



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

York House

**47 Norwich Road
Dereham
Norfolk
NR20 3AS**

Lead Inspector
Brenda Pears

Key Unannounced Inspection
18th March 2009 10:00

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	York House
Address	47 Norwich Road Dereham Norfolk NR20 3AS
Telephone number	01362 697134
Fax number	
Email address	headoffice@blackswan.co.uk
Provider Web address	www.blackswan.co.uk
Name of registered provider(s)/company (if applicable)	Black Swan International Limited
Name of registered manager (if applicable)	Celia Joy Hart
Type of registration	Care Home
No. of places registered (if applicable)	32
Category(ies) of registration, with number of places	Old age, not falling within any other category (32)

SERVICE INFORMATION

Conditions of registration:

Date of last inspection

Brief Description of the Service:

York House is a home accommodating thirty two older people, situated about half a mile from the centre of the town of Dereham. It was first opened in 1982 and is now owned by the company Black Swan International Limited. The front of York House is an older two-storey building with a passenger shaft lift to reach the upper floor. At the back of the building is a single storey. The town of Dereham has a reasonable range of amenities including shops, public houses and churches plus there is public transport available.

SUMMARY

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

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

This was an unannounced inspection undertaken on the 18th March 2009 and started at 10.00am. The focus of this inspection was on the previous requirements, on the core national minimum standards and on the quality of life for people who receive support in the home.

The methods used to complete this inspection consisted of looking at the care a resident receives and the records that support this. Information was provided to us by the home on an assessment form known as an Annual Quality Assurance Assessment (AQAA). During the visit to the home we spoke to the provider, with members of staff and also with individual residents and also to groups of residents. The manager was not on duty on the day of this inspection, but she did pop into the home to introduce herself. These methods and previous findings all inform the outcomes of this report.

What the service does well:

Visitors to the home talked to us about the good care that is provided and they stated that they 'cannot fault anything' and that 'the staff are wonderful and very caring'. We were also told that people are kept fully informed at all times about the welfare of their relative.

Comments made by residents at the time of this inspection included such comments as 'They really do look after me here' and 'this is a wonderful home and it is all very good here'.

The home continues to plan improvements in the home and has ongoing refurbishment and redecoration programmes in place.

What has improved since the last inspection?

Following consultation with residents in the home, the activities offered have been increased and altered. The range of food on the menu has also been

improved with alternative meals and drinks being added. Three residents confirmed that they enjoy the selection of food and that they always have enough to eat.

The staff induction has been strengthened and is now in line with the format set by Skills for care. This provides staff with the knowledge they need to support people in the home.

The home now has improved bathroom and shower facilities to provide a choice for residents.

What they could do better:

The home needs to continue, as they are currently, with the adjustments to the environment inside the home. The staff and routines inside the home do create a relaxed atmosphere and individual rooms are personalised. However, not all areas of the home are bright and welcoming and the proprietor explained that the planned improvements will address this matter.

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

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

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

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

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

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

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

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

The manager does assess the needs of any new client to make sure individuals can be fully supported before an agreement is undertaken.

EVIDENCE:

A full assessment is undertaken before support is agreed and appropriate staffing levels are provided. This was confirmed by looking at care plans and also through discussions with residents undertaken at this inspection and with two visitors to the home.

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):

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

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

The care plans contain clear information that enables staff to meet individual needs and medication is administered and stored correctly for the safety and well being of those living in the home.

EVIDENCE:

Following an inspection in another home that is owned by the same organisation, risk assessments are currently being developed for any toiletries that are left in rooms to support the safety and welfare of each resident.

Medication was seen to be stored appropriately, records were completed and up to date. The proprietor explained that the local pharmacy supports the home and spot checks on medication are regularly carried out weekly and monthly by management with results being addressed at supervision sessions.

The district nurse maintains independent records for use when individual care is being provided. Staff have undertaken training regarding dealing with skin integrity and how to deal with pressure sore areas.

Three care plans were read through at this inspection and these contained full information that included details regarding skin integrity, risk assessments, information for staff on how to support a person who has experienced some weight loss. Observations from staff are fully recorded and some areas of concern have been taken to the senior carer on shift and records show that these have been followed through appropriately to support the welfare of the resident.

Records also contained clear information about the condition of any wounds that were being observed and that required the attention of the district nurse. Care plans show that this was followed up and the district nurse provided regular support for this person.

Goals are set on care plans and plans contain full detail regarding assistance that is required by the individual and are regularly reviewed. There is also evidence of regular checks regarding blood sugar levels and details of a person who does not like wearing their hearing aid.

Daily records contain clear details of observations for example, one person seemed rather unsteady and blood sugar levels were checked and food intake was subsequently monitored.

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):

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

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

Residents are supported by staff to take part in a range of leisure activities, to maintain contact with family and friends and are offered a variety of healthy meals of their choice.

EVIDENCE:

Residents enjoy visits to the Salvation Army for a game of bingo and there are weekly sessions for chats and reminiscing in the home called 'Listen with mother'. Bingo sessions are held in the home and religious services and singing is also enjoyed. Residents have stated that they do not want activities on every day of the week and staff recognise this choice. When numbers dictate, staff are able to take anyone out to the hairdresser or shops as they choose.

The home is currently developing more individual activities for each person and staff are talking about hobbies and activities that were previously enjoyed. This information is then put to use in care plans to help staff to gain an insight into the person and what other things they may enjoy.

The menu was on display in the dining room and the tables were set with flowers and bright table clothes. Residents choose if they eat in the lounge or in their room, but staff said they try to encourage people to socialise as much as possible and not remain in their room for too long. The meal looked and smelt appetising at this inspection and residents said that they enjoyed the food and could ask for anything they wished if they did not want what was on the menu. Residents are consulted individually to make sure their likes and dislikes are taken into account when any changes in meals are undertaken.

There are notice boards in rooms to allow for letters and pictures to be displayed or anything that may be important to the person.

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):

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

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

The home has a complaints policy in place and residents said they would have no hesitation about complaining and felt any necessary action would be taken.

EVIDENCE:

Service user guides are in every room to inform and remind residents of their rights and of the complaints process.

One complaint has been recorded and the organisation investigates and responds to all complaints and these are monitored through the monthly regulation 26 visits.

Meetings and individual discussions with staff support residents to make their feelings known. One such consultation was regarding a previous hairdresser that was used by the home. Residents felt the cost was rather high and following some discussion, which resulted in no change in prices, the home contacted another hairdresser and residents are now happy with the current service they receive.

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):

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

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

The overall environment does require further refurbishment and redecoration to ensure residents have a homely and suitable environment in all areas. It is noted that the home has an ongoing plan for improvement.

EVIDENCE:

The home was found to be clean and welcoming at this time. Individual rooms are being redecorated and residents have been included in the choice of colours.

The main lounge is to be redecorated and an extension is planned. Following the completion of this extension, the carpet will be replaced and an additional eight rooms are to be added along with a walk in shower and a new

hairdressing room. This will add alternative lounge areas plus increase the laundry room and provide more storage in the home.

An outside area is currently being developed to provide outside smoking areas for both residents and staff.

Fire doors in the home are to be upgraded and then corridors will be repainted.

The home has installed a wet room that includes a shower and there are plans of the first floor bathroom to be redesigned this year. This provides a choice for residents who mainly enjoy the use of the Parker bath but now have the use of a shower where necessary or if they choose.

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):

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

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

People living in the home have their needs met by a consistent staff team who are well trained and regularly supervised, providing stability and continuity of care.

EVIDENCE:

The staff team consisted of one senior carer, a deputy manager, three care staff, one cook plus a housekeeper and domestic person and a maintenance person. The proprietor was also present for the full duration of this inspection.

We were told that there is usually two domestic staff and one laundry person on duty but at the time of this inspection one person was on holiday.

Regular staff meetings and staff supervision are carried out and records and discussions at this inspection confirmed these events do take place regularly.

There is an ongoing training programme in place and staff spent some time discussing their training and the fact they would be confident to ask if they felt additional training was needed in any areas. Staff said they feel supported by the manager and are happy to be working in 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):

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

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

Residents live in a home that is managed by a suitable person and is run in their best interests.

EVIDENCE:

The manager was not working on the day of this inspection, however, she did call in to introduce herself to us. Staff said that the manager does support them and that she always has time to listen to staff and residents.

There is a fire risk assessment for all residents and this is kept on each individual file. The fire folder contains details of each resident in the home and

is accompanied by a picture and details of what support that person may need in the event of a fire.

Quality monitoring now includes feedback from residents, family members, friends and medical professionals. The response to these has been positive over all and a comment from one person is a request for more bananas in the fruit bowls that are placed around the home.

Portable electrical appliances testing is undertaken by the home and the information is recorded and this record remains with the appliance if it is moved around the home. Any new items are also tested and added to the list. All hairdressing equipment that is used in the home is also regularly tested.

Policies and procedures are regularly reviewed and are available for staff information. The home has recently been looking at health and infection control and the use of colour coded items such as buckets are to be introduced.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	X
3	3
4	X
5	X
6	X

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

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

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

ENVIRONMENT	
Standard No	Score
19	2
20	X
21	X
22	X
23	X
24	3
25	2
26	3

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

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

Are there any outstanding requirements from the last inspection? NO

STATUTORY REQUIREMENTS

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

No.	Standard	Regulation	Requirement	Timescale for action

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

Commission for Social Care Inspection

Eastern Region

Commission for Social Care Inspection

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