pauline Shaw
Type of registration	Care Home
No. of places registered (if applicable)	74
Category(ies) of registration, with number of places	Physical disability (74)

SERVICE INFORMATION

Conditions of registration:

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

Care home with nursing - Code N

to service users of the following gender:

Either

whose primary care need on admission to the home is within the following category:-

Physical disability - Code PD

2. The maximum number of service users who can be accommodated is 74

Date of last inspection 18th October 2006

Brief Description of the Service:

The home provides nursing and respite care to men and women who have served in Her Majesty's Forces. The charity's motto is *"Enhancing the lives of those who served"*.

The home occupies a commanding position on Richmond Hill. The location provides fine views from many of the communal and private rooms and affords easy access to Richmond Park and the shopping and transport facilities of the town centre.

SUMMARY

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

The inspector used evidence from a range of sources when making judgements about the home. These included an unannounced visit to the home by three inspectors and discussion with residents, relatives, staff and managers. A CSCI pharmacy inspector examined the home's arrangements for medication. The pharmacist's comments are incorporated in the Health and Personal Care section of this report. The home's Annual Quality Assurance Assessment (AQAA) has also been considered as evidence to support these judgements.

A sample of records was examined, including residents' files. Surveys were provided to relatives and professionals who visit the home. A residents' survey, comprising interviews with 29 residents, was conducted by an independent consultant between 29 October and 13 November 2007. The results of the survey have been used as an additional source of evidence for this report.

The home met 19 of 26 National Minimum Standards assessed at this visit. Seven Standards were exceeded.

There were 64 residents at the time of inspection, four of whom were on short-term respite stays. All residents are now accommodated on D and F floors. The charity has identified a site for the development of a new home at Hampton Court and a planning application has been submitted for the project. The developer has arranged a consultation exercise and interested parties have been invited to comment.

Residents have been given lots of information about the new home. Senior staff have given a presentation about the layout of the new building and a mock-up of a bedroom has been installed in the current home. The Director of Care said that the display used for the consultation exercise will be brought to the home so that residents can see it.

The residents' survey noted, *"There has been regular communication on the plans to move from the Richmond site and this is appreciated by the residents who feel they have been kept well informed about the plans and the progress towards finding a new site"*.

The survey also found that *"Despite everyone expressing much affection for the home at Richmond, a clear majority of the residents interviewed in this survey express a positive opinion about the prospect of a move to a purpose built facility"*.

The survey asked residents to identify the best attributes of the home and the most important things that should be improved. The survey concluded, *"Top of the best things about the home is the care and attention that the home*

provides. Second is the warmth and friendliness that is afforded to the residents. Combined with these top two the third, the freedom to come and go as they like, make the home really special to its residents and more of a real home to them".

In terms of improvements, the survey noted that "The top two aspects they most want to see improved are both linked and relate to effective communication. Top is personal one to one communication and second is the need for a good understanding and use of English.

Third is an improved response to individual requests for help from residents in their rooms and fourth is the type of activities and frequency of trips that the home organises. This is despite an acknowledgement that the activities already on offer are well organised and appreciated by many residents".

Residents spoken to during the inspection confirmed that they felt well informed about the charity's plans for the future and gave much positive feedback about the home. Comments made by residents included:

"It's a wonderful home – I'm very happy here".

"There's lots to do".

"Staff are always respectful and have all treated me well".

"The food is good. There's a choice of three cooked meals and if none of them appeals to you can always have a salad or sandwich of your choice. I've gained weight since living here".

"I enjoy many of the activities here: computing, singing, bingo, music and movement".

"You can see the doctor when you want".

"Visitors are welcomed. Mine regularly take me out for meals".

"I'll be sorry to move to the other place but at least they are keeping us informed".

Relatives also provided much positive feedback, both in surveys returned to the CSCI and during discussion at the inspection. Comments made by residents included:

"This is a brilliant place. The staff team are lovely. I'm made to feel welcome every time I visit. As far as I can tell my wife is very well cared for".

"My friend could not have been looked after any better - people have done wonders with him. I'm made to feel welcome and my friend seems happy and does what he wants to do. He has a lovely room and since he has lived here he has raised no complaints with me about anything".

"I feel that the unit where my friend lives is well managed. There seems to be a good effort to communicate with residents and to provide a variety of activities and entertainments in conjunction with OT's, physios and volunteers".

"Staff are always warm and welcoming to visitors and show a caring attitude towards residents".

"The staff are all very kind and have a good relationship with the residents. There is a happy atmosphere in the home and the social activities are excellent".

When asked what the home could do better, relatives suggested the following:

"The home could set up a regular email bulletin to inform friends and relatives on current and upcoming events".

"It would be nice to have access to a moveable phone on a trolley".

Staff said they are given plenty of support and encouragement to do their jobs. Several mentioned the support they had been given to gain the IT skills needed to use the home's new care planning system and some said they had received good support to achieve National Vocational Qualifications (NVQ's). Comments made by staff included:

"It's a lovely place to work, I'm very happy here"

"The home is very nice. Residents are treated well here"

"We work as a team to offer good care to residents"

"We are included in lots of things that other places would leave you out of, like training on residents' conditions"

"The training here is very good. The building is beautiful and so much goes on. Managers make the staff feel valued".

Three surveys were received from healthcare professionals who visit the home regularly. Healthcare professionals said that staff work well with them and implement guidance for residents' care well. Comments made by healthcare professionals included:

"Residents are cared for very well"

"A truly excellent environment where...residents are treated with respect and kindness"

"Staff are keen to participate in training programmes to keep their skills up to date"

"I have experienced nothing but professionalism whilst working at the Royal Star and Garter".

What the service does well:

Residents receive excellent care from staff who understand their needs well.

There is an excellent range of activities, events and outings.

There is a range of in house therapies.

There is good support for residents to remain involved with the local community.

Residents are supported to maintain contact with their military backgrounds if they wish.

Relatives are made welcome when they visit.

Residents are consulted about decisions that affect them.

There are good opportunities for residents, relatives and staff to contribute their views about the home and how it is run.

There is a range of options available at mealtimes and residents have opportunities to comment on and contribute to the home's menu.

Complaints are thoroughly investigated and people who complain receive an appropriate response.

Systems of recording and administration within the home are well organised.

There is a stable and experienced management team who communicate regularly with one another.

There is a skilled manager who provides good leadership for the home.

Staff work within clear procedures and receive good guidance in their work.

Staff liaise effectively with other professionals about residents' care.

The home provides excellent programmes of induction and training for staff.

Staff are encouraged to achieve relevant qualifications.

Residents are kept safe by the home's recruitment procedures.

What has improved since the last inspection?

A computerised care planning system has been introduced, which has already realised some benefits. Staff said they have received good training to enable them to use the system confidently and were positive about the benefits it could bring to their work with residents.

The quality of recording has improved as a result of training and improved awareness in this area.

Staff have worked with residents to identify activities based on their individual needs. This reflects the home's efforts to ensure that care and support is person centred.

The home has improved the service provided to residents with dementia. Senior staff have attended training in dementia care mapping and the Practice Development Nurse has delivered dementia training to staff. Small group work and one-to-one sessions for people with dementia have also been introduced.

The home has taken positive steps to ensure that it fulfils its responsibilities under the Mental Capacity Act, including arranging training for staff.

What they could do better:

Ensure that residents who need help with eating and/or drinking are supported by one member of staff throughout their meal.

Ensure that timely action is taken if residents do not take their medication for any reason and that the action is recorded.

Reconcile stocks of all medication at the end of each month.

Sign and date all alterations to medication charts so that it is clear when and by whom changes have been made.

Record the date of opening on the container for all medication with a finite shelf life.

Demonstrate that medicines are used only for the named resident.

Monitor the temperature of medication storage areas to ensure that medicines are stored under appropriate conditions.

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 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):

Standards 1, 3 and 6

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

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

Good information about the home is available to residents.

Residents' individual needs are effectively assessed at the time of admission.

EVIDENCE:

The home has produced a Statement of Purpose, which gives details of the services and facilities provided and the aims and objectives of the service. A Service User Guide is issued to all residents. The charity also produces an Annual Review, which is available to all residents and interested parties.

Residents' needs are assessed before they move into the home. Due to the charity's plans to close the home in 2010, permanent admissions are managed so that resident numbers remain at or around 60. Admissions for respite care

are also still considered. The home does not admit residents for 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):

Standards 7, 8, 9 and 10

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

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

The quality of recording on care plans has improved.

Residents' needs are assessed regularly.

Residents' healthcare needs are well met.

Staff liaise effectively with other healthcare professionals about residents' care.

Medication management is good and there are many areas of good practice.

Residents have access to privacy when they want it and feel that staff treat them with respect.

EVIDENCE:

Since the last inspection the home has introduced an electronic care planning system, which went live on 1 September 2007. Senior staff undertook a good deal of research before commissioning the system and worked closely with software developers to tailor the programme to meet the home's specific needs.

Implementing the new system represented a real challenge for the home but early indications suggest that the system has already realised some benefits. For example the quality of recording on residents' care plans has improved. Staff said they have received good training to enable them to use the system confidently and were positive about the benefits it could bring to their work with residents.

The home has considered issues regarding the security of residents' information. All staff have individual log in's, which are password protected, and the home is able to monitor individuals' use of the system. The system also enables the home's managers to monitor the quality of care plans, risk assessments and other information about residents and to identify any emerging trends. Paper copies of care plans are still available to residents and their friends and families.

Residents' needs in terms of moving and handling, nutrition and tissue viability are assessed regularly. Assessments also identify any specialist equipment residents need and provide guidance for moving and handling. Care plans demonstrated that healthcare professionals are involved in residents' care where necessary and demonstrated that residents receive effective treatment when they need it. Risk assessments were in place where necessary and had evidence of regular review.

All medication records and medication storage areas were inspected, together with the home's medication policy, records of medication reviews and records of GP visits. In most areas, medication management is good and there are many areas of good practice. Recommendations have been made to further improve outcomes in these areas.

The medication policy is comprehensive and there is evidence that staff understand and follow the policy. All prescribed medication is in stock, stored securely and medication is administered as directed. There is evidence of regular input from the GP and residents have their medication reviewed every six months.

Although the majority of residents prefer staff to administer their medicines, the home supports those residents who wish to self-administer. There are risk assessments in place to ensure these residents are safe and able to manage their medicines, and these are reviewed regularly.

The Practice Development Nurse has a good awareness of medication issues, and areas of good practice include competency assessments for nurses and regular audits of medication handling. The supplying pharmacist also conducts audits and the home takes action to address any issues identified.

All medication storage areas were in good order, medication fridge temperatures are monitored and controlled drugs are stored securely. Controlled drugs records and stock tallied. The areas identified for improvement are as follows:

The home is aiming to improve the recording of the application of creams delegated to care assistants by nursing staff. The CSCI guidance document 'Administration of Medicines in Care Homes' (section 29) provides advice on how this can be achieved.

The home must be able to account for all medication stored. To achieve this, records of receipt, administration and returns must be kept and this is being done. However these should be reconciled at the end of each month (e.g. 28 tablets received, 24 used, and 4 returned) or carried forward to the next month. Although initial receipts are recorded, the home does not record the quantities brought forward from the previous month therefore stock checks cannot be carried out to confirm accurate administration. For more information see CSCI guidance document 'Medication Administration Records (MAR) in Care Homes and Domiciliary Care' (sections 8 and 26, '*Brought forward quantities and accounting for medication*').

Two residents had been refusing some medication for at least two weeks at the time of inspection. The residents' regular GP had not been informed, although staff were aware and were planning to do this on the GP's return to work. The home must ensure that timely action is taken if residents do not take their medication for any reason and that the action taken is recorded. See Requirement 1.

Alterations had been made to some medication charts (e.g. one twice a day to one three times a day). If any changes are made to prescribed items, staff should sign and date the chart so that it is clear when and by whom the change has been made. For more information see CSCI guidance document 'Medication Administration Records (MAR) in Care Homes and Domiciliary Care' sections 17-18, '*Making changes to MAR charts*'.

One prescribed item dispensed in August with a shelf life of eight weeks once opened was still being used. Staff should ensure that all items with a finite shelf life have the date of opening added to the container to ensure that these are not used past their expiry date to avoid bacterial contamination.

Bulk unlabelled containers of two prescription items, Movicol and Lactulose, were being used for several residents. Staff explained that this is

done because the items are bulky, and take up too much room in the medicines trolley. However medicines must only be used for the named resident. If one container is used for several residents, the home will not be able to account for the use of this item. For more information see CSCI guidance document 'Administration of Medicines in Care Homes', section 24, *'Administering only from individual labelled containers'*.

It is recommended that the temperature of medication storage areas is monitored to ensure that medicines are stored under appropriate conditions to reduce the risk of deterioration due to high temperatures. The temperature of one medication room was 25C, which was satisfactory, but this should also be checked during the summer months. For more information see the Royal Pharmaceutical Society document *'Handling of Medicines in Social Care'*.

Although the home does not admit people with dementia, the charity recognises that some residents will develop dementia whilst in their care. As a result the home has recently improved the service provided to residents with dementia. The Director of Care and the Practice Development Nurse have attended training in dementia care mapping and the Practice Development Nurse has delivered dementia training to staff. Small group work and one-to-one sessions have also been introduced, led by two staff who have specific skills in this area.

Residents spoken to during the inspection said that staff listen to what they say and treat them with respect. This was confirmed by the residents' survey, which found that 96% of those interviewed were *'satisfied'* or *'very satisfied with the respectful attitude of staff'*. The same figure were *'satisfied'* or *'very satisfied'* with the privacy they have at the home.

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):

Standards 12, 13, 14 and 15

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

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

The programme of events and activities is stimulating and varied.

There are excellent in-house facilities for activities.

Residents are encouraged to pursue individual hobbies and to maintain their military links if they wish to do so.

Residents receive good support to maintain links with their friends, families and the local community.

There is a range of options available at mealtimes and residents have opportunities to comment on and contribute to the home's menu.

EVIDENCE:

The home provides an excellent programme of activities, outings and events, which is supported by a team of committed volunteers. There are also good

facilities for arts, crafts, cooking, gardening and IT and residents are encouraged to pursue individual interests and hobbies. The residents' survey found that 96% of those interviewed were '*satisfied*' or '*very satisfied with the social and recreational activity programme*'.

Residents are able to maintain their military links where they wish to do so and regimental events feature prominently in the programme of activities. Religious services are also held at the home regularly.

The Director of Care said that staff are working with residents to identify activities based on their individual needs, such as trips to places they have known well in the past. This is an excellent supplement to the programme of events and reflects the home's efforts to ensure that care and support is person centred.

Residents receive good support to maintain contact with their friends and families. Family members said that staff welcome them when they visit and make time to speak to them about issues affecting their relatives. The residents' survey found that all those interviewed were '*satisfied*' or '*very satisfied with the way their family, friends or visitors are treated*'.

The home has taken positive steps to ensure that it fulfils its responsibilities under the Mental Capacity Act, which was introduced in 2007. A Mental Capacity Act policy has been developed and staff have attended training in this area.

There is a range of options available to residents at mealtimes. Each meal has a vegetarian option, a healthy eating option and an easy eating option. Residents can also choose alternatives to the menu if they wish. Residents are able to comment on and contribute to the home's menu through residents' meetings and the home's Quality Assurance system.

The residents' survey said that all the residents interviewed "*regard the overall dining experience positively and over 90% are satisfied or very satisfied with the food served at the Home. Many complimentary remarks were made about the quality of the food served and the friendliness and helpfulness of the catering staff*". The survey also noted, "*While most tastes seem to be catered for, some would like to see a more varied menu available. The timing of the evening meal seems to be on the early side for around a quarter of the residents interviewed*".

One inspector joined residents for lunch during the inspection. The meal was a relaxed, unhurried event, which was enjoyed by residents. Staff interacted positively with residents and were sensitive to their needs. However residents were supported by a number of different staff during the course of the meal. The home must ensure that residents who need support with eating and/or

drinking are supported by one member of staff throughout their meal. See Requirement 2.

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):

Standards 16 and 18

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

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

The Complaints procedure is clear and readily available.

Residents and relatives know how to complain and feel confident about doing so.

Staff are given guidance about what to do if they receive a complaint.

EVIDENCE:

The home has a clear Complaints procedure, a copy of which is included in the Residents' Handbook. Independent advocacy services are available to support people in making a complaint if they wish and the Complaints procedure contains details of the local CSCI office.

The Complaints record demonstrated that the home investigates all complaints thoroughly and responds appropriately to complainants. The Chief Executive monitors the Complaints record each month.

All staff attend training in the Protection of Vulnerable Adults and there is a Whistle-blowing procedure, which enables staff to raise any concerns they

have about poor practice. Staff are also provided with guidance about what to do if they receive a complaint.

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):

Standards 19, 20, 24 and 26

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

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

The home is attractively decorated and well maintained.

The home provides excellent facilities for social and leisure activities.

Communal spaces are welcoming and well used by residents.

Residents' bedrooms reflect their individual tastes and interests.

The home is clean and hygienic.

EVIDENCE:

The home occupies a commanding position on Richmond Hill and is opposite Richmond Park gate. The location provides fine views from many rooms and affords easy access to the park and the town centre. A high standard of decoration has been achieved throughout the home and the terraces and grounds are well maintained.

The home provides a range of communal rooms, including some suitable for hosting large events. The main dining room provides a focus for socialising at mealtimes and smaller dining rooms are situated on each floor. The home runs a small library and has a licensed bar.

Residents are encouraged to personalise their bedrooms and many bedrooms provide evidence of hobbies and interests. Residents are able to bring personal items, including furniture, with them on admission. The move to accommodate all residents on D and F floors of the home has resulted in some residents having to change bedrooms and some of those affected raised this as a concern. However the inspection provided evidence that the home has negotiated with those who were dissatisfied and has addressed their concerns.

There is a commitment to maintaining high standards of infection control and all areas of the home were clean and hygienic at the time of inspection. The residents' survey found that all those interviewed were '*satisfied*' or '*very satisfied with the way the home is kept clean and attractive*'.

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):

Standards 27, 28, 29 and 30

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

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

Residents value the care and support provided by staff.

Staff have the skills required to do their jobs well.

Residents are protected by the home's recruitment practices.

Staff receive good support from their managers.

The home provides excellent programmes of induction and training for staff.

Staff are encouraged to achieve relevant qualifications.

EVIDENCE:

Some staff have left since the last inspection but the charity has made no redundancies for some time and the staff team remains relatively stable. Staff spoken to during the inspection were positive about working at the home and said that morale is good. Staff said they have good access to training, regular supervision and annual appraisals. Many staff commented on the high

standards expected of them and shared a commitment to the provision of high quality, individualised care.

Staff also said that they are given good support to do their jobs and achieve qualifications. Several mentioned the support they had been given to gain IT skills to use the new care planning system and others mentioned support to achieve National Vocational Qualifications.

The residents' survey found that all those interviewed were '*satisfied or very satisfied with the care they receive from nurses and carers*'. As highlighted in the Summary of this report, residents identified the '*care and attention*' they receive from staff as the best thing about the home. The '*warmth and friendliness of staff*' was identified by residents as the home's second most important attribute.

Staff recruitment files demonstrated that the home carries out appropriate pre-employment checks, including Criminal Records Bureau disclosures and at least two references. Staff files also contained evidence of induction and training in mandatory areas including health and safety, first aid, infection control, moving and handling, safeguarding vulnerable adults and fire safety.

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):

Standards 31, 32, 33, 35, 37 and 38

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

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

The home has a stable and experienced management team.

The home has a skilled manager who provides good leadership for the home.

There are good opportunities for residents, relatives and staff to contribute their ideas about how the home is run.

Staff work within clear procedures and receive good guidance in their work.

Systems of recording and administration within the home are well organised.

Standards of health and safety within the home are good.

EVIDENCE:

The home has a stable and experienced management team who communicate regularly with one another. Many staff said that they get good support from their line managers to improve their skills and achieve qualifications. The inspection provided evidence that managers attend regular training to maintain and update their clinical practice and that managers are also encouraged to achieve relevant qualifications.

The Director of Care is the registered manager of the home and has achieved a range of relevant qualifications. The Director of Care presents a positive role model for staff and is committed to the continuous improvement of the service. Senior staff said that the Director of Care gives them excellent support and provides good leadership for the home.

The home has a commitment to seeking the views of those who use its services and there are good opportunities for residents to have their say about how the home is run. Residents are able to contribute to monthly meetings held on individual units, which are attended by a member of the Executive Committee and senior managers. All residents have the opportunity to contribute to the residents' survey, with communication support provided by the home if necessary.

Systems of recording and administration within the home are well organised and there are appropriate procedures in place for recording residents' finances. The home provides good written guidance for staff in their work. There is a commitment to ensuring that staff work consistently and within the home's policies and procedures.

The home was clean, hygienic and free of obvious health and safety hazards on the day of inspection. All hazardous substances were stored appropriately. Portable appliance testing was carried out in September 2007. The home has appropriate Employers Liability insurance. Checks on water outlets in October 2007 found that some outlets delivered water at temperatures outside the range defined by regulation. The Director of Capital Projects said that these outlets are in areas only accessible to staff.

The fixed wiring certificate for floors E, F and G was up to date but the fixed wiring certificate for floors B, C and D needs to be renewed as the last check was carried out in October 2001. The Director of Capital Projects arranged the fixed wiring test in the week after inspection, although the results were still awaited at the time of writing this report. The home must ensure that action is taken to address any issues arising from the test.

The home has an appropriate fire detection system and a clear fire procedure. There is a fire drill schedule in place for 2007/8. The Director of Capital Projects said that fire drills are carried out at least four times a year and that drills are unannounced.

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	X
6	N/A

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

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	4
13	4
14	3
15	3

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

ENVIRONMENT	
Standard No	Score
19	3
20	4
21	X
22	X
23	X
24	3
25	X
26	3

STAFFING	
Standard No	Score
27	4
28	3
29	3
30	4

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

Are there any outstanding requirements from the last inspection? No

STATUTORY REQUIREMENTS

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

No.	Standard	Regulation	Requirement	Timescale for action
1	OP9	13(2)	The Registered Person must ensure that timely action is taken if residents do not take their medication for any reason and that the action is recorded.	30/12/07
2	OP15	12(4)	The Registered Person must ensure that residents who need support with eating and/or drinking are supported by one member of staff throughout their meal.	30/12/07

RECOMMENDATIONS

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

No.	Refer to Standard	Good Practice Recommendations
1	OP9	Stocks of all medication should be reconciled at the end of each month.
2	OP9	Alterations made to medication charts should be signed and dated so that it is clear when and by whom the

		change has been made.
3	OP9	All items with a finite shelf life should have the date of opening added to the container to ensure that these are not used past their expiry date.
4	OP9	The home must be able to demonstrate that all medicines are used only for the named resident.
5	OP9	The temperature of medication storage areas should be monitored to ensure that medicines are stored under appropriate conditions.

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