



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Stewton House Nursing Home
Address:	28 Stewton Lane Louth Lincs LN11 8RZ

The quality rating for this care home is:

two star good service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	Date:
Douglas Tunmore	2 2 0 1 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

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

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

Document Purpose	Inspection report
Author	CSCI
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
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Internet address	www.csci.org.uk

Information about the care home

Name of care home:	Stewton House Nursing Home
Address:	28 Stewton Lane Louth Lincs LN11 8RZ
Telephone number:	01507602961
Fax number:	01507354770
Email address:	
Provider web address:	

Name of registered provider(s):	Amber Care (East Anglia) Ltd
Name of registered manager (if applicable)	
Mrs Dawn Whitt	
Type of registration:	care home
Number of places registered:	48

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	48
Additional conditions:		
The maximum number of people who can be accommodated is 48		
The registered person may provide the following categories of service only: Care home with Nursing - Code N to people of the following gender: Either whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category - Code OP		

Date of last inspection								
Brief description of the care home								
Stewton House is situated in a residential area on the eastern outskirts of the rural town of Louth. The home is registered for 48 residents. It provides care for people who require personal and or nursing care. The home is set in a large well-established garden with a car parking area to the front and side. An extension was opened in October 2006, which provides additional bedrooms, communal areas and office space. Within the grounds there is also a complex of self-contained units for elderly people, however these do not form part of the home. Local facilities can be reached by car or								

Brief description of the care home

public transport and the home has a 7-seater vehicle with a tail lift available to transport people in and around the local community.

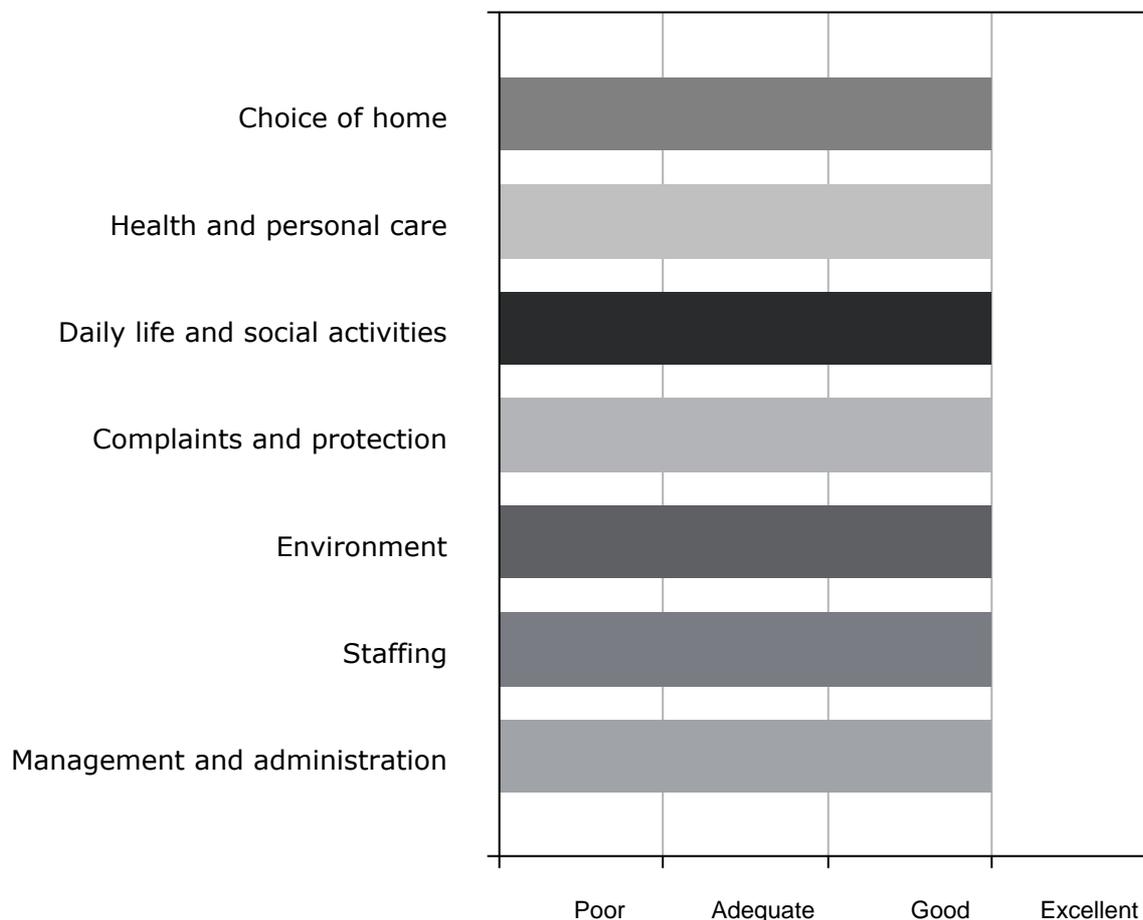
Summary

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

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

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

This was an unannounced visit and it formed part of a key inspection, focusing on key standards, which have the potential to affect the health, safety and welfare of people who use the service. Throughout this report the terms 'we' and 'us' refer to The Commission for Social Care Inspection (CSCI). We took into account previous information held by us including the previous inspection report, their service history and records of any incidents that we had been notified of since the last inspection.

Before we made our visit the provider had returned the Annual Quality Assurance

Assessment (AQAA). This gave us information about their own assessment of how well they are meeting standards and their plans to improve aspects of the service. We received four surveys from people and five surveys from care staff before we visited. The main method used to carry out the inspection is called 'case tracking', this includes following the care of a sample of people through their records and assessing their care. We spoke with three people who use the service and saw rooms of six people who gave us permission. We spoke with two staff members, the deputy manager and the activities organiser. No visitors were available at the time of this visit. During this visit the inspector spent time with the manager who was informed of the general outcomes of this visit.

We were told that the current fees for a weeks stay at the service range from three hundred and ninety eight pounds to six hundred and forty pounds depending on the level of care required and if the service user is receiving residential care or nursing care. Extras charged for include chiropody, hairdressing toiletries and newspapers. The providers Service Users guide and the last inspection report is available from the manager.

What the care home does well:

People feel that they are cared for in a safe, well-maintained, homely environment by good staff who are aware of their needs. People said that 'the food is excellent and there is a choice', 'its a lovely place and the carers are excellent', 'you couldn't find fault with any of the nurses'. The manager stated we provide a high standard of care and there is good team support throughout the team. She also commented that they work well with other professional health carers workers who visit the home. The provider safeguards residents by ensuring that staff undergo a robust recruitment process. They are well trained and supported to make sure that they can meet people's needs.

The carers were observed throughout this visit as being competent, kind and polite when speaking to people.

What has improved since the last inspection?

The manager stated that communication has improved between staff and that they are able to find their own solutions to those problems that occur relating to the care of residents. She also felt that there has been a big improvement in moral withing the staff group. Training records seen showed that training is specific to the needs of individual team members who benefit from this approach.

What they could do better:

Care plans must address the issues of individual residents privacy and dignity and how this is to be delivered. This would ensure that individual residents have their say as to how their privacy and dignity is to be maintained given the daily routines that communal living imposing on them.

Care plans seen of three residents did not reflect person centred care planning. This must be introduced so as to ensure that residents are actively involved in their care plans, which would reflect the care that they request.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website www.csci.org.uk. You can get printed copies from enquiries@csci.gsi.gov.uk or by telephoning our order line -0870 240 7535.

Details of our findings

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Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Good information is available to prospective residents to enable them to make a choice about staying in the home. People received an assessment, which resulted in their needs being met.

Evidence:

The providers AQAA confirms that 'people looking to enter the home themselves or their relatives are encouraged to visit the home and stay for the day, sample meals and talk to other clients within the home. A Service user guide is given to the clients, this gives them information about the home and the service we at Stewton are able to offer. The Service User guide can be provided in Large Print if required, and would be translated in to different languages should this be needed'.

We looked at the files of three residents who were being case tracked, which evidenced that pre-admission assessments had taken place and their care needs were

Evidence:

clearly identified. Resident also contained assessments both from social services departments and from hospitals. Files of those people who were being case tracked also showed that risk assessments had been undertaken and were revised during their stay as required. Residents are also written to by the manager confirming whether the home can meet their needs or not.

Four staff surveys were received prior to this inspection. Three of the four stated that they are always given up to date information about the needs of people they support.

However, not all files contained copies of letters sent to prospective resident confirming that their needs could be met. The manager stated that she would ensure that copies are made available in files.

One resident confirmed that her son had a look around prior to admission. She commented that when she came everybody was pleasant and welcoming and that she had a full assessment both at home and in hospital. A second resident confirmed that she had been seen by a nurse before coming in and was very happy.

This home provides an intermediate care service but no clients had been admitted recently.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The health and welfare needs of people living in the home are fully met. Medication is safely administered to people and an accurate record is kept. Care plans do not address individual residents wishes regarding privacy and dignity.

Evidence:

The providers AQAA shows us that 'we are able to offer a wide range of nursing skills, and have close links with Multidisciplinary teams for support and advise should it be needed. A Local GP visits on a weekly basis and other surgery's visit as and when requested by the nursing team. We feel that this is benefiting the clients as medication is reviewed and any unnecessary medication discontinued'.

Neither of the two people who were being case tracked knew about their care plans. We looked at three files of residents who were being case tracked, which showed that their likes and dislikes were identified. However, there was no evidence that individual residents had been asked as to how they wished their intimate care need to be managed. Peoples files were not person centred in relation to the delivery of their

Evidence:

care. The manager confirmed that care plans need to be amended to reflect person centred care for all residents.

Both residents told the inspector that the carers maintained their privacy. Files also identified the health care needs of residents and when the GP or chiropodist visits. Four surveys received from people who live at the home confirmed that care staff listen and act on what they say. Two residents felt that staff are sometimes available when they need them and two other resident stating that staff are usually available.

Two care staff confirmed that they were aware of peoples intimate care needs and knew how to ensure that their privacy and dignity is maintained.

This visit found that risk assessments for individual residents are incorporated into care plans with details, so that where there are issues of concern they are acted upon. Monthly reviews were also seen in files and were up to date and evidenced that people had been involved with the review.

The pharmacist visited the home on the 24/09/08 and recorded that a medication evaluation was carried out with no discrepancies being found. Medication sheets were examined and it was found that an accurate record is kept of all medication given to residents on the day of this visit. The manager confirmed that no residents self medicates at the present time.

One resident confirmed that 'I get my medication regularly and I have had a review of my care with a nurse'. Another comment was ' the care is wonderful and care staff are gentle when they care for me, none are rough'. Another comment from a resident was 'the staff are very likable and we have some good laughs'.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home enables residents to maintain and develop social interests and relationships of their choice. Residents receive a nutritious, varied diet, which meets their individual preferences and health requirements.

Evidence:

The providers AQAA informs us that 'our Activities Coordinator is currently undertaking a Rehabilitation Course, which is focusing on therapeutic activities for clients within the elderly care setting. She is working closely with all clients and families to improve the service we offer. Daily life within the home is relaxed and focused on the clients wishes and needs'.

The home employs an activities coordinator to provide at least 16 hours social stimulation a week. The activities organiser stated the choices and wishes of the residents regarding their social life are identified at the initial assessment. She described the range of activities undertaken and that there is a activities committee made up of people in the home who dictate the activities that they wish to have. . Records evidenced daily games, activities and outings. Residents were also involved in growing vegetables and herbs; these were then used in the kitchen. On the day of the

Evidence:

visit residents were reading in the conservatory or playing scrabble.

Two residents confirmed that they were involved in activities with one being a helper to the activities organiser. She stated that we knit jackets and boots, we also voted to have a water cooler in the lounge. Another resident commented that the activities organiser has wonderful ideas. Another comment was she good, so helpful and kind'. A specific comment was we have won second prize garden for two years. Evidence in the activities book showed that entertainers came to the home and the local priest visited every month. Initial assessments contained a details about peoples past hobbies.

The home has a people carrier, which can allow people access to the community if the so wish.

The home encourages visitors, and entries in the visitors' book showed that people had visited regularly. A resident stated that her sons visit her sometimes and they are made welcome at the home and they are given a drink and a biscuit.

The inspector met with four residents while waiting for there lunch. They all made positive comments about the food . One resident felt that 'the food is excellent, there is a choice and we are so satisfied with the meals'. Another comment made by a resident was 'at Christmas the food and everything was beautiful'.

Observation of the lunchtime meal showed that it was served in a relaxed manner in the dining room areas or in resident's bedrooms, with staff offering help in a sensitive manner.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There are robust systems in place to protect residents from abuse.

Evidence:

The providers AQAA shows us that 'all complaints and comments about our service are taken seriously. We train our staff in the Safeguarding of Vulnerable Adults to ensure all our clients are protected from any form of abuse. We are always looking to learn from comments raised by clients and their families. The manager is sitting on the Social service lead sub group for Safeguarding training and development'.

All surveys showed that they the residents know how to make a complaint and no concerns were raised. Residents also knew who to speak to if they were unhappy.

The home has a complaints procedure, which tells residents and relatives how to make a complaint and how it will be handled. All residents have a copy of a summarised complaints policy in their room for their information.

The Commission had received no complaints about the home, however the homes records showed that fourteen thirteen complaints had been received during the past year. These had been correctly addressed and documented. The manager confirmed that a system monitoring call bells has been installed and evidences how long it takes to address a ring from any resident. There has been one safeguarding referral in which

Evidence:

the provider worked closely with the investigation authority. The outcome of the investigation was not substantiated.

All residents who were being case tracked stated that they felt safe in this home. One resident stated that she had not made a complaint and that staff were approachable if she wished to make a complaint.

Peoples surveys showed that they knew who to speak to if they were unhappy and that they knew who to make a complaint.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents benefit from a comfortable, warm and clean environment that meets their individual needs.

Evidence:

The providers AQQ states that 'we have a well appointed, well maintained building in which to operate. Everywhere is kept clean and tidy under the direction of the housekeeper. The majority of the rooms are single, with all new rooms added having ensuite facilities. There are numerous sitting areas within the home, all slightly different so that clients have the choice to sit either in a busy walk area, a quiet lounge or a music room. Clients are encouraged to move around the building as their mood takes them'.

There are call bells in all rooms, which residents have good access to. Rooms were seen by the inspector to be personalised to a high standard. There are telephone points so that residents have a choice about using a phone of their own and there are television points in all rooms. During the visit the manager confirmed that there is a programme of maintenance in place. The manager confirmed that two profile nursing beds had been purchased, four air cell mattresses, new furniture in two rooms, new sitting room chairs and new two lounge carpets fitted. During the inspection of the home it was seen that the front entrance was being painted and a vacated room was

Evidence:

being deep cleaned.

All gardens are landscaped and have garden furniture so people can sit outside in a pleasant environment.

Two residents stated that they liked their rooms and had brought their own things with them when admitted. They also said that their rooms are kept clean, dusted and tidy and there are no unpleasant smells. We visited six bedrooms with the consent of residents. They were found to be personalised, clean and decorated to a high standard. All residents seen stated that they were very happy with their rooms.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home was adequately staffed with employees who were experienced, competent and trained to care for older people. Robust procedures for the protection of people are followed.

Evidence:

The providers AQAA states that 'staffing levels are maintained to cover to needs within the home. The dependency of the clients and the lay out of the home is considered when completing the off duty. Job descriptions are clear and staff are encouraged to discuss these at appraisal'.

The manager stated that the recruitment policy of the home is being followed. We looked at a sample of two new staff's files which evidenced that robust recruitment procedures were in place, with Criminal Record Bureau checks and written references taken. One care worker commented that she had undertaken induction training when starting work at the home.

Four staff surveys show that the provider carried out appropriate checks before they started work at this home. Comments made in three surveys was that references were required as well as criminal record checks. These surveys also confirmed that an induction was undertaken when they first started work relating to being introduced to

Evidence:

people in the home and the policies and procedures. One specific comment was 'the induction process was beneficial not thrown in at the deep end'.

Surveys from staff also evidenced that they receive training relevant to their role. Comments made were 'we have regular training and are encouraged to attend relevant courses'. 'Training is constantly available for all areas'.

Resident's surveys show that they feel that staff listen and act on what they say. However, it was felt that staff are available only sometimes for two residents and usually for two others.

Residents stated there is always sufficient staff on duty to meet their needs. Staff confirmed that the staffing rota is maintained. They confirmed that there are a 'few blips' due to colds and some staff who do not cooperate as much as others. Staff commented that they feel they are able to meet resident's needs with the numbers of staff on duty.

We looked at the staff rota and training information available on staff files and they were seen to be up to date. The manager and staff stated that staffing levels are being maintained and ensures a mix of skills are available to meet the needs of residents.

One carer stated that she has National Vocational Qualifications (NVQ) 2 and is working towards level 3 for working with people who are elderly. She had undertaken training including; fire training, first aid, manual handling, food hygiene, incontinence care, and health and safety. The second carer a level 1 nurse confirmed that she keeps up to date with her training and is the lead for end of life care.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is managed competently and the staff team are supported in carrying out their respective roles. The views of people are listened to and they are involved in decisions affecting them.

Evidence:

The Registered Manager, was registered with the Commission in December 2005. She is a registered nurse with management and care experience. Residents, and staff, said that she was supportive and approachable and felt confident to take any concerns to her.

The home has a company audit system to gain the views of people living and working at the home. This includes service user questionnaires, meetings and various company audits. These ensure that people have the opportunity to discuss how the home is run and what improvements can be made.

Evidence:

Staff comments included, ' when I first started as a senior I could go to the office and they always had time for me. Never felt that I was interrupting when I go and see the manager. Both carers confirmed that they have regular staff meetings and supervision.

The manager said that residents or their relatives handled their finances, so currently the home holds no money in safekeeping for people.

We looked at residents files and a record had been made about clothing items and valuables that the residents have brought with them on admission.

The providers AQAA identified that there are a range of policies and procedures available in the home relating to the health and safety of residents. This document also showed dates when equipment was serviced and fire alarm checked to ensure the safety of residents and staff.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards

No.	Standard	Regulation	Requirement	Timescale for action
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Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action
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Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
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Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No.	Refer to Standard	Good Practice Recommendations
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Helpline:

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Email: enquiries@csci.gsi.gov.uk

Web: www.csci.org.uk

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