



Making Social Care  
Better for People

# inspection report

## CARE HOMES FOR OLDER PEOPLE

### Monument House Resource Centre

**Wakefield Housing & Social Care**  
**The Circle**  
**Chequerfield**  
**Pontefract**  
**WF8 2AY**

*Lead Inspector*  
Jean Dobbin

*Key Unannounced Inspection*  
11<sup>th</sup> February 2009      09:15

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](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>	Monument House Resource Centre
<b>Address</b>	Wakefield Housing & Social Care The Circle Chequerfield Pontefract WF8 2AY
<b>Telephone number</b>	01977 722830
<b>Fax number</b>	01977 722833
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<b>Name of registered provider(s)/company (if applicable)</b>	Wakefield MDC
<b>Name of registered manager (if applicable)</b>	Ms Gina Milne
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	26
<b>Category(ies) of registration, with number of places</b>	Old age, not falling within any other category (26)

# SERVICE INFORMATION

## Conditions of registration:

1. The care staffing hours are calculated by the provider using the Residential Forum staffing model and the number of full time equivalent staff appointed is in accordance with this calculation or otherwise as agreed in writing with the CSCI.

**Date of last inspection**      28th November 2006

## Brief Description of the Service:

Monument House Resource Centre provides a joined up service between health and social care by promoting faster recovery from illness, preventing unnecessary hospital admissions and planning and enabling people to return home with support, where necessary from social care agencies. People usually stay at Monument House for just a few weeks, however this depends on people's individual care needs.

The home is on a bus route in a residential area about fifteen minutes walk from Pontefract centre, where there are good transport links. There are local shops and amenities close by and car parking is available on the site. The home has two floors, all the rooms are for single use and there are a variety of communal areas where people can spend their time. Health care therapists and a community nurse work closely with care staff at the home.

The manager told us on 11<sup>th</sup> February 2009 that people are not charged a fee to live at Monument House. However in certain rare circumstances there may after a time be a charge made to live there. Charges though are made for hairdressing, chiropody and dental services as well as personal items like newspapers and toiletries.

Monument House has a Service User Guide, which provides information about the range of services and facilities provided at the home. The latest report written by the Commission for Social Care Inspection is also available at the home for people to read.

# SUMMARY

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

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

This is what was used to write this report.

- Information about the home kept by the Commission for Social Care Inspection.
- Information asked for, before the inspection, which the manager provides. This is called an Annual Quality Assurance Assessment or AQAA.
- Information from surveys, which were sent to people who live at Monument House, to staff and to other professional people who visit the home.  
10 were sent to people at the home, and 5 were returned.  
10 were sent to healthcare and social care professionals and 6 were completed and returned.  
5 were sent to staff at the home and 4 were returned
- A visit to the home by one inspector, which lasted about 8 hours. This visit included talking to people who live there, and to staff and the manager about their work and training they had completed. It also included checking some of the records, policies and procedures that the home has to keep.
- Some time was also spent watching the general activity to get an idea about what it is like to live at Monument House.

Information about what was found during the inspection was given to the registered manager at the end of the visit.

We have reviewed our practice when making requirements, to improve national consistency. Some requirements from previous inspection reports may have been deleted or carried forward into this report as recommendations – but only when it is considered that people who use services are not being put at significant risk of harm. In future, if a requirement is repeated, it is likely that enforcement action will be taken.

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

The home is well run. One health care professional wrote in their survey that there is an 'excellent management team, who work hard to keep the unit running smoothly'. And 'a friendly, homely atmosphere is achieved which promotes people's well-being'.

People like the care staff and think they listen and act on what they say. Comments include 'they look after me so well' and 'the staff have been very obliging and courteous to any requests'.

Care staff are well trained and receive good support for senior staff. This knowledge helps them to recognise and understand people's needs and concerns and helps to ensure they receive the right care. One health care professional wrote in their survey. 'The staff are knowledgeable and this gives people confidence in all aspects of their stay'.

The home is clean, warm and well maintained, which improves the environment for the people living there.

The meals are varied and nutritious, with an emphasis placed on fresh fruit and vegetables. The catering staff have a good understanding of their role in providing meals according to people's choices and needs. This helps to make people's time at Monument House more enjoyable as well as aiding their recovery from recent illness. One person wrote 'my relative is very happy with the meals and is eating very well'.

There are close links with health care and social care professionals who both work at the home and who visit regularly. Weekly meetings, held with health and social care professionals ensures that people's total needs are considered when a discharge is being planned.

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

The home is now working more closely with hospital-based healthcare professionals for the benefit of the people living there. A dentist now visits the home on request. This helps to ensure people's healthcare needs are being well met.

A new good-sized decking area has been built outside the lounge. The planting of bulbs and shrubs will continue to improve this outdoor space for people living there.

There is ongoing refurbishment and redecoration to improve the environment for the people living there. New carpets have been laid in the corridors and new dining furniture and lounge chairs are on order.

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

Care records could be maintained in such a way that all information about an individual is kept in their care plan and the plan is an accurate record of the care and support that is needed. This would help to make sure people receive the same level of support, regardless of who is providing it.

The numbers of medicines could be spot checked as a way of checking that people are receiving their drugs and they are being signed for correctly.

There could be a greater emphasis on people looking after their own drugs in Monument House, if this is what they are used to doing. This would help people to keep those skills and help to promote independence.

The manager could ensure that there are always enough staff available to make sure people living at Monument House can receive the care and support they need in a timely way.

Records to show that issues, which have been identified in the recruitment process, and discussed at interview, could be kept, for authorised people to look at. This would help to demonstrate a very robust recruitment system to show people are being protected from harm.

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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Staffing (Standards 27-30)

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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):**

### **3 and 6**

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

Information is gathered about people's needs before they move to the home to make sure that those needs can be met.

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

## **EVIDENCE:**

People are admitted to Monument House, primarily from hospital, so that they can receive more support and therapy to help them regain their confidence and independence. This is with the aim that they will be able to return home again.

Most people live at Monument House for just a few weeks, so there are always people coming and going. On the day of the visit one person was going home, another was moving to the hospital and admissions were being arranged for the following day. This busyness means that the manager relies on accurate

assessment and communication by health care professionals to guide her as to whether admissions are appropriate for the home. The manager discusses all potential admissions with a social care professional, who will have met the person in hospital, discussed their care needs and explained why moving to Monument House would be beneficial for them.

The manager can also ask for more information if she is unsure whether the admission would be appropriate. She needed to do this on the day of the visit. In this way she can satisfy herself that her staff would have the skills and knowledge to support someone appropriately. She also told us that occasionally she has refused an admission on those grounds.

Care staff spoken with said they were made aware of new admissions before they arrived, though said that sometimes the pre-admission information could be more detailed. The manager recognised that good communication was essential to ensure a 'smooth' admission process, and regularly spoke with hospital staff to ensure the home gets the right information.

People are not given a contract when they move to the home, but sign a document to say they understand the reason for their admission. The council has two resource centres and information in the form of a booklet is given to people before they move there. This booklet describes the facilities and the services that the homes provide. People said in their survey responses that they received enough information about the service before they moved 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):**

### **7, 8, 9 and 10**

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

Whilst people's health and personal care needs are well met the record keeping underpinning that care is not always written down in the right place in a timely way, meaning that care staff may not have up to date care plans to refer to.

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

## **EVIDENCE:**

People living at Monument House looked and said they were well cared for. Care staff were observed engaging with people in a positive way. They were sitting and talking with people in a gentle and respectful way and listening to what people said to them. One person said that staff were very kind, and all the surveys stated that staff listen and act on what they say. One person wrote that 'they have always been very good to me'.

Three people's care plans were looked at. These are in place to describe the care and support people need. Care staff can read them to ensure they are

providing the right care. It is therefore important that they are kept as an accurate record of people's current care needs.

At Monument House people's care needs change on a daily basis, as their health improves and they regain independent living skills. This makes it very challenging for the records to be kept up to date. The therapists and nursing staff keep their own records, but also update the care plans too. Sometimes they speak with senior care staff about people's changed needs however this doesn't always happen. So care staff say the daily handovers between shifts are important so that people's records can be checked for changes.

The records place an emphasis on people's mobility and the help they need, as that is the main reason that most people move to the home. These records are in good detail. One person though required very specific skin care as recommended by the nurse. This information was not written down, though a carer spoken with was able to describe the care that was needed. This information had though been written down when checked later.

Of the five surveys completed, when asked if they receive the care and support needed, two said always, two said usually and one said sometimes. The senior care staff write down all changes on a daily sheet until these can be transferred into the person's individual care plan, when it is next reviewed, perhaps several days later. Although care staff spoken with seemed knowledgeable and well informed, people may receive inconsistent care and support if information is stored in different places.

People receive good support from healthcare professionals and a senior doctor from the hospital visits routinely each week and will see people as requested by the manager. A chiropodist visits the home regularly and a dentist visits as required. Both physiotherapists and occupational therapists are based at the home and have their own treatment room. A nurse also works at the home several days each week. Weekly meetings involving the manager and health and social care professionals are held, where people's progress and future care needs can be discussed and planned for.

Medication systems at the home were looked at. Medicines are generally dispensed from original packets, as the drugs are often sent with the person from the hospital. Senior staff, who have received extra training administer the medicines. The manager has recently had an inspection from a pharmacist employed by the Primary Care Trust, to confirm that the home's processes are satisfactory.

Medication records were completed appropriately and controlled drugs were stored and recorded properly. The temperature of the medicine fridge needs to be recorded each day, when in use, to show that specific drugs are being stored at the right temperature.

Senior staff do not routinely spot check the numbers of tablets against the record charts, as a way of checking that drugs are being given and signed for according to the prescription. This is something the home should consider as a way of monitoring medication practises.

Few people self medicate whilst at Monument House. One person recounted the four drugs they used to take, but said they had no idea what drugs they were now prescribed. They said they were to be told about them when they went home.

The way people managed their medicines before their admission to hospital needs to be explored as part of the home's admission assessment. Those people, who looked after their tablets before, should be supported to continue to do so, if they are to be in charge of them again when they go home. This would help people to maintain these skills and this control of their lives.

## 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 and 15**

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

People are supported as much as possible to choose how they spend their time and receive a nutritious and varied diet.

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

### **EVIDENCE:**

People generally live at Monument House for just a few weeks and, with very changing care needs in that time it is difficult for them and the staff to establish very flexible routines. People have to be available to attend therapy sessions and often receive treatment from the nurse, so these schedules can affect what people may choose to do at different times of the day.

However one person spoken with said that they had their breakfast in the dining room, then spent time on their bed, which was pushed up against the window, so that they could watch the world go by. This showed that staff were supporting the person in how they spent some of their time.

Activities staff employed by the council, visit the home every month to carry out organised events with the people who are living there. There is evidence displayed in the home of craftwork and poetry. On the day of the visit a carer was observed carrying out hand and nail-care and people joined in a quiz in the afternoon. One person wrote in their survey that 'quiz and bingo sessions have helped to occupy people during quiet periods'. The therapists have also provided activity/exercise programmes, which staff at the home can organise.

Residents meetings are not held very regularly. With a changing resident group the manager feels that encouraging people to talk on a one-to-one basis about how the home runs can often provide better information. However minutes from the last meeting showed that people were encouraged to put forward their views about activities and meal choices. Visitors can call at the home anytime and the visitor's book confirmed this.

A hairdresser visits each week and a member of the church will visit as requested. One person's care plan stated that the person's religion was Catholic, but did not record whether the person was practising, and would therefore like regular contact with a priest. These sort of questions need to be asked when people move to the home so that all their needs can be addressed. Good communication helps to make sure that people's needs are identified so that they can be met.

One survey from a healthcare professional stated that the home had organised a translator to support one person with poor spoken English, when they had moved there. The home also has a loop system for people with a hearing impairment and a large print television guide is made available in the home for people with poor sight. These things help to promote independence and control.

People speak highly of the meals at Monument House. There is a choice of meals each day, including a vegetarian option. Cooked breakfasts are available some days of the week and are provided on other days on request. People are encouraged to eat at the table in the dining room where possible, as part of their rehabilitation programme. They help themselves to vegetables from a tureen and to gravy where appropriate. Comments include 'the food is lovely' and 'my relative is very happy with the meals and is eating very well'. One person had their meal cut up at the table, and it would be good practice for carers to do this before the plate is served, so that the person is not identified as needing this help.

The cook on duty had good knowledge of people's different dietary needs and said she was always informed promptly about new people's diets. There were a lot of fresh fruit and vegetables as well as home baking evident in the kitchen.

One person who was going home that day was provided with a 'pack-up' for their tea. The carer asked the person what they would like in it, including offering white or brown bread. Providing choice in this way allows people to make decisions for themselves, and is good practice.

# 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 and 18**

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

People and their families can be sure that complaints are taken seriously and staff are alert to any signs of abuse

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

## **EVIDENCE:**

The home's complaints policy is displayed in the entrance area of the home and the information booklet given to people moving to the home also asks people to speak to the person in charge if they are unhappy about the service. The commission has not received any complaints since the last inspection. The home has received one, with records showing that it was investigated and addressed properly. This complaint related to the hospital discharge process and the need for the person to have to go back to hospital because of their changing health care needs.

People spoken with said they felt very safe at the home, but that they would definitely tell someone if they had concerns about something. Comments in the surveys, completed by people living there, also suggested people knew of the complaints process.

Care staff learn about abuse and vulnerable people when they start working at the home, and in their National Vocational Qualification study. Abuse is

discussed in staff meetings and training needs are identified in regular supervision and annual appraisals. Three care staff and one ancillary member of staff were very clear about abuse and what their responsibilities would be if they suspected or witnessed an abusive incident. Good recognition, by staff, of what abuse means can contribute to keeping people safe.

## 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 and 26**

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

People live in a warm, comfortable and well-maintained home, which has been adapted to meet the needs of people with mobility difficulties.

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

### **EVIDENCE:**

Monument House Resource Centre was noted to be clean, warm and well maintained. There are a number of different communal areas so that people can choose where they sit and with whom. A new decking area has been built just outside the main lounge and the manager tells us that the area was well used in the summer. People use this area as well if they wish to smoke.

There are bedrooms on two floors, with a vertical stair lift to aid access. All the rooms are for single use and all have a wash hand basin. There are two

different sized rooms. The bigger ones are used for those people who need a hoist to transfer. The manager says that people are sometimes moved from a larger to smaller room as their mobility improves, to allow new people needing hoisting to have the larger space. One room has ceiling tracking, so that a wheeled hoist is not required there.

People spoken with said that their rooms were kept clean. They could have personal items in their rooms, but one said they hoped they would be going home soon, so did not want to get these things brought in.

People living there require a number of aids to help them with their mobility. Spare equipment was stored away, so the rooms and corridors were not cluttered. A sluice and a storage room were both unlocked, although notices on both doors said they were to be kept locked. The manager said she would arrange for the broken lock on one door to be fixed, and the second door had been locked, when checked, a little while later.

The manager makes sure that appropriate aids are available and used to make sure that people living in the home are protected against infection. There has recently been an infection in the home. One member of staff explained how staff tried to limit the spread of infection and the manager has liaised with infection control personnel to manage the infection appropriately.

# 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 this service experience **good** quality outcomes in this area.

Whilst a well-trained and well-supported staff team supports people, the varying workload can affect how promptly they are able to meet people's needs.

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

## EVIDENCE:

The rota looked at confirmed that there were generally four carers plus a senior person working the early shift, three plus the senior on a late shift and two through the night. Agency staff have not been used in the previous three months.

People spoken with, survey responses and written feedback kept at the home all commented positively about the staff group. Comments include 'the staff are very good' and 'yes the staff listen to what I say'. And 'my relative and I are delighted with the care'.

People spoken with though said that sometimes more staff were needed. One person said in their survey 'sometimes it is frustrating to wait for long periods to go to the toilet'. Another spoken with said 'You sometimes have to wait a long time for two people to be available to help you get off the toilet'. Staff

spoken with said that their workload varied from one week to the next. They said if several new people moved to the home, who needed a lot of help to transfer, then they were kept very busy. Conversely though, as people become more independent then carers are less busy providing the hands-on care.

The manager was very aware of these fluctuating levels of care needs. The way the home operates must ensure that people needing a high level of care and support are not admitted to the home when there are already a number of people living there, who need a lot of help. This will help to make sure that care staff are always able to provide care in a timely way.

The home keeps records to show that staff attend regular training to make sure their knowledge and skills are up to date. The need for staff to be well trained is recognised and a priority is placed on encouraging staff personal development. Because there are good links with other health care professionals and some also work at the home, the manager is able to organise regular training sessions relating to the specific care needs of people living there. This helps to make sure staff are well informed.

More than half the care staff have achieved a minimum Level 2 National Vocational Qualification in Care. People are more likely to receive safe, consistent care from staff, who understand their role.

Two staff recruitment files were looked at. Records relating to recruitment are stored centrally in the council's Human Resources department. Whilst these can generally be checked electronically, on the day of the visit the computer file could not be accessed. Copies of some paper records were faxed to the home, at the manager's request. These showed that two references were obtained for each applicant. Although it was difficult to say with certainty that recruitment processes had been followed properly, the last inspection report stated that recruitment processes at the home are robust.

The manager also states that written evidence that issues identified on an individual's application form or police check have been discussed, are also stored centrally. However copies of all recruitment documents kept at the home, are destroyed once the individual's recruitment process is complete. Although paper records are not kept at the home the manager must still be able to demonstrate that she has satisfied herself that the recruitment process is robust and helps to keep people living there safe.

The home has a good induction programme, which new care staff follow. This means that all staff have a similar introduction to how the home operates and learn about the policies and procedures that the home works to. One newly appointed carer said they were waiting to have training in moving and handling, so they could not yet provide 'hands-on care' when people needed this sort of help.

## 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 and 38**

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

People benefit from a well managed home in which their needs and wishes are put first.

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

### **EVIDENCE:**

Monument House has an experienced and enthusiastic manager. She showed in conversation that she understands why people are anxious and uncertain when they move there and how staff at the home are able to address those concerns.

Staff confirmed that the manager was seen regularly around the home and an open door policy meant that she made herself available for them, if they needed to talk about something. This was evident on the day of the visit.

There are three assistant managers, who take charge in her absence and they hold different responsibilities within the home. This support enables the manager to work closely on a daily basis with health and social care professionals to try to make sure admissions to, and discharges from, the home go smoothly.

The manager welcomes comments from people living there and their families and a comments/ suggestions book is available in the hall, containing only positive comments. Staff ask people who are due to leave the home to complete a small 'customer satisfaction' questionnaire, which includes a question about how the home could improve. These were available to look at, and those looked at also provided only positive feedback. This information could be collated and made available for people to read.

People look after their own finances with support from their relatives or friends. The home does not hold any personal monies on their behalf.

There are a range of health and safety policies and procedures in place. The home has made proper provision to ensure that there are safe working practices by providing staff training in first aid, fire, food hygiene, infection control and safe moving and handling techniques.

Random safety certificates were looked at and found to be in date. Staff confirmed that regular fire safety checks and drills are carried out, though one person who hadn't worked there very long said there had never been a drill when she had been at work. The manager said this would be addressed. A handyman is employed part time to carry out routine maintenance checks at the home.

# 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	3

HEALTH AND PERSONAL CARE	
Standard No	Score
7	2
8	3
9	2
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	3
20	X
21	X
22	X
23	X
24	X
25	X
26	3

STAFFING	
Standard No	Score
27	2
28	3
29	2
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	3
34	X
35	3
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
1	OP29	19	The registered manager must be able to evidence to authorised people, that she is satisfied that people employed to work at the home are suitable to work with vulnerable people. This will help to keep people safe.	13/03/09

**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.	OP7	People’s care plans need to be accurately maintained, as their care needs change, so that they can be referred to and staff can be confident that information in them is up-to-date.
2	OP9	The manager should consider a system where random checks are carried out on the numbers of tablets to make sure the amount tallies with the expected number from the medication chart. This helps with auditing that medicines are being given as prescribed.
3	OP9	The manager could be more pro-active in encouraging and supporting people who previously looked after their own

		tablets, to continue to do so. This would help to maintain their skills and independence in this area.
4	OP27	The manager should make sure that the staffing levels at the home are regularly reviewed to make sure they are always able to meet the varying needs and dependency of the people living there

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