



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for adults (18-65 years)

Name:	Casarita
Address:	270 Fakenham Road Taverham Norwich Norfolk NR8 6AD

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:
Ruth Hannent	0 2 0 3 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 Adults (18-65 years) 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

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- 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

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Internet address	www.csci.org.uk

Information about the care home

Name of care home:	Casarita
Address:	270 Fakenham Road Taverham Norwich Norfolk NR8 6AD
Telephone number:	01603279222
Fax number:	01603279529
Email address:	cas.jeesal@virgin.net
Provider web address:	

Name of registered provider(s):	Jeesal Residential Care Services Limited
Name of registered manager (if applicable)	
Mrs Gail Ann Fone	
Type of registration:	care home
Number of places registered:	7

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	7	0
Additional conditions:		
Date of last inspection		

Brief description of the care home
<p>Casarita is a modern, two storey detached house with a single storey annexe. The home stands in its own grounds on the main road into Norwich in the suburb of Taverham. It is situated within a few minutes walk of shops, post office and a public house. The home has two vehicles.</p> <p>Accommodation is provided for up to seven adults with a learning disability, some of who demonstrate challenging behaviours. All of the tenants have their own bedroom and the majority of these have ensuite shower and toilet. One of the service users lives separately in the annexe and has a dedicated staff team.</p> <p>The Home is owned and managed by Jeesal Residential Care Services Limited. The fees range from £948 to £2175 according to need.</p>

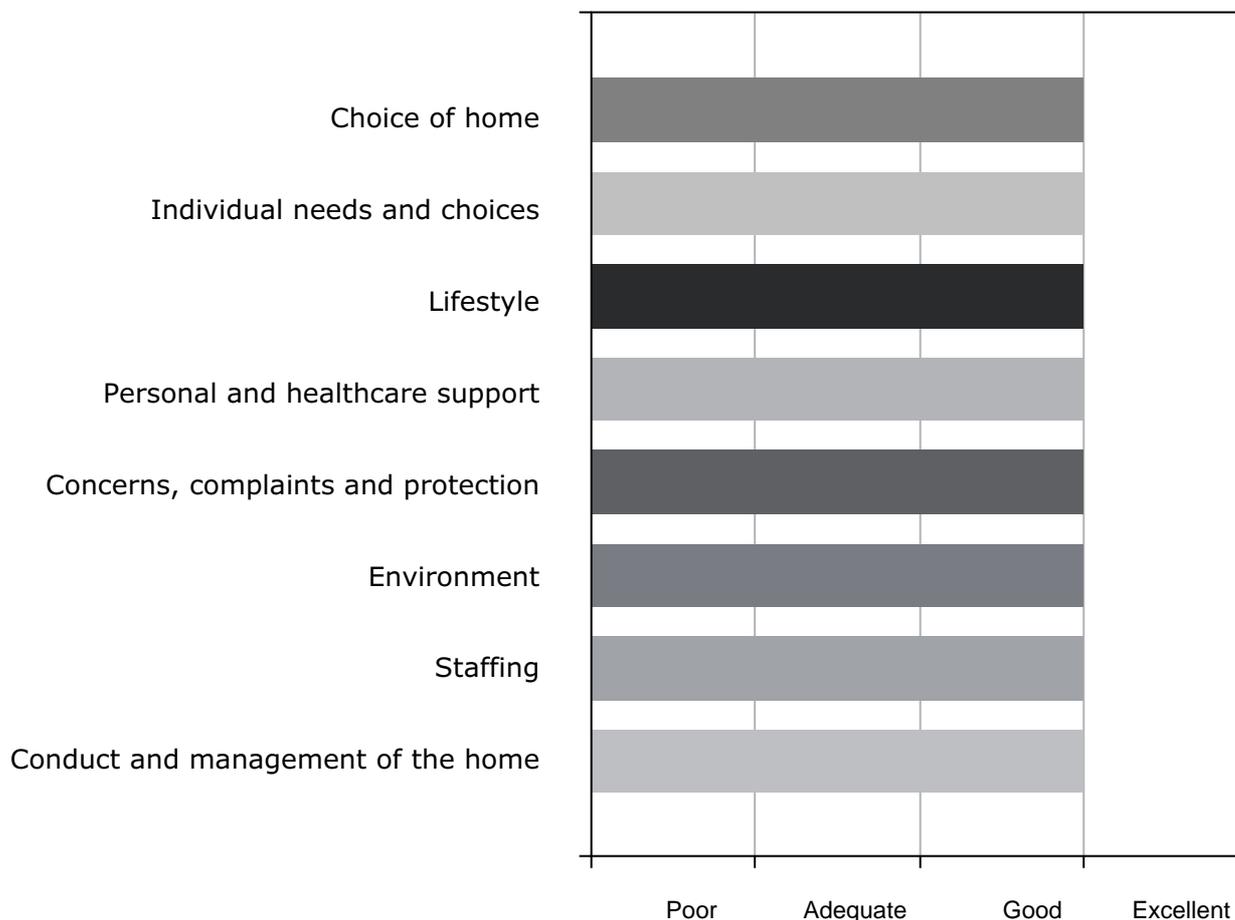
Summary

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:

This inspection report has been written following a site visit to the home. To complete the report various methods have been used to gather evidence since the last inspection. The Manager has completed an Annual Quality Assurance Assessment that gives details of all areas of the service offered by the home.

The Commission also sent out surveys to be distributed to various stakeholders with 3 tenants, 2 relatives, 9 staff and 2 health care professionals completing and returning information.

We also look at any information or notification that may have been sent from the home to the Commission that tells us of any significant events that have occurred within the

home.

During the visit we looked at all areas of the building, some records, spoke to staff, the Manager and tenants.

What the care home does well:

The Home have 5 tenants who have a wide range of different needs. The staff team at the home work hard to be able to understand those needs and offer person centred care.

The communication methods used are very different from person to person. The staff team have developed their skills and been trained to enable them to communicate in the best possible way.

The service has a very competent Manager who is valued by the staff team and health professionals for her professionalism and expertise.

What has improved since the last inspection?

Although not completed the home will have two more individual flats that will enable people to have more independent lifestyles. 'I am really looking forward to moving into my own flat' is the comment stated by the tenant.

The home has considered the tenants at each stage of the refurbishment programme and has tried to create as little disruption as possible. Moving people to another room while the work is going on has been done sensitively and timely to ensure the tenants understand and accept the changes.

What they could do better:

The home does need to look at what and how they record information that form the care plans. This information needs to be easily understood and in a suitable style that means anyone can understand and review the care plans as and when required.

The medication trolley should be locked or bolted in a safe place to ensure correct procedures are followed for safe storage of medication.

Fire procedures that include checking the fire alarms need to be followed and clearly recorded.

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, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. 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 the person 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.

The home does have information to share with potential tenants to enable them to make a decision about the suitability of the home.

The Manager will carry out a full assessment and ensure the potential person will have their needs met.

Evidence:

The home has relevant information to offer to potential tenants and does have lots of picture signs that will help any possible tenant, that may be considering this home, the understanding of the kind of service and home that Casarita is.

The home is going through a refurbishment programme at this time with the first floor being unoccupied while the changes are taking place. Although the home is registered for seven people the numbers are held at five until the changes in the building have taken place. On the day of this inspection the Manager was about to go to a meeting to discuss a potential tenant on the completion of the first floor. The Manager gave a

Evidence:

full explanation of how she ensures the person is the correct individual to live with the existing tenants and that the service offered can meet the individuals needs.

One of the comment/survey cards received from a tenant did say 'I visited and slept over once or twice before moving in'. This was also mentioned by the Manager as they wish to ensure the placement is correct before a permanent place is offered.

Individual needs and choices

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 needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

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 tenants do have care plans that reflect their changing needs but they need to be easier to read.

Decision making about their lives is supported by knowledgeable staff.

Risks are taken and tenants are supported by staff with risk assessment written to show management of the risks.

Evidence:

The home has five very full care plan folders that, on looking, were very complex and it was not easy to find the information to give a picture of the care support the person requires. The Manager stated the tenants all plan to have their annual review very shortly and a lot of this paperwork needs to be filed. It is too difficult to find the current information and also find dates when they were updated. The tenants also have a plastic box that contains smaller books with different titles for different needs.

Evidence:

The information to care for the tenants is in these books but methods used to make care plans that have the information required, easy to read, person centred and are dated and signed need to be considered.

Throughout the day observation, records seen, picture formats used and conversations held all gave very clear methods used to offer tenants choice throughout their everyday lives. One person uses signing to communicate and the staff have the knowledge and methods required to help this person make choices. A computer used by this person was shown to us which uses a lot of positive ticks for him to make choices and for him to show his wants.

The needs of each person at Casarita is very different and each one has a variety of needs. Risk assessments to help these people lead full and active lives are risk managed with good assessments documented and held in the persons care plan. As mentioned above the documentation could be made easier so they can be found and read at a glance.

Lifestyle

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 can take part in activities that are appropriate to their age and culture and 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 and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

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.

Tenants are able to take part in appropriate activities.

The tenants access the local community facilities and are socially included.

The rights of tenants are respected and recognised.

Meals are enjoyed and chosen by the individuals.

Evidence:

The tenants who live at Casarita have most of their education and occupation within the home with only one person attending a 4 day a week placement for day care. The staff were noted to be helping tenants develop their skills and they do work around the home to maintain and clean their own environment. It was noted that each tenant had

Evidence:

their own wash/laundry basket and, according to the Manager, they do carry out the task of washing as much as they can. 'Even if they cannot do the task the tenant will accompany the staff to the machines and watch the process.'

There is a whole list of places that the tenants visit from garden centres to the local pubs. Trips to the coast occur in the better weather, sometimes just to buy an ice cream.

There are two families who are very involved with the home and have written some very positive comments about the care and leisure support offered. The Manager also talked of the support the home would give if two people wanted to have a relationship.

Tenants do have a key to their own bedroom doors and one tenant talked about her new front door to the flat that will have its own letter box. The staff were noted to ask the tenants if they wished to join in with other activities or if they wished to be alone.

The meals are chosen from a menu that is displayed in the kitchen. The staff and the Manager said the residents have a Wednesday tenants meeting where meals are discussed for the coming week. Signs and pictures are again used and these were noted up on the kitchen wall. Once the meal choice has been decided a shopping list, again using the most appropriate form of communication is written and tenants go to the local shops to purchase their own food. A joint of gammon was being cooked during this visit and for lunch one tenant said she was enjoying her ham sandwich and yoghurt.

Personal and healthcare support

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 receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people 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.

If people are approaching the end of their life, the care home will respect their choices and help them to 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.

Tenants do receive support with their care in the way that is preferred and required.

The physical and emotional health needs of each tenant is met.

The medication procedures could be improved to ensure tenants are fully safeguarded.

Evidence:

On arriving for the inspection visit all residents were up and dressed. The average age of the group is 40 and tenants were dressed appropriately and had smart hair cuts. Nails were noted to be cut and modern glasses were being worn. One tenant was proud to show off her new clothes.

The home has support from a variety of specialists, two of who had returned the comment/survey cards to the Commission. Comments such as 'The LD team is frequently called upon when advice is required in relation to aspects of health care, communication, diets and drug regimes.' With the question 'What do you feel the care service does well'? The answer was 'A strong commitment to individual needs in terms

Evidence:

of health, diet, leisure activities and a good home environment'. The majority of comments are positive with just some concern shared if staff, who do not know the tenants, are used from another home. On talking to the Manager the staffing problems that had caused some shortages last year have now been resolved. The tenants are registered with the local GP practice and both staff and the Manager said the support to the tenants is very good. Notes within each tenants files were noted as and when a resident had attended any doctor or hospital appointment.

The medication is supplied by Boots the chemist and is held in blister packs in the trolley. The medication administration charts are in plastic folders and the two looked at appeared to have been fully completed. The staff member showing us the procedure appeared competent and understood the medication processes. There was one bottle of liquid medication that needed to be held at fridge temperature and was in a plastic sealed style box with clear instructions on the label of the liquid when the drug is to be given. Ideally the home should have a locked medication fridge for all medication that should be stored in this way and not kept in the household fridge. The medication trolley is locked and stored under the stairs but is not bolted to the wall and should be for safe keeping. Controlled drugs were not checked on this occasion.

Concerns, 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. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

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.

Tenants do feel they are listened to if they have concerns.

There are systems in place to safeguard the residents from harm.

Evidence:

The Manager tells us in the AQAA that the home has a comprehensive complaints procedure and that any document can be put into any communication style that is suitable for the individual such as symbols, pictures, CD's or written word. The Tenants and staff tell us that the Manager is very approachable and will listen and act on any concern. The relatives praise the home and have not to date had to complain.

The AQAA also tells us that the home has a whistle blowing policy and that staff sign up to this policy every six months. The staff spoken to said they know how to act if they had any concerns that a resident was at risk and the training matrix seen showed all the staff had attended the protection of vulnerable adults training.

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, comfortable, 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. People have enough privacy when using toilets and bathrooms.

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 safe, comfortable and homely.

The tenants are living in a clean and hygienic home.

Evidence:

The home is in the process of changing the first floor into two independent style flats with their own sitting room/kitchen, bedroom and bathroom. At present, while the work is taking place, one tenant has moved into a bedroom downstairs. All the areas were seen during this visit and all appeared suitable and comfortable. The AQAA tells us that servicing of all equipment is up to date. There is a tracking hoist available in one bedroom but at present this is not being used by any of the 5 tenants. 2 tenants at present share one bathroom with everyone else having their own facility. Each persons own space was personalised with pictures and posters that the individual likes. Due to the changes going on within the building some of the storing of items for tenants was on display and not stored out of sight. According to the Manager this will not continue once the building is completed. The garden is easily accessed and runs alongside the property up to the main road. The grounds were neat and tidy and there are places for people to be able to sit out in the better weather.

Evidence:

The home was noted to be very clean and tidy with no unpleasant odours detected. There is suitable hand washing facilities and the tenants due share the use of the washing machine and tumble dryer.

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, qualified 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. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

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 tenants are supported by competent and qualified staff to meet the needs.

The recruitment procedure is carried out correctly to ensure the correct staff are employed.

The staff are trained to carry out the various skills required to meet individual needs.

Evidence:

The home has 13 staff who work varied shifts. On the day of this visit we were met by three staff and the Manager on duty with four residents being in the building. On talking to the staff, one of whom has only been with the home a few weeks, it was clear that they are very much a team who work well together. The AQAA tells us and staff spoken to show that NVQ training is very much encouraged with the aim for all staff to be qualified by the end of 2009. The induction process, according to the new staff member is thorough, 'The induction covers the work very well and I feel able and confident in my role'.

Two staff personnel files were looked through and all the relevant paperwork to ensure they were suitable for the job was found. CRB, POVA first, two references and forms of

Evidence:

identification were in place. The most recently recruited staff member said she was not allowed to start until her CRB had been completed.

The Manager showed us the training matrix and how the company support the staff with designated training officers who will ensure that all staff are up to date with training. The comments from staff all said how good the training support is. One staff member commented in the pre inspection survey that they felt one person had been wrongly placed at the home. The training was made available and 'now we feel confident in caring for this person'.

Conduct and management of the 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 have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because 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. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

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 very well by a competent person.

There is an open, positive and inclusive atmosphere that benefit the tenants.

The quality of the service is checked to develop and improve the home.

The safety within the home would be promoted if all systems were clearly recorded.

Evidence:

The Manager has been working in the home as Manager for three years but has worked within Casarita for many years before that. On talking to her and being in the home for a number of hours during this visit it was obvious this person has a lot of knowledge and experience. The Registered Managers Award is very near completion with the portfolio to be handed over next month.

The staff spoken to, comments received prior to this visit from staff and professionals

Evidence:

all speak very favourably about the skills and professionalism of the Manager. 'The manager does an exceptional job and is always supportive to the tenants and staff'.and 'The Manager is very skilled and adept at what she does'.

The home is in the process of gathering the information required to complete a full quality assurance assessment. The questionnaires were seen that are ready to be circulated to all parties involved with the home. The plan, according to the Manager is to have all the results in and a development plan written up in May to take the home forward in to the next year.

The AQAA tells us of all the equipment testing and maintenance of the home is up to date. The portable equipment testing was completed in November 2008 and stickers were noted in most areas. (One tenant does remove the stickers as soon as they are put on but the home is aware of this and a record is made). The mandatory training in all health and safety subjects are listed with all the staff names and dates colour coded as to who is due who is overdue and who is currently up to date.

The COSHH safety data sheets are all in a folder and according to the Manager they have been reviewed very recently. This was not evident as no dates of review or signatures were recorded and it was difficult to know if all the chemicals listed were still used.

The fire alarm system is also not checked on a weekly basis with dates recorded every week for three weeks and then nothing for a month. The records need to be up to date and testing to take place as written in the procedures.

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
1	6	It is recommended that the methods used to complete a care plan should be reviewed to ensure these plans are easily read, signed and dated.
2	20	The home should chain the trolley to the wall if the trolley cannot be locked in a medication cupboard.
3	20	A fridge supplied by the pharmacist should be considered to store medication that should be held below room temperature and not stored in the kitchen fridge.
4	42	The home should show how and when they review safety areas such as COSHH with dates and signatures.
5	42	The home should ensure that times for testing fire equipment and alarms are adhered to.

Helpline:

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Email: enquiries@csci.gsi.gov.uk

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