



*Making Social Care  
Better for People*

# inspection report

## CARE HOMES FOR OLDER PEOPLE

### Lee Mount Residential Home

**32 Lee Mount Road  
Lee Mount  
Halifax  
West Yorkshire  
HX3 5BQ**

*Lead Inspector*  
Lynda Jones

*Key Unannounced Inspection*  
5th March 2009      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
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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](http://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](http://www.tso.co.uk/bookshop)

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# SERVICE INFORMATION

<b>Name of service</b>	Lee Mount Residential Home
<b>Address</b>	32 Lee Mount Road Lee Mount Halifax West Yorkshire HX3 5BQ
<b>Telephone number</b>	01422 369081
<b>Fax number</b>	
<b>Email address</b>	cjsingh76@hotmail.co.uk
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Lee Mount Healthcare Ltd
<b>Name of registered manager (if applicable)</b>	Manager post vacant
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	25
<b>Category(ies) of registration, with number of places</b>	Dementia (7), Old age, not falling within any other category (25)

# SERVICE INFORMATION

## Conditions of registration:

1. The registered person may provide the following category of service only: Care home only - Code PC, to service users of 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, Dementia - Code DE
2. The maximum number of service users who can be accommodated is: 25

**Date of last inspection**      2nd September 2008

## Brief Description of the Service:

Lee Mount is a care home providing personal care and accommodation for up to twenty five older people. Within this overall total, the home is registered to provide care for seven people with dementia.

The home is in the Lee Mount area of Halifax, approximately two miles from the town centre and can be easily reached by public transport. There are some local shops and other amenities nearby.

The home has been converted into one large house from four terraced properties. There is a small garden at the front of the house.

All of the bedrooms are single, seven have en suite facilities. Eight bedrooms are on the ground floor; the remainder are at first floor level, which can be accessed by a passenger lift. There are three lounges and a dining room on the ground floor.

The home provides care and support, all meals and snacks and a laundry service. The fees are £356.00 and £373.00 per week. The higher fee is for people with dementia. People pay for their own personal toiletries, hairdressing and chiropody.

# SUMMARY

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

The quality rating for this service is 1 **star**. This means the people who use this service experience **adequate** quality outcomes.

This inspection took place to assess the quality of care provided to people living at the home. The inspection process included looking at the information we have received about the home since the last key inspection, as well as an unannounced visit to the home.

We have carried out one visit to the home since the last key inspection in September 2008. At that key inspection we were concerned about new staff recruitment procedures. In view of our concerns and within the Commission's regional improvement strategy we issued a Statutory Requirement Notice on 6 October 2008.

The Statutory notice required the home to:

- Make sure that people are appropriately checked before they start work at the home.
- Make sure that new staff who start work with a satisfactory Protection of Vulnerable Adults (POVA), pending receipt of a satisfactory Criminal Records Bureau check (CRB), are properly supervised while waiting for a CRB.
- Make sure that any person applying to work at the home is aware that they need to declare all past convictions and cautions on their application forms including spent convictions.

We carried out an unannounced inspection on 17 November 2008 to see what action had been taken to comply with the Notice, we found improvements had been made and the Notice had been fully complied with.

This report relates to the key inspection, which took place over 6.5 hours on 5 March 2009. During the visit we spoke to some of the people living at the home, the staff on duty, the acting manager and the owner of the home. We had a look round the building and looked at a selection of records.

We found a significant improvement in the quality of the service provided.

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

People who live and work at Lee Mount are friendly; they make visitors feel very welcome.

There are some good staff working at the home that are well liked by the people who live there and by their relatives.

People are welcome to have a look around the home and pick up information about the service provided.

People have access to a range of health care providers who visit them at the home. The records of these visits are good.

People are very happy with the meals provided, they enjoy the food the cook prepares and they like the choice of meals available.

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

People are assessed before they move in.

There has been a big improvement in the quality of the care plans, they contain lots of useful information and give staff clear instruction about the action they need to take to make sure people's needs are met.

People are being consulted about their care.

End of life care is dealt with sensitively and people's wishes are documented.

Improvements have been maintained in medication management and practice.

There has been a significant improvement in the range of activities on offer.

Staff have attended a wide range of training courses since we last inspected the home.

The home is cleaner and more hygienic.

There has been an improvement in the standard of record keeping and record management.

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

Ensure that the redecoration and refurbishment of some of the bedrooms in the older part of the house continues.

All prospective employees must provide a full employment history any gaps in the history must be explored with the applicant. References must be obtained from the applicant's last employer.

The home needs to have a registered manager so that someone is legally responsible for the day-to-day running of the home.

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

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



# **DETAILS OF INSPECTOR FINDINGS**

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

# Choice of Home

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

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

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

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

**1,2,3,5. 6 does not apply.**

People who use the service experience **good** quality outcomes in this area.

We have made this judgement using a range of evidence, including a visit to the service.

People are assessed before they move in. This makes sure staff know what care and support people will need.

## **EVIDENCE:**

We looked at care plans relating to two people who have recently moved into the home. We could see that both individuals had been appropriately assessed before they moved into the home. This is important because people need to know that their needs can be met there.

The assessments were detailed and contained some useful information about people's backgrounds, their families, their hobbies and interests and the sort of daily routine they like to follow. This is an improvement.

The home has a statement of purpose and a Service User Guide; both of these documents are available on request from the home. They give information about the facilities and service that is available. Copies of our last inspection report are also available from the home.

People are welcome to visit to talk to the manager and have a look round. Relatives sometimes do this if the person considering a place cannot visit themselves.

## Health and Personal Care

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

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

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

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

**7,8,9,10 &11.**

People who use the service experience **good** quality outcomes in this area.

We have made this judgement using a range of evidence, including a visit to the service.

The care plans have improved recently; they give staff clear information about what they need to do to meet people's needs. This improvement needs to be maintained.

People's personal and healthcare needs are being met.

People are protected by the home's medication administration systems.

### **EVIDENCE:**

We looked at three care plans because we wanted to see what individual needs had been identified and what action staff have to take to meet these needs.

Since we last visited, a new care planning format is in use. We found improvements in the quality of the plans, they are much more comprehensive and contain detailed information about people's needs. They provide clear guidance to staff about what action they must take to make sure that individual needs are met.

Personal healthcare needs including specialist health and dietary requirements are clearly recorded in each person's plan.

The records show that everyone has access to a range of healthcare services. They show when and why people have had an appointment with a doctor, nurse, optician and any other healthcare provider, and give details of the outcome of the appointment. This is also an improvement.

There is evidence to show that people are being consulted about their care. Some people have signed their own care plan, in some cases relatives have signed to say they have been involved. We could see that the plans are being reviewed regularly and they are being updated when there is any change in a person's needs.

We talked to four relatives who were visiting while we were there. They told us they knew about the care plans and they had been consulted about the needs of their family members. They also said they are kept well informed about care issues and they were very happy with the performance of the home in this area.

There is evidence that the home seeks support and guidance about the care of individuals who are terminally ill. The wishes of individuals and the arrangements they want after death are recorded in the care plans. The home has involved an advocate to assist one person with dementia with an end of life care plan.

Improvements in medication practice have been maintained since we last visited. There are good systems in place for the accurate administration and recording of medicines and controlled drugs are now stored securely. This means people are receiving their medication safely and as prescribed.

We looked at a sample of Medication Administration Records (MARs). The recording of medicine administration has improved. This means there is a record kept of people getting their medication as prescribed. The manager is now carrying out a monthly audit of medication to ensure that the correct procedures are being followed.

When we last visited we said the fridge for storing medication was too small. Since then an additional fridge has been purchased. The home owner has also purchased a new medication trolley to store the racks of monitored dose medication and staff say this is much better to use.

## Daily Life and Social Activities

### The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

**The Commission considers all of the above key standards to be inspected.**

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

**12,13,14 & 15.**

People who use the service experience **good** quality outcomes in this area.

We have made this judgement using a range of evidence, including a visit to the service.

The staff time to talk to people and they respect their preferred routines.

People are offered a choice of meaningful daytime activities that suit their interests and capabilities.

There is plenty of choice on the menu and people enjoy their meals.

### **EVIDENCE:**

There has been a significant improvement in the organisation of activities since we last visited. Details of the range of activities that are on offer is on display near the lounge. While we were there a dancing session took place, this is organised on a weekly basis by someone who comes into the home specifically for this activity.

A range of specialist equipment has been purchased for staff to use when they organise activities. People don't have to take part; it is up to each person to

join in if they want to. There are two lounges so people have the option of sitting somewhere else if they want to sit quietly.

Some new initiatives are underway to involve people living at the home in the local community and to involve the local community in Lee Mount. The manager and owner are in contact with the local primary school and the local church, they are planning to meet to see what facilities they can offer and what they can share with each other. There are plans to invite people living at the home to school productions and to join in with some of the church activities. A barbecue is planned for the summer to which the home hopes to invite some of their neighbours.

People told us they had a really good party at the home at Christmas and 10 people enjoyed going out for a pub meal in January.

We were told the food the food at the home is good. The menu for the day is on display in the dining room, offering people a choice of meals. The presentation of the dining room is better, although it lacks natural light. Tablecloths and individual place settings are in use and there are condiments on the tables. As the occupancy of the home increases there are plans to use a small adjoining lounge as an additional dining room so that the main room is not too cramped.

## Complaints and Protection

### The intended outcomes for Standards 16 - 18 are:

- 16. Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17. Service users' legal rights are protected.
- 18. Service users are protected from abuse.

**The Commission considers Standards 16 and 18 the key standards to be.**

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

**16,18.**

People who use the service experience **good** quality outcomes in this area.

We have made this judgement using a range of evidence, including a visit to the service.

People have information about the home's complaints procedure and feel confident about raising concerns.

Staff know about safeguarding procedures and about their duty to make sure people in their care are protected.

### **EVIDENCE:**

The complaints procedure is in the statement of purpose and service user guide which people get a copy of when they move in. It is also on display in the entrance area. We have not received any complaints and none have been made directly to the home.

The relatives we spoke to said they had no complaints about the service but they said they would have no hesitation about talking to the manager or the owner if they had any concerns.

At the last inspection we said the staff should have some refresher training about safeguarding people, so that they are aware of their responsibility to protect people in their care. The home has told us that this training took place in October 2008.



# Environment

## The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

**The Commission considers Standards 19 and 26 the key standards to be inspected.**

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

**19,23,24,26.**

People who use the service experience **adequate** quality outcomes in this area.

We have made this judgement using a range of evidence, including a visit to the service.

The shared areas of the home are comfortable and the home is clean. There are plans to improve the décor in bedrooms.

## **EVIDENCE:**

On this inspection we looked round the building, we saw some of the bedrooms and all of the communal areas. There has been an improvement in the overall cleanliness of the home and evidence indicates that repairs are being attended to promptly.

The manager is making sure that good standards of hygiene are being maintained and is working with the homeowner to ensure that there is a plan

for decorating and refurbishing rooms as the need arises. We are receiving regular communications from the home outlining their plans to develop and improve the home.

## Staffing

**The intended outcomes for Standards 27 – 30 are:**

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

**The Commission consider all the above are key standards to be inspected.**

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

**27, 28, 29 and 30.**

People who use the service experience **good** quality outcomes in this area.

We have made this judgement using a range of evidence, including a visit to the service.

The home is adequately staffed to meet the needs of the people living there.

Staff records have improved; checks are being carried out before new staff start work at the home.

Staff training opportunities are better this should improve the standard of care practice.

**EVIDENCE:**

The home is adequately staffed to meet the needs of the people living there. There are three staff on duty throughout the day and two staff on duty during the night. There is also a cook and domestic on duty every day. The manager is not included in these numbers; she is available at the home between 8am and 5pm, five days a week.

We asked the staff if they had sufficient time to carry out their duties and they said they did. We also asked the opinion of some of the people living there and visitors to the home. They said staff are always on hand when they are needed.

The manager informed us that more than 50% of staff now have a National Vocational Training (NVQ) qualification in care. Two more staff are about to start NVQ level 2 and three staff are enrolled on NVQ level 3. This means that staff are qualified and competent to do their job.

There has been an improvement in the staff records, information is much more accessible and easy to follow. The manager must ensure that employment histories are fully explored with prospective employees and that all gaps in histories can be explained. One of the two references that are taken up must be from the applicants last employer. These checks are carried out to make sure that prospective employees are suitable.

We were provided with a comprehensive list of all of the training that staff have undertaken since our last visit to the home. This included details of fourteen training sessions on topics such as palliative care, dementia awareness, equality and diversity, infection control, food hygiene, moving and handling techniques and safe medication handling. This is a big improvement that will improve the quality of care practice at the home.

## Management and Administration

**The intended outcomes for Standards 31 – 38 are:**

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

**The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.**

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

**31, 33, 35, & 38.**

People who use the service experience **adequate** quality outcomes in this area.

We have made this judgement using a range of evidence, including a visit to the service.

People are now being consulted about the way the home is being run and asked how they think the service could be improved.

### **EVIDENCE:**

The home has been very unsettled because there have been several changes of manager over the past year. The home has not had a registered manager since July 2008. We have rated this outcome as adequate for this reason.

When we last visited in September 2008 an experienced, temporary manager from an agency was managing the home, although she had been in post for only three days when we visited. She continued to oversee the running of the home until very recently.

A new manager was recruited but she left in December 2008. In January 2009 the deputy was appointed as the home manager.

We have asked the manager and the owner to make sure that an application is submitted to us, it is important that the home has a registered manager so that someone is legally responsible for the day to day running of the home.

There has been a significant improvement in the records since we last visited. There is a much more systematic approach to record keeping which makes it easier to retrieve information. We looked at records of the servicing of equipment and the fire safety records. These were all up to date.

The home holds small amounts of money for people for safekeeping. Records are kept of all transactions and receipts are obtained for all purchases made on behalf of people living there.

We saw evidence of people being consulted about the way the home is being run. Relatives were invited to a meeting in February 2009, this was a social meeting with a buffet as well as an opportunity for people to have a say about the service. We talked to some of the people that attended and they said they found it really useful both as a way of getting to know people and because they felt their opinions were valued.

Relatives have recently been given a survey to complete asking for their views on the performance of the home. The results had not been collated by the time we visited. We saw some of the responses that said, "keep up the good work" and "you are all doing a good job". When the surveys are returned the manager plans to give feedback to everyone about the comments and suggestions people make.

# 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

<b>CHOICE OF HOME</b>	
<b>Standard No</b>	<b>Score</b>
<b>1</b>	3
<b>2</b>	3
<b>3</b>	3
<b>4</b>	X
<b>5</b>	3
<b>6</b>	N/A

<b>HEALTH AND PERSONAL CARE</b>	
<b>Standard No</b>	<b>Score</b>
<b>7</b>	3
<b>8</b>	3
<b>9</b>	3
<b>10</b>	3
<b>11</b>	3

<b>DAILY LIFE AND SOCIAL ACTIVITIES</b>	
<b>Standard No</b>	<b>Score</b>
<b>12</b>	3
<b>13</b>	3
<b>14</b>	3
<b>15</b>	3

<b>COMPLAINTS AND PROTECTION</b>	
<b>Standard No</b>	<b>Score</b>
<b>16</b>	3
<b>17</b>	X
<b>18</b>	3

<b>ENVIRONMENT</b>	
<b>Standard No</b>	<b>Score</b>
<b>19</b>	2
<b>20</b>	X
<b>21</b>	X
<b>22</b>	3
<b>23</b>	X
<b>24</b>	3
<b>25</b>	X
<b>26</b>	3

<b>STAFFING</b>	
<b>Standard No</b>	<b>Score</b>
<b>27</b>	3
<b>28</b>	3
<b>29</b>	2
<b>30</b>	3

<b>MANAGEMENT AND ADMINISTRATION</b>	
<b>Standard No</b>	<b>Score</b>
<b>31</b>	2
<b>32</b>	X
<b>33</b>	3
<b>34</b>	X
<b>35</b>	3
<b>36</b>	X
<b>37</b>	X
<b>38</b>	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	OP29	19	Prospective employees must provide detailed employment histories, any gaps in the history must be explored with the applicant. Two references must be obtained, one must be from the last employer. This is to make sure that prospective employees are suitable and to protect people who live at the home	30/04/09

**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	OP31	An application should be submitted to the Commission to register a manager for the home. This will mean that someone is legally responsible for the day to day running of the home.



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